



Name of Employee	Subash Giri	Badge No.	30038234		Actual Severity:	2
Safety Awareness Training Date	8/9/2019	Proof of Training		duction		3
Name of Line Manager	Mustafa Ali	Badge No.	3104094	Profession/ Designation	Severity: Project Manager	
Name of Supervisor	Ibrahim Sabry	Badge No.	31032055	1032055		
Division / Department	Civil Department	Project Name	097-C76 R	6 R Project JUC Location		
Place of the Incident/Injury	Auditorium part 2	Date of Incident	2/15/2021	Time of Incident 02:30pm		
Nature of the	Occupational Incident/Injury	No	Near Miss	Other, Please specify :		
Incident/Injury	Road Traffic Incident/Injury	No	Yes			
the Incident/Injury	injury occurred beca					
(Specify affected	N/A					
Details of the Injury (Specify affected body parts) First Aid Given?		Name of First Aid	ler			
(Specify affected body parts)  First Aid Given?  Name of Hospital where patient was	N/A No N/A	Name of First Aid	Address/L of the hosp			
(Specify affected body parts)  First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	No	Name of First Aid  Number of Days	Address/L	ital	No	
(Specify affected body parts)  First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No N/A	Number of Days  Estimated percentage	Address/L of the hosp	nital nition	No	
(Specify affected body parts)	No N/A	Number of Days Estimated	Address/L of the hosp Hospitaliza	cost of SAR)	No	
(Specify affected body parts)  First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor  Property damage	No N/A No No Type / Function of	Number of Days  Estimated percentage	Address/L of the hosp  Hospitaliza  Estimated of damaged (S)  Location of	cost of SAR)	No	
(Specify affected body parts)  First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No Type / Function of the property Name of	Number of Days  Estimated percentage	Address/L of the hosp  Hospitaliza  Estimated of damaged (S)  Location of	cost of SAR)	No	





Was Pre- Task / Toolbo conducted	x meeting	Yes	require	e person using ed Personal ive Equipment	Υe	es	
pecify the Personal Protective Equipment Helmet, s		Helmet, saf	safety shoes, vest, gloves and goggles				
What was the injured poof the incident?	erson/employee doin	g at the time	NA				
What was the machine/ incident?	equipment doing at th	ne time of the	NA				
What was the material/s / substance/s doing at the time of the incident			Shuttering wo	k on scaffolding platf	orm at 15 m	neter	
Immediate Cause/s of the Hammer slipped from Ha		own.					
Root Cause/s of the Incident/injury:	People: Hammer wa Process / Procedure some other part of se Equipment/A Workplace: N/A	: No retaining r		ed with Hammer to	tie it with l	nand or	
	Elimination:						
	Substitution:						
Corrective Action to prevent reoccurrence:	Engineering Control and user hand or use				with Hamm	er handle	
	Administrative Control: There should be proper barricade downside working location and one person should be assigned on the ground level to monitor downside area.						
	PPE: worker should working at height.	use all basic pp	e,s including S	afety harness with re	etaining ro	pe while	
Were there any witnesses?	None	Type of witness/s		1	Public		
Witness Details –	750		Badge Number	Mobile Number			





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(Specify affected	N/A					
(Specify affected body parts)	N/A No	Name of First Ai	der			
Details of the Injury (Specify affected body parts)  First Aid Given?  Name of Hospital where patient was treated/transferred		Name of First Ai	der Address/L of the hosp			
(Specify affected body parts)  First Aid Given?  Name of Hospital	No	Name of First Aid	Address/L	oital	No	
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(Specify affected body parts)  First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No Type / Function of the property Name of	Number of Days  Estimated percentage	Address/L of the hosp Hospitaliza Estimated damaged (	ntion  Cost of SAR)  f affected	No	





Vas Pre- Task / Toolbox meeting onducted		Yes	requir	e person using ed Personal tive Equipment	Yes		
Specify the Personal Protective Equipment (PPE)			rafety shoes, vest, gloves and goggles				
What was the injured pof the incident?	erson/employee doing	g at the time	NA				
What was the machine/incident?	equipment doing at th	ne time of the	NA				
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Were there any witnesses?	None	Type of witness/s		1	Public		
Witness Details -	THINK THE	- 1994	Badge Number	Mobile Number			





Witness Statement: N/A

Initial Investigation Conducted by: Krishna Pillai	Noted by: Mustafa Ali	Date	2/15/2021
	nall.		



Noted by:		THE RESERVE TO SHARE THE PARTY OF THE PARTY
	Date	10/21/2020
	Noted by:	