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| Name of Employee | Satyadev Yadav | | | Badge No. | 30040664 | | | Profession/ Designation | Carpenter | | | |
| Safety Awareness Training Date | 5-12-2019 | | | Proof of Training | Induction Register | | | | | | | |
| Name of Line Manager | Mustafa Ali | | | Badge No. | 30104094 | | | | | | | |
| Name of Supervisor | Ibrahim Sabry Ibrahim Kheriba | | | Badge No. | 31032055 | | | | | | | |
| Division / Department | Civil | | | Project Name | Catering Auditorium & Recreation Facilities | | | Project Location | JUC | | | |
| Place of the Incident/Injury | Auditorium Part -1 | | | Date of Incident | 04-12-2020 | | | Time of Incident | 07:40 AM | | | |
| Nature of the Incident/Injury | Occupational Incident/Injury | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Near Miss | | | Other, Please specify : | | | |
| | Road Traffic Incident/ Injury | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | | | |
| Brief Description of the Incident/Injury | while working in part 1 dismantling scaffolding, he is receiving the dismantled scaffolding tube from the 3rd level and while receiving the tube in his level (2nd) he couldn't control the tube and tube hit to another scaffolding tube and his left ring finger crush between two scaffolding tube's while receiving the scaffold. | | | | | | | | | | | |
| Details of the Injury (Specify affected body parts) | Left Ring Finger | | | | | | | | | | | |
| First Aid Given? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Name of First Aider | | | Dave Romagos Carolino | | | | |
| Name of Hospital where patient was treated/transferred | | | | | | | Address/Location of the hospital | | | | | |
| Medical leave given by administering Hospital/Clinic or Doctor | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Number of Days | | | Hospitalization | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Property damage | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Estimated percentage of damage | | | Estimated Cost of damaged (SAR) | | | | |
| Property Details | Type / Function of the property | | | | | | | Location of affected property | | | | |
| | Name of Manufacturer | | | | | | | | | | | |
| | Model of the Property | | | | | | | Plate Number | | | | |
| | Vehicle Registration Number | | | | | | | Company Fleet Number | | | | |

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| Was Pre- Task / Toolbox meeting conducted | Yes | <input checked="" type="checkbox"/> | No | | Was the person using required Personal Protective Equipment (PPE) | Yes | | No | <input checked="" type="checkbox"/> |
| Specify the Personal Protective Equipment (PPE) | Helmet, vest, shoes, glasses | | | | | | | | |
| What was the injured person/employee doing at the time of the incident? | Scaffolding dismantling | | | | | | | | |
| 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 | Tool using hammer | | | | | | | | |
| Immediate Cause/s of the Incident/injury: His finger crushed between two scaffolding tubes. | | | | | | | | | |
| Root Cause/s of the Incident/injury: incompetent person | | | | | | | | | |
| People: Incompetent worker was involved in activity | | | | | | | | | |
| Process / Procedure: not wearing gloves | | | | | | | | | |
| Equipment: N/A | | | | | | | | | |
| Workplace: Scaffolding platform | | | | | | | | | |
| Corrective Action to prevent reoccurrence: | | | | | | | | | |
| Elimination: N/A | | | | | | | | | |
| Substitution: N/A | | | | | | | | | |
| Engineering Control: All binding wire should be banded and sharp object must be controlled | | | | | | | | | |
| Administrative Control: Post signage relating to sharp object. | | | | | | | | | |
| PPE: Wear full selves cover all | | | | | | | | | |
| Were there any witnesses? | Yes | <input checked="" type="checkbox"/> | None | | Type of witness/s | Employee | <input checked="" type="checkbox"/> | Public | |
| Witness Details Mintu Mia | | | | | Badge Number | 40937 | Mobile Number | | |
| Witness Statement: As per the witness, IP was doing dismantling and while receiving tube he could not control the tube and his finger got injured when tube hit to another tube. | | | | | | | | | |

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| Initial Investigation Conducted by: Krishna Pillai <i>V. Krishna Pillai</i> 11/11/21 | Noted by: Mustafa Ali <i>[Signature]</i> | Date | |
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Additional Details:



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| Investigation Report Verified by: | Noted by: | Date | |
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