

Fill the Information Below

 Company: **Rezayat Company Limited**

Date: 9/28/2021

 Location: **Auditorium**

Time: 09.30 AM

 Project/ Site Name: Catering Auditorium & Recreation Facilities : **097-C76R**

Worst Potential Severity: 2

Actual Severity: 2

Person(s) Involved:
☐ **Employee**
☒
Contractor
☐ **Others**

1. NURUL AMIN SAFAYETULLAH (IQ-2160831844) IP

3.

2.MD SAMIULLAH MOROL (IQ-2489187324)

Other(s).

Type of Incident:

First Aid Case

Injury Location by Body Parts (Select one or more if necessary):

Head	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Hip	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Ankle/Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Nose/ Ears	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Fingers	<input checked="" type="checkbox"/>	Toes	<input type="checkbox"/>

Type of Injury Sustained (Select one or more if necessary):

Fracture	<input type="checkbox"/>	Cut/ Laceration	<input checked="" type="checkbox"/>	Scalping	<input type="checkbox"/>	Bruising	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	Heat	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Crush Injury	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Other(s) Avulsion	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>		<input type="checkbox"/>

Immediate Cause(s) (Select one or more if necessary):

Safety Rule Violated	<input type="checkbox"/>	Lack of Resources	<input type="checkbox"/>	Drugs/ Alcohol Related	<input type="checkbox"/>	Inadequate Visibility	<input type="checkbox"/>
Lack of Task Skill	<input type="checkbox"/>	Method Deviation	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>	Employee Morale	<input type="checkbox"/>
Lack of Supervision	<input checked="" type="checkbox"/>	Poor Weather Conditions	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	Employee Attitude	<input type="checkbox"/>
Improper Lifting (MH)	<input type="checkbox"/>	Lack of Task Knowledge	<input type="checkbox"/>	Poor Team Work	<input checked="" type="checkbox"/>	Behavior Problem	<input type="checkbox"/>
Not Paying Attention	<input checked="" type="checkbox"/>	Lack of Communication	<input checked="" type="checkbox"/>	No Risk Assessment	<input type="checkbox"/>	Poor Ground Conditions	<input type="checkbox"/>
Human Error	<input checked="" type="checkbox"/>	Incorrect Tools/Equip	<input type="checkbox"/>	Defective Equipment	<input type="checkbox"/>	Improper Lifting (crane)	<input type="checkbox"/>
Inadequate PPE	<input type="checkbox"/>	Defective Tools	<input type="checkbox"/>	Unprotected excavation	<input type="checkbox"/>	Unprotected Edge	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Violence	<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Improper/ Poor Slings	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	STF Above Ground	<input type="checkbox"/>	STF on the Same Level	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Misuse of Hand Tools	<input type="checkbox"/>	Grinding/ Welding	<input type="checkbox"/>	Knives/ Sharps	<input checked="" type="checkbox"/>	Hit by Vehicle	<input type="checkbox"/>
Hit by Static Machinery	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	Splashes from C.P.O.L.	<input type="checkbox"/>	Other(s) :	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>		<input type="checkbox"/>

Equipment(s) Involved:

Light Vehicle:	<input type="checkbox"/>	Heavy Vehicle:	<input type="checkbox"/>	Plant Equipment:	<input type="checkbox"/>	Static Plant Equipment:	<input type="checkbox"/>
Building:	<input checked="" type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input type="checkbox"/>	Excavation:	<input type="checkbox"/>
Other(s):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Description of the Event:

At around 0930 hours, a crew of electrician lead by Foreman Varghese, cable pulling on going using Fisher Tape. During the execution Md. Samiulla from point A and Nurul Alamin from point B which is on the other wall of the room. Unfortunately Point A Md. Samiulla pull the Fisher Tape without informing point B Nurul Alamin that result small laceration on right hand point finger of Nurul Alamin.

Immediate Action(s) Taken to Prevent Reoccurrence (If any)

Immediately send to site clinic and nurse administered first aid.
 Stand down meeting conducted by Electrical Engr. Benjie and discussed the incident to all electrical on site.
 Constant communication from point A to Point B during cable pulling by means of shouting or use spotter if the activity divided by the wall.

Person Created the Report:

Name: Salvador	Position: Safety Officer	Signature: 	Date: 9/28/2021
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