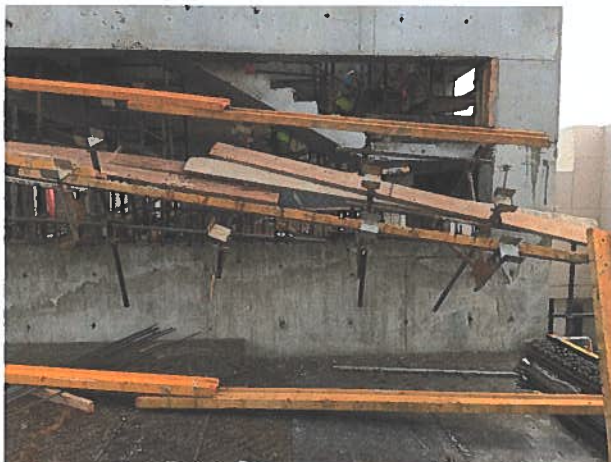


<b>Name of Employee</b>	Nadeem Yaseen			<b>Badge No.</b>	40978		<b>Profession/ Designation</b>	Carpenter			
<b>Safety Awareness Training Date</b>	13/2/2020			<b>Proof of Training</b>	Induction Register						
<b>Name of Line Manager</b>	Amr Ahmed Mahmoud Mohamed			<b>Badge No.</b>	30104091						
<b>Name of Supervisor</b>	Ibrahim Sabry Ibrahim Kheriba			<b>Badge No.</b>	31032055						
<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>	25-02-2021		<b>Time of Incident</b>	09:40 AM			
<b>Nature of the Incident/Injury</b>	<b>Occupational Incident/Injury</b>	Yes		No		<b>Near Miss</b>		<b>Other, Please specify : Dangerous occurrence</b>			
	<b>Road Traffic Incident/ Injury</b>	Yes		No		Yes	<input checked="" type="checkbox"/>	No			
<b>Brief Description of the Incident/Injury</b>	While the dismantling of DOKA I-beams, as the carpenter (Nadeem) was removing the I-beams and six pieces were left to dismantle, he felt some instability in the structure. He instructed the workers nearby to move away as the scaffolding is looking unstable. He quickly came down from the scaffolding and at that time the scaffolding collapsed (as shown in the picture). At the time of collapse no one was on the scaffolding or near the scaffolding.										
<b>Details of the Injury (Specify affected body parts)</b>	N/A										
<b>First Aid Given?</b>	Yes		No		<b>Name of First Aider</b>	N/A					
<b>Name of Hospital where patient was treated/transferred</b>	N/A					<b>Address/Location of the hospital</b>	N/A				
<b>Medical leave given by administering Hospital/Clinic or Doctor</b>	Yes		No		<b>Number of Days</b>		<b>Hospitalization</b>	Yes		No	
<b>Property damage</b>	Yes		No	<input checked="" type="checkbox"/>	<b>Estimated percentage of damage</b>		<b>Estimated Cost of damaged (SAR)</b>	N/A			
<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	<input checked="" type="checkbox"/>	No		Was the person using required Personal Protective Equipment (PPE)	Yes	<input checked="" type="checkbox"/>	No	
Specify the Personal Protective Equipment (PPE)	Safety Shoes, Safety Goggles, Helmet, Vest, Gloves, Full body Harness								
What was the injured person/employee doing at the time of the incident?	Dismantling the DOKA I-beams								
What was the machine/equipment doing at the time of the incident?	N/A								
What was the material/s / substance/s doing at the time of the incident	DOKA I-beams were being dismantled.								
<b>Immediate Cause/s of the Incident/injury:</b> Unstable scaffolding structure, lack of supports on the scaffolding structure.									
<b>Root Cause/s of the Incident/injury:</b> <b>People:</b> Lack of supervision by the scaffolding supervisor. <b>Process / Procedure:</b> Procedure was not right as the scaffolders removed the scaffolding parts before the scaffolding was dismantled. Poor coordination between the scaffolding team and carpenter team before working on the scaffolding structure. <b>Equipment:</b> Lack of scaffolding materials at site was the reason why scaffolders removed the supports on the scaffolding. <b>Workplace:</b> Workplace was not OK as the scaffolding structure was unstable.									
<b>Corrective Action to prevent reoccurrence:</b> <b>Elimination:</b> N/A <b>Substitution:</b> N/A <b>Engineering Control:</b> Scaffolding structure must be adequately supported and no one should be allowed to modify until it is dismantled. <b>Administrative Control:</b> Proper supervision from the scaffolding foreman/supervisor. No scaffolding must be modified without the knowledge of scaffolding competent person. Proper coordination must be exercised between scaffolding team and other crews who are going to use the scaffolding structure. Adequate scaffolding material must be supplied on the site. <b>PPE:</b> All necessary PPEs must be worn at site including safety harness.									
Were there any witnesses?	Yes		None	<input checked="" type="checkbox"/>	Type of witness/s	Employee		Public	
Witness Details					Badge Number		Mobile Number		
Witness Statement:									

Initial Investigation Conducted by: Krishna Pillai (SM) <i>Behind W. Coyr.</i>	Noted by: Mustafa Ali (PM) <i>[Signature]</i>	Date	25-02-2021
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**Additional Details:**



Investigation Report Verified by:	Noted by:	Date	
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