

Fill the Information Below

Company: Rezayat Cmpny Limited

Date: 12/30/2021

Location: Al Ula

Time:

Project/ Site Name: Quran Charity Hotel Façade design and build

Worst Potential Severity: 2

Actual Severity: 2

Person(s) Involved:	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Others
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1. Mokter Hossain-30040364

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2. Santosh Kumar Sharma-30037594

Other(s).

Type of Incident:

First Aid Case

Injury Location by Body Parts (Select one or more if necessary):

Head	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Hip	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Wrist	<input checked="" type="checkbox"/>	Ankle/Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Nose/ Ears	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Fingers/ Thumb	<input type="checkbox"/>	Toes	<input type="checkbox"/>

Type of Injury Sustained (Select one or more if necessary):

Fracture	<input type="checkbox"/>	Cut/ Laceration	<input checked="" type="checkbox"/>	Scalping	<input type="checkbox"/>	Bruising	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	Heat	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Crush Injury	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Swelling	<input type="checkbox"/>

Immediate Cause(s) (Select one or more if necessary):

Safety Rule Violated	<input type="checkbox"/>	Lack of Resources	<input type="checkbox"/>	Drugs/ Alcohol Related	<input type="checkbox"/>	Inadequate Visibility	<input type="checkbox"/>
Lack of Task Skill	<input type="checkbox"/>	Method Deviation	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>	Employee Morale	<input type="checkbox"/>
Lack of Supervision	<input type="checkbox"/>	Poor Weather Conditions	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	Employee Attitude	<input type="checkbox"/>
Improper Lifting (MH)	<input type="checkbox"/>	Lack of Task Knowledge	<input type="checkbox"/>	Poor Team Work	<input type="checkbox"/>	Behavior Problem	<input type="checkbox"/>
Not Paying Attention	<input checked="" type="checkbox"/>	Lack of Communication	<input type="checkbox"/>	No Risk Assessment	<input type="checkbox"/>	Poor Ground Conditions	<input type="checkbox"/>
Human Error	<input type="checkbox"/>	Incorrect Tools/Equip	<input type="checkbox"/>	Defective Equipment	<input type="checkbox"/>	Improper Lifting (crane)	<input type="checkbox"/>
Inadequate PPE	<input type="checkbox"/>	Defective Tools	<input type="checkbox"/>	Unprotected excavation	<input type="checkbox"/>	Unprotected Edge	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Violence	<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Improper/ Poor Slings	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	STF Above Ground	<input type="checkbox"/>	STF on the Same Level	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Misuse of Hand Tools	<input type="checkbox"/>	Grinding/ Welding	<input type="checkbox"/>	Knives/ Sharps	<input checked="" type="checkbox"/>	Hit by Vehicle	<input type="checkbox"/>
Hit by Static Machinery	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	Splashes from C.P.O.L.	<input type="checkbox"/>	Other(s) :	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>		<input type="checkbox"/>

Equipment(s) Involved:

Light Vehicle:	<input type="checkbox"/>	Heavy Vehicle:	<input checked="" type="checkbox"/>	Plant Equipment:	<input type="checkbox"/>	Static Plant Equipment:	<input type="checkbox"/>
Building:	<input type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input type="checkbox"/>	Excavation:	<input type="checkbox"/>
Other(s):	<input checked="" type="checkbox"/>	Protruding rebar	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>


Description of the Event:

On 30 Dec around 10.25pm, It has been reported by Mr.Moketer Hossain –carpenter B#30040364 that during form work preparation, he got small cut on his left hand wrist by the protruding rebar placed inside the form work. Immediately first aid treatment has been given at Site office.

Immediate Action(s) Taken to Prevent Reoccurrence (If Any):

- Reported to Steel fixing Forman to place safety cover once the steel placed
- Advised the victim to identify the hazards in the workplace before start

Person Created the Report:

Name: Rejenson Fernando	Position: Safety Lead	Signature: 	Date: 12/30/2021
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