

<b>Name of Employee</b>	1. Akhilesar Chaudhry 2. Popat		<b>Badge No.</b>	1. 44064285 2. 30040881		<b>Profession/ Designation</b>	Rigger, Tower crane operator	
<b>Safety Awareness Training Date</b>	1. 02-02-2020 2. 07-09-2019		<b>Proof of Training</b>	Induction Register				
<b>Name of Line Manager</b>	Engr. Amr		<b>Badge No.</b>					
<b>Name of Supervisor</b>	Sohail		<b>Badge No.</b>					
<b>Division / Department</b>	Civil		<b>Project Name</b>	097-C76R		<b>Project Location</b>	JUC	
<b>Place of the Incident/Injury</b>	Auditorium		<b>Date of Incident</b>	24-02-2021		<b>Time of Incident</b>	09:00 AM	
<b>Nature of the Incident/Injury</b>	<b>Occupational Incident/Injury</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	<b>Near Miss</b>	<b>Other, Please specify :</b>	
	<b>Road Traffic Incident/ Injury</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Brief Description of the Incident/Injury</b>	While the mobile crane (100 ton) was engaged in the activity to remove the shuttering in part 2, nearby there was tower crane activity was also going on to install Hollow core. The Tower crane operator gave the signal to the operator to swing the boom to left side. The tower crane operator swung the boom and it hit slightly with the boom of the mobile crane (that was stationary at that time).							
<b>Details of the Injury (Specify affected body parts)</b>	N/A							
<b>First Aid Given?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>Name of First Aider</b>	N/A		
<b>Name of Hospital where patient was treated/transferred</b>						<b>Address/Location of the hospital</b>		
<b>Medical leave given by administering Hospital/Clinic or Doctor</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<b>Number of Days</b>		<b>Hospitalization</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Property damage</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	<b>Estimated percentage of damage</b>		<b>Estimated Cost of damaged (SAR)</b>	
<b>Property Details</b>	<b>Type / Function of the property</b>	N/A			<b>Location of affected property</b>	N/A		
	<b>Name of Manufacturer</b>	N/A						
	<b>Model of the Property</b>	N/A			<b>Plate Number</b>	N/A		
	<b>Vehicle Registration Number</b>	N/A			<b>Company Fleet Number</b>	N/A		

Was Pre- Task / Toolbox meeting conducted	Yes	✓	No	Was the person using required Personal Protective Equipment (PPE)	Yes	✓	No
Specify the Personal Protective Equipment (PPE)				Safety Shoes, Safety Goggles, Helmet, Vest, Gloves			
What was the injured person/employee doing at the time of the incident?				N/A			
What was the machine/equipment doing at the time of the incident?				Tower crane and mobile crane working nearby			
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> Tower crane and mobile crane working nearby							
<b>Root Cause/s of the Incident/injury:</b> <b>People:</b> Incompetent rigger. Improper supervision on site by the engineer. Operator operated crane without noticing the full length of the boom. <b>Process / Procedure:</b> Parallel cranes working near to each other. <b>Equipment:</b> Equipment was OK. <b>Workplace:</b> Workplace was OK							
<b>Corrective Action to prevent reoccurrence:</b> <b>Elimination:</b> No parallel crane activities must be allowed nearby (Only one crane to work in one single location). <b>Substitution:</b> N/A <b>Engineering Control:</b> N/A <b>Administrative Control:</b> Proper supervision from the concerned supervisor/foreman. There must be only competent certified riggers to control the crane operations. <b>PPE:</b> All necessary PPEs must be worn at site.							
Were there any witnesses?	Yes		None	✓	Type of witness/s	Employee	Public
Witness Details					Badge Number		Mobile Number
Witness Statement:							

<b>Initial Investigation Conducted by: Krishna Pillai (SM)</b> <i>V.K. Pillai 25/2/21</i>	<b>Noted by: Mustafa Ali (PM)</b> <i>[Signature]</i>	<b>Date</b>	<b>24-02-2021</b>
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**Additional Details:**


<b>Investigation Report Verified by:</b>	<b>Noted by:</b>	<b>Date</b>	
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**Previous Incident from April 15, 2020**

