

**Fill the Information Below**

Company: **Rezayat Company Limited**

Date: 01-04-2021

Location: **Auditorium (Part 1)**

Time: 04:00 PM

Project/ Site Name: Catering Auditorium & Recreation Facilities : **097-C76R**

<b>Person(s) Involved:</b>	<input checked="" type="checkbox"/> <b>Employee</b>	<input type="checkbox"/> <b>Contractor</b>	<input type="checkbox"/> <b>Others</b>
1. Ojir Miya (Carpenter) (40917) <span style="float: right;">3.</span> 2.			

**Type of Incident:**

Fatality	<input type="checkbox"/>	Lost Time Injury	<input type="checkbox"/>	Dangerous Occurrence	<input type="checkbox"/>	First Aid/Medical Treatment	<input checked="" type="checkbox"/>
----------	--------------------------	------------------	--------------------------	----------------------	--------------------------	-----------------------------	-------------------------------------

**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 checked="" type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Hip	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Wrist	<input 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"/>	<b>Other(s) (Near miss)</b>	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>		<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 type="checkbox"/>	Lack of Communication	<input type="checkbox"/>	No Risk Assessment	<input type="checkbox"/>	Poor Ground Conditions	<input type="checkbox"/>
Human Error	<input checked="" 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 type="checkbox"/>	Plant Equipment:	<input type="checkbox"/>	Static Plant Equipment:	<input type="checkbox"/>
Building:	<input type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input checked="" type="checkbox"/>	Excavator:	<input type="checkbox"/>
Other(s):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**Description of the Event:**

Ojir Miya (IP) was deputed by his foreman for the De-shuttering of formworks in part 1. While he was removing the plywood from the column with the help of crowbar, he pulled the crowbar with some significant force, the crowbar slipped from the plywood and the backside of the crowbar hit his face (between nose and lips). He got a deep cut as the backside of crowbar was sharp. He was working at a height of approx. 10m and he could have lost his balance because of this hit. Fortunately he was hooking his harness at the time of incident. First aid was given to him in the first aid room and he was sent to hospital for further treatment.

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

Work was stopped and incident was investigated.  
 Tool box talk was conducted with all the site regarding this incident and how to prevent it.  
 Workers were instructed not to stand in the line of fire while doing and de-shuttering works.  
 Planks must be tied properly to avoid any worker falling in case of losing balance. Harness must be hooked all the time.  
 Use appropriate PPEs like safety goggles to avoid eye injury.

**Person Created the Report:**

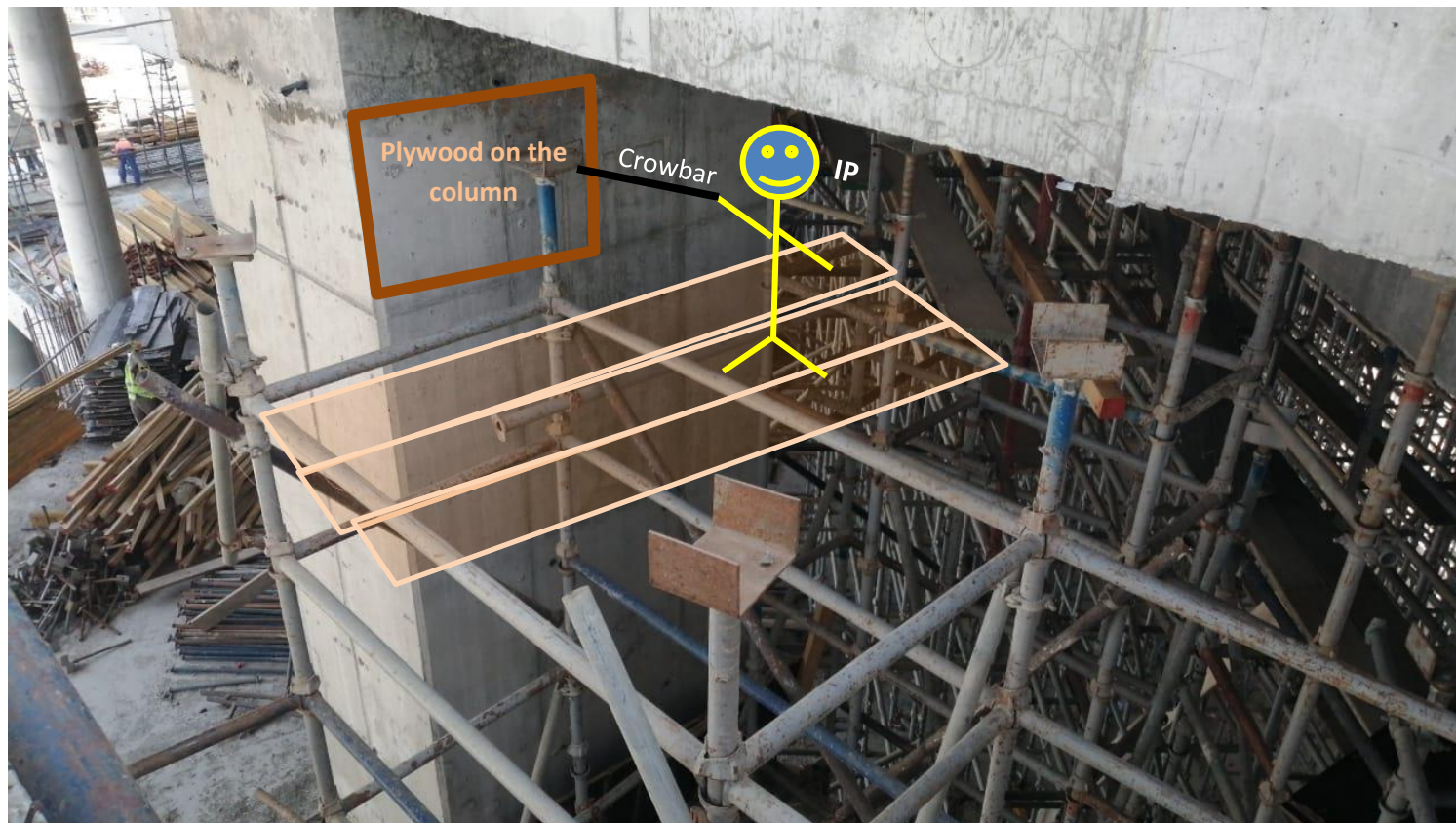
Name: <b>Waqas Gillani</b>	Position: <b>Safety Engineer</b>	Signature: Krishna	Date: 01/04/2021
----------------------------	----------------------------------	--------------------	------------------

## Injury





## Location of Incident



**Note:** This form is to be submitted four (4) hours after the incident occurred.

Revision Dated: 24 June 2015



