

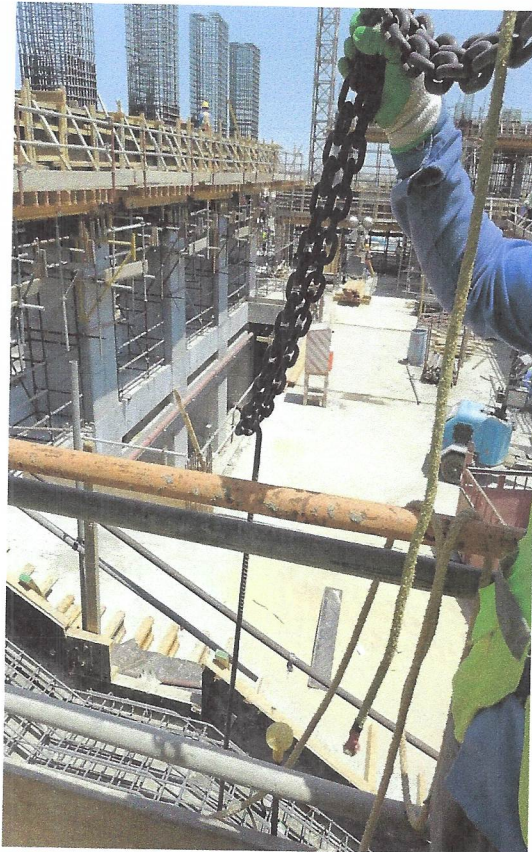



Name of Employee	Bikki Sunar	Badge No.	30039716	Profession/ Designation	(rigger)								
Safety Awareness Training Date	February 5, 2020	Proof of Training	Induction										
Name of Line Manager	Amr Algenedy	Badge No.	4091										
Name of Supervisor	Tamir	Badge No.	400434										
Division / Department	CIVIL Department	Project Name	097-C76R	Project Location	JUC								
Place of the Incident/Injury	Area 1 Part 1	Date of Incident	19-06-2021	Time of Incident	06:00PM								
Nature of the Incident/Injury	Occupational Incident/Injury	Yes	No	✓	Near Miss	Other, Please specify :							
	Road Traffic Incident/ Injury	Yes	No	✓	Yes	✓	No						
Brief Description of the Incident/Injury	While shifting the load (Scaffolding planks) from part 1, Bikki Sunar (Rigger) tied the load with the chain sling. He gave signal to the tower crane operator to raise up hook of tower crane (through walkie-talkie). As he was raising the load the rigger didn't noticed that the chain sling stuck with one of the rebar coming out of the concrete slab (as shown in the picture). As the operator continued raising the hook, the tower crane boom took a jerk as it was forcefully pulled against the rebar. Tower crane operation was hold by the operator.												
Details of the Injury (Specify affected body parts)	N/A												
First Aid Given?	Yes		No	✓	Name of First Aider								
Name of Hospital where patient was treated/transferred	N/A				Address/Location of the hospital		N/A						
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No	✓	Number of Days		Hospitalization		Yes	No	✓		
Property damage	Yes		No	✓	Estimated percentage of damage	N/A	Estimated Cost of damaged (SAR)		N/A				
Property Details	Type / Function of the property	N/A		Location of affected property		N/A							
	Name of Manufacturer	N/A											
	Model of the Property	N/A		Plate Number		N/A							
	Vehicle Registration Number	N/A		Company Fleet Number		N/A							

Was Pre- Task / Toolbox meeting conducted	Yes	✓	No		Was the person using required Personal Protective Equipment (PPE)	Yes	✓	No	
Specify the Personal Protective Equipment (PPE)				Safety Gloves, Safety Glasses, Safety Shoes, Helmet, Safety Vest					
What was the injured person/employee doing at the time of the incident?					N/A				
What was the machine/equipment doing at the time of the incident?					Shifting the scaffolding materials by using Tower crane.				
What was the material/s / substance/s doing at the time of the incident					N/A				
Immediate Cause/s of the Incident/injury: Rigger did not paid attention and gave signal for load shifting.									
Root Cause/s of the Incident/injury: People: Rigger was not too competent to manage Tower crane lifting activities properly. Process / Procedure: N/A Equipment: N/A Workplace: Workplace was okay for the lifting activity. Corrective Action to prevent reoccurrence: Elimination: N/A Substitution: N/A Engineering Control: Construction team was advised to re-inspect the tower crane critical parts by inviting the third party responsible for maintenance. Administrative Control: TBT was conducted with all the tower crane crew. Construction team was advised to depute competent riggers with sufficient experience. Incompetence of rigger was found as one of the cause, he was given warning letter and was deputed in some other works other than rigging. Warning was given to the other responsible rigger to give command to this incompetent rigger to control the tower crane operation. PPE: PPE'S was okay as per activity requirements.									
Were there any witnesses?	Yes	✓	None		Type of witness/s	Employee	✓	Public	
Witness Details - Bikki Sunar					Badge Number	30039716	Mobile Number		
Witness Statement: I was engaged in transferring the scaffolding material with the help of tower crane. I tied the load and gave the signal to the operator to lift the load. The chain stuck in the rebar nearby and I did not noticed that.									

Initial Investigation Conducted by: Waqas Gillani 	Noted by: Mustafa Ali 	Date	19-06-2021
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Additional Details:



Investigation Report Verified by: 	Noted by:	Date	
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