

Name of Employee	Ojir Mia	Badge No.	40917	Actual Severity:	3		
Safety Awareness Training Date	10/19/2019	Proof of Training	Induction	Worst Potential Severity:	2		
Name of Line Manager	Mustafa Ali	Badge No.	3104094	Profession/ Designation	Project Manager		
Name of Supervisor	Ibrahim Sabry	Badge No.	31032055				
Division / Department	Civil Department	Project Name	097-C76 R	Project Location	JUC		
Place of the Incident/Injury	Auditorium (PART 1)	Date of Incident	4/1/2021	Time of Incident	04:00 PM		
Nature of the Incident/Injury	Occupational Incident/Injury	No	Near Miss	Other, Please specify :			
	Road Traffic Incident/ Injury	No	No	First Aid (Medical Treatment)			
Brief Description of the Incident/Injury	Ojir Mia (IP) was deputed by his foreman for deshuttering of formwork in part 1. While he was removing the plywood from the column with the help of crowbar, He pulled the crowbar with some significant force. The crow bar slipped from plywood and the backside of the crow bar hits his face (between nose and lips). He got a deep cut as the backside of the crow bar was sharp. He was working at a height of approx. 10 meter and he could have lost his balance because of this hit. Fortunately he was hooking harness at the time of incident. First aid was given to him in the first aid room. And he was sent to hospital for further treatment.						
Details of the Injury (Specify affected body parts)	Face (Between nose and lips)						
First Aid Given?	Yes	Name of First Aider	Jibbu				
Name of Hospital where patient was treated/transferred	Gulf Asia	Address/Location of the hospital	Jubail				
Medical leave given by administering Hospital/Clinic or Doctor	Yes	Number of Days	01	Hospitalization	No		
Property damage	No	Estimated percentage of damage		Estimated Cost of damaged (SAR)	N/A		
Property Details	Type / Function of the property	N/A	Location of affected property	N/A			
	Name of Manufacturer	N/A					
	Model of the Property	N/A	Plate Number	N/A			
	Vehicle Registration Number	N/A	Company Fleet Number	N/A			

Was Pre- Task / Toolbox meeting conducted	Yes	Was the person using required Personal Protective Equipment (PPE)	Yes			
Specify the Personal Protective Equipment (PPE)	Helmet, safety shoes, vest, gloves and goggles, Safety Harness					
What was the injured person/employee doing at the time of the incident?	De shuttering of form work in part 1					
What was the machine/equipment doing at the time of the incident?	NA					
What was the material/s / substance/s doing at the time of the incident	N/A					
<b>Immediate Cause/s of the Incident/injury:</b> .Sharp edge of the crowbar hits the face of the injured person.						
Root Cause/s of the Incident/injury:	People: Skilled carpenter was working.					
	Process / Procedure: The injured person was standing in the line of fire.					
	Equipment: Tools were okay for the task.					
	Workplace: Workplace was okay as per the task requirements.					
Corrective Action to prevent reoccurrence:	Elimination: N/A					
	Substitution: N/A					
	Engineering Control: N/A					
	Administrative Control: Ensure trained and competent person perform shuttering work. Ensure that worker should not stand in the line of fire zone. Ensure proper supervision for the work.					
	PPE: Ensure to use all required ppe, s during shuttering of form works.					
Were there any witnesses?	None	Type of witness/s	Employee		Public	
Witness Details -		Badge Number		Mobile Number		



Witness Statement:

Initial Investigation Conducted by: Krishna Pillai

*Behind  
@ps*

Noted by:

*[Signature]*

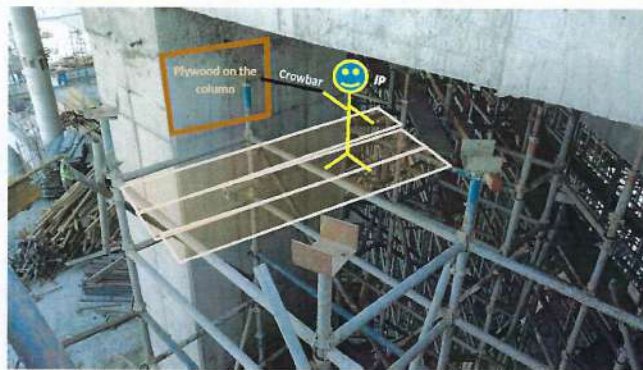
Date

4/1/2021

Additional Details:



Location of Incident



Investigation Report Verified by:

Noted by:

Date

4/1/2021