

## Incident and Injury Investigation Report



	Satyendra Kumar Parsa	nd	Badge No.	36909			Actual Severity:	2
Safety Awareness Training Date	2/22/2020		Proof of Traini ng	Induction			Worst Potential Severity:	2
Name of Line Manager	Wessam Ramadan Noaman Ibrahim		Badge No.	40315	Profess Designa		Engineer - C	Civil
Name of Supervisor	Mahmoud Elhassanen Ahmed Elhab		Badge No.	31034797				
Division / Department	Civil Department		Project Name	Catering Auditorium & Recreation Facilities	Project JUC Location		JUC	
Place of the Incident/Injury	Support Facilities		Date of Incide nt	2/27/2021	Time of Inciden		02:40 PM	
Nature of the	Occupational Incident/Injury			Near Miss		Other, Please specify:		
Incident/Injury	Road Traffic Incident/Injury	No	)	No	First Aid			
Brief Description of the Incident/Injury	building the sharp per and unfortunately ca to the IP.							
Property damage	N/A							
	N/A Yes	Name of	First Aide	r Dave Caolin	0			
First Aid Given?  Name of Hospital where patient was		Name of	First Aide	r Dave Caolin  Address/Loof the hosp	ocation	N/A		
First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	Yes	Name of  Number Days		Address/Lo	ocation ital	N/A	, No	
First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	Yes N/A	Number	of ed age	Address/Lo of the hosp	tion	N/A	No	
First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	Yes N/A No	Number Days Estimate percenta	of ed age	Address/Lo of the hosp  Hospitaliza  Estimated (	tion  Cost of SAR)	N/A	No	
First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor  Property damage	Yes N/A No No Type / Function of	Number Days Estimate percenta	of ed age	Address/Lo of the hosp  Hospitaliza  Estimated (damaged (Station of	tion  Cost of SAR)	N/A	No	
Property damage  First Aid Given?  Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor  Property damage	Yes N/A No No Type / Function of the property Name of	Number Days Estimate percenta of damag	of ed age	Address/Lo of the hosp  Hospitaliza  Estimated (damaged (Station of	tion  Cost of SAR)  affected		No I/A	



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Was Pre- Task / Toolbox meeting conducted		Yes	req	s the person us uired Personal tective Equipm E)		Yes		
Specify the Personal Pr (PPE)	Safety shoes, Safety Glasses, Safety Gloves							
What was the injured pof the incident?	Shifting materials (picking up) the timber for shuttering activity.							
What was the machine/equipment doing at the time of the incident?								
What was the material/s / substance/s doing at the time of the incident								
Immediate Cause/s of the Incident/injury:  Not paying attention  Not wear the proper PPE (Hand Gloves)								
People: Noncompliance of PPE,S (Gloves was not using at that time by IP)								
Root Cause/s of the	Process / Procedure- Denailing of Timbers not done prior to work (sharp objects).							
Incident/injury:	Equipment: N/A							
	Workplace: Shuttering timbers were not arranged properly.							
	Elimination:							
	Substitution: N/A							
Corrective Action to prevent reoccurrence:	Engineering Control: Denailing of timbers must be done prior to work starting.							
	Administrative Control: Given training about safe work procedures and use of required ppe,s during work always.  Ensure Good Housekeeping always in work location.  PPE: Necessary PPEs at site must be worn all time during work.							
Were there any witnesses?	None	Type of witness/s				Public		
Witness Details			Badge Number		Mobile Number			



## Incident and Injury Investigation Report



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Initial Investigation Conducted by: Krishna Pillai

Noted by: Mustafa Ali

Deliveral Conducted by: Mustafa Ali

Date

27-2-2021

## **Additional Details:**



Investigation Report Verified by:	Noted by:	Date	