

Fill the Information Below

Company: **Rezayat Company Limited**

Date: 17-01-2021

Location: **Area 1**

Time: 10:15 AM

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

Person(s) Involved:	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Others
1. Kalaichelvan Jeyapalan (30038511)		3.	
2.		Other(s).	

Type of Incident:

Fatality	<input type="checkbox"/>	Lost Time Injury	<input type="checkbox"/>	Dangerous Occurrence	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
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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/ Thumb	<input type="checkbox"/>	Toes	<input type="checkbox"/>

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

Fracture	<input type="checkbox"/>	Cut/ Laceration	<input 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) (Near miss)	<input checked="" type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>		

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

Safety Rule Violated	<input checked="" type="checkbox"/>	Lack of Resources	<input type="checkbox"/>	Drugs/ Alcohol Related	<input type="checkbox"/>	Inadequate Visibility	<input type="checkbox"/>
Lack of Task Skill	<input checked="" 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 checked="" type="checkbox"/>	Poor Team Work	<input checked="" type="checkbox"/>	Behavior Problem	<input type="checkbox"/>
Not Paying Attention	<input type="checkbox"/>	Lack of Communication	<input 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 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"/>		

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 type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input checked="" type="checkbox"/>	Excavation:	<input type="checkbox"/>
Other(s):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>


Description of the Event:

During the installation of the PVC pipes in part 2 ground floor, the plumbing team tried to tighten the PVC pipe with the help of chain block. The chain block was tied with the mobile scaffolding to tighten the PVC pipe. While tightening one of the pipes, the scaffolding raised from the backside as a result of pulling force, with the two back wheels slightly in the air. The worker on the scaffold grabbed the pipe support. Fortunately the scaffolding did not fell down and it was brought back to its standing position by the worker on the ladder after loosening the chain block.

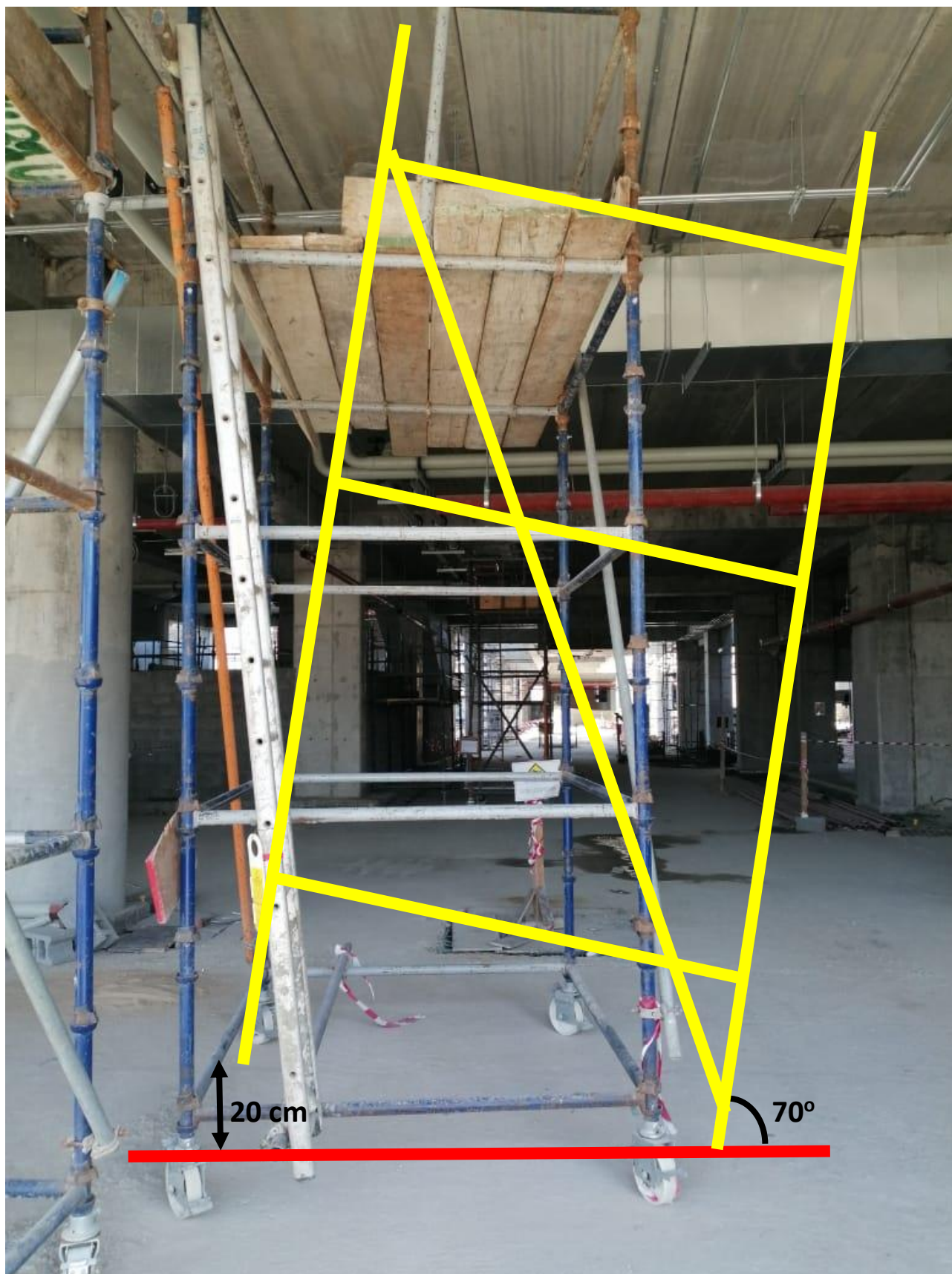
Immediate Action(s) Taken to Prevent Reoccurrence (If Any):

Work was stopped and incident was investigated with the plumbing team.
Safety talk was conducted with the plumbing department and the near miss and its precautions were discussed.
Follow the approved method statement for the safe installation of pipes.
Instructed them to use manufacturer made wall hooks to support the chain block.
Instructed them not to apply any sideways force on the mobile scaffolding other than the worker.

Person Created the Report:

Name: Waqas Gillani	Position: Safety Engineer	Signature: 	Date: 17/01/2021
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Note: This form is to be submitted four (4) hours after the incident occurred.

Revision Dated: 24 June 2015