

Incident and Injury Investigation Report



Name of Employee	Kalaichelvan Jeyapalan	l	Badge	30038511			
			No.			Actual Severity:	1
Safety Awareness Training Date	11/17/2019		Proof of Training	Induction Trai	ining register	Worst Potential Severity:	4
Name of Line Manager	Vilayath Ali Syed		Badge No.	30040495	Profession/ Designation	Area Suprintend	ent
Name of Supervisor	Dominador Cagumbay Bacat		Badge No.	30039076			
Division / Department	Mechanical		Project Name	097-C76R	Project Location	JUC	
Place of the Incident/Injury	Area 1 (Part-2)		Date of Incident	1/17/2021	Time of 10:15 AM Incident		
Nature of the	Occupational Incident/Injury		lo	Near Miss	Other, Please specify:		
Incident/Injury	Road Traffic Incident/Injury	N	lo	Yes			
Brief Description of the Incident/Injury	During the installation the PVC pipe with the to tighten the PVC pipe While tightening one force, with the two be support. Fortunately the position by the worker	pe. of the pipe ack wheels the scaffold	es, the scafforst slightly in the ding did not	olding raised from the air. The worker fell down and its	was tied with them on the backside a er on the scaffold was brought back	e mobile scaff	olding
Details of the Injury (Specify affected body parts)	N/A						
First Aid Given?							- 1
Name of Hospital	No	Name of	f First Aider	•			
where patient was treated/transferred	No	Name of	f First Aider	Address/Lo of the hospi			
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No	Name of		Address/Lo	tal	No	
treated/transferred Medical leave given by administering Hospital/Clinic or		Number Days Estimate percenta	of ed	Address/Lo of the hospi	ion ost of	No	
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No Type / Function of the property	Number Days Estimate	of ed	Address/Lo of the hospi Hospitalizat Estimated Co	ion ost of AR)	No	
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No Type / Function of	Number Days Estimate percenta	of ed	Address/Lo of the hospi Hospitalizat Estimated Co damaged (SA Location of a	ion ost of AR)	No	
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No Type / Function of the property Name of	Number Days Estimate percenta	of ed	Address/Lo of the hospi Hospitalizat Estimated Co damaged (SA Location of a	ion ost of AR) affected	No	



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Was Pre- Task / Toolbo conducted	as Pre- Task / Toolbox meeting nducted		Yes		Was the person required Person Protective Eq (PPE)	sonal	Y	es
Specify the Personal Pr (PPE)	otective Equipment		Safety Shoo	es, Safet		net, Vest, Glove	es, Full body	harness
What was the injured p of the incident?	erson/employee do	ing at	the time	N/A				
What was the machine, incident?	/equipment doing at	the t	ime of the	Fixing	PVC pipes with	h the help of ch	ain block	
What was the material, the incident		ng at t	the time of	N/A				
Immediate Cause/s of t Sideways Pulling force ap		obile s	scaffolding.					
	People: No skilled worker for the activity. Poor supervision. Workers were not aware of the safe sequence of work.							
Root Cause/s of the	Process / Procedure: Method statement was not followed. Mobile Scaffolding weight was used to pull the pipes.							
Incident/injury:	Equipment: Equipment was OK. Workplace: Workplace was OK.							
	Elimination: N/A	lace w	/as uk.					
	Substitution: N/A							
Corrective Action to prevent reoccurrence:	Engineering Control: Instructed execution team to use manufacturer made wall hooks to support the chain block. Instructed execution team not to apply any sideways force on the mobile scaffolding.							
	Administrative Control: Follow the approved method statement for the safe installation of pipes. Train the workers to follow the safe sequence of work. Adequate supervision to be present on site							
	PPE: Necessary PPEs r							
Were there any witnesses?	None		Type of witness/s	Emplo	yee		Public	
Witness Details			,	Badge Numb		Mobile Number		
Witness Statement:				<u> </u>				



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Initial Investigation Conducted by: Krishna Pillai (SM)

Noted by: Mustafa Ali (PM)

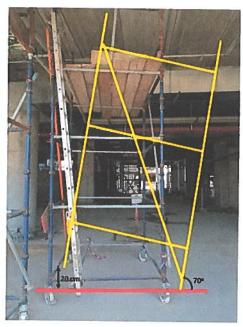
Date

1/17/2021

V. Knor

Additional Details:





Investigation Report Verified by:	Noted by:		
		Date	1/17/2021