

<b>Name of Employee</b>	Mahboob Ali			<b>Badge No.</b>	30037748			<b>Profession/ Designation</b>	Technician - Electrical		
<b>Safety Awareness Training Date</b>	9/2/2020			<b>Proof of Training</b>	Induction Register						
<b>Name of Line Manager</b>	Amr Ibrahim Mohamed Elshahat			<b>Badge No.</b>	30040349						
<b>Name of Supervisor</b>	Dominador Cruz Laurwano			<b>Badge No.</b>	30035359						
<b>Division / Department</b>	Electrical			<b>Project Name</b>	Catering Auditorium & Recreation Facilities			<b>Project Location</b>	JUC		
<b>Place of the Incident/Injury</b>	Sport center			<b>Date of Incident</b>	14-12-2020			<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 checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		
<b>Brief Description of the Incident/Injury</b>	There Was some fixed and bended rebars dowels on the floor near the swimming pool area (Bended parallel to the ground) Mr.Mahboob was going to the work location through in that area unfortunality his both foots stuck with the rebars dowels and he fell on the same level .Due to this his head and both knees hitted on the concrete floor and result buries and inflammation on his forehead (forehead above left eyebrow) and both knees.										
<b>Details of the Injury (Specify affected body parts)</b>	Fore head (above left eyebrow) and both knees.										
<b>First Aid Given?</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	<b>Name of First Aider</b>	Dave Romagos Carolino					
<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 checked="" type="checkbox"/>	<b>Number of Days</b>		<b>Hospitalization</b>	Yes	<input type="checkbox"/>	No	<input checked="" 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>						<b>Location of affected property</b>				
	<b>Name of Manufacturer</b>										
	<b>Model of the Property</b>						<b>Plate Number</b>				
	<b>Vehicle Registration Number</b>						<b>Company Fleet Number</b>				

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)				Helmet, vest, shoes, glasses					
What was the injured person/employee doing at the time of the incident?					Walking				
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					Steel Bar (Dowels)				
Immediate Cause/s of the Incident/injury: Not Paying Attention									
<p><b>Root Cause/s of the Incident/injury:</b></p> <p><b>People:</b></p> <p><b>Process / Procedure:</b></p> <p><b>Equipment:</b></p> <p><b>Workplace: Obstruction in the people movement area (Bended steel bar )</b></p>									
<p><b>Corrective Action to prevent reoccurrence:</b></p> <p><b>Elimination:</b></p> <p><b>Substitution:</b></p> <p><b>Engineering Control: Cover all the protruding rebar's with wooden caps highlight trip hazards by using fluorescent paint or warning tape and provide the designated walkway</b></p> <p><b>Administrative Control:</b></p> <p><b>PPE:</b></p>									
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**

*V.K. Pillai*

**Noted by: Mustafa Ali**

*Mustafa Ali*

**Date**

**Additional Details:**



**Investigation Report Verified by:**

**Noted by:**

**Date**