

# INITIAL ACCIDENT AND INCIDENT NOTIFICATION REPORT



## Fill the Information Below

Company: <i>RCL</i>		Date: 07/08/2022	
Location: <i>Prime Abdul Mojib Street</i>		Time: <i>10:30 Am</i>	
Project/ Site Name: <i>Corrosion Repair</i>		Worst Potential Severity: <i>3</i> Actual Severity: <i>0.1</i>	
Person(s) Involved: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Others			
1. <i>Soni Kumar</i>		3.	
2. <i>Faz Adam</i>		Other(s).	
Type of Incident:			
Ill-Health <i>Property Damage</i>			
Injury Location by Body Parts (Select one or more if necessary):			
Head	Chest	Hand	Eyes
Face	Leg	Arm	Hip
Neck	Abdomen	Wrist	Ankle/Foot
Back	Stomach	Elbow	Knee
Nose/ Ears	Shoulder	Fingers/ Thumb	Toes
Type of Injury Sustained (Select one or more if necessary):			
Fracture	Cut/ Laceration	Scalping	Bruising
Loss of Sight	Loss of Consciousness	Heat	Amputation
Dislocation	Crush Injury	Cold	Other(s)
Abrasion	Suffocation	Burn	
Immediate Cause(s) (Select one or more if necessary):			
Safety Rule Violated	Lack of Resources	Drugs/ Alcohol Related	Inadequate Visibility
Lack of Task Skill	Method Deviation	Poor Housekeeping	Employee Morale
Lack of Supervision	Poor Weather Conditions	Inadequate Lighting	Employee Attitude
Improper Lifting (MH)	Lack of Task Knowledge	Poor Team Work	Behavior Problem
Not Paying Attention	Lack of Communication	No Risk Assessment	Poor Ground Conditions
Human Error	Incorrect Tools/Equip	Defective Equipment	Improper Lifting (crane)
Inadequate PPE	Defective Tools	Unprotected excavation	Unprotected Edge
Animals	Violence	Horseplay	Improper/ Poor Slings
Heat Stress	STF Above Ground	STF on the Same Level	Manual Handling
Misuse of Hand Tools	Grinding/ Welding	Knives/ Sharps	Hit by Vehicle
Hit by Static Machinery	Heavy Equipment	Splashes from C.P.O.L.	Other(s) :
Stress	Fatigue	Vandalism	
Equipment(s) Involved:			
Light Vehicle:	Heavy Vehicle:	Plant Equipment: <input checked="" type="checkbox"/>	Static Plant Equipment:
Building:	Structure:	Scaffold:	Excavation:
Other(s):			
Description of the Event:			
<p><i>Around 10:30 Am while concrete mixer machine shifting to Nabada site to Camp 5 by towing with duma and suddenly concrete mixing machine toppled on the road and got damage.</i></p>			
Immediate Action(s) Taken to Prevent Reoccurrence (If Any):			
<p><i>* immediate Report to project manager</i> <i>* immediate concrete mixer machine send to auto workshop for repair</i></p>			
Person Created the Report:			
Name: <i>Agha uddin</i>	Position: <i>HSE officer</i>	Signature: <i>Agha uddin</i>	Date: <i>2020-07-08 8/8/2022</i>

Note: This form is to be submitted four (4) hours after the incident occurred.