



Name of Employee	Afzal Hossain			Badge No.	(30041079)			Profession/ Designation	Mason			
Safety Awareness Training Date	3, Sep - 2019			Proof of Training	Induction							
Name of Line Manager	Amr Ahmed Mahmoud Mohamed			Badge No.	30104091							
Name of Supervisor	Ibrahim Sabry Ibrahim Kheriba			Badge No.	31032055							
Division / Department	CIVIL Department			Project Name	097-C76R			Project Location	JUC			
Place of the Incident/Injury	Area 1 Part 2			Date of Incident	20-06-2021			Time of Incident	08:30 AM			
Nature of the Incident/Injury	Occupational Incident/Injury	Yes	<input checked="" type="checkbox"/>	No				Near Miss				
	Road Traffic Incident/ Injury	Yes		No				Yes		No	<input checked="" type="checkbox"/>	Other, Please specify : FIRST AID CASE
Brief Description of the Incident/Injury	<p>IP was carrying out chipping activity on the A-Type ladder with the help of Jack hammer (As shown in the picture). While he was coming down from the ladder his foot slipped from the 3rd last step of the ladder, he was not able to hold onto the ladder and he fell down to the floor. His left knee hit the floor. As a result he got minor bruises on the left knee.</p> <p>He got first aid treatment in the Site's first aid room.</p>											
Details of the Injury (Specify affected body parts)	Bruise on Left Knee.											
First Aid Given?	Yes	<input checked="" type="checkbox"/>	No				Name of First Aider	Baseur Fersaud				
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	<input checked="" type="checkbox"/>	Number of Days			Hospitalization	Yes		No	<input checked="" type="checkbox"/>
Property damage	Yes		No	N/A	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	<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)	Safety Gloves, Glasses, Helmet, Shoes								
What was the injured person/employee doing at the time of the incident?	Chipping activity by using A type Ladder								
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	N/A								
Immediate Cause/s of the Incident/injury: IP Foot slipped from 3 rd last step of Ladder and fell down to ground.									
Root Cause/s of the Incident/injury: People: Ladder usage procedure violation by the worker. Process / Procedure: Power tools used on the ladder. Three point contact not maintained. Not facing the ladder during work. Equipment: Ladder used was OK and in good condition. Workplace: Workplace was okay for the work.									
Corrective Action to prevent reoccurrence: Elimination: N/A Substitution: N/A Engineering Control: Mobile scaffoldings must be provided instead of working on ladders for long durations. Administrative Control: Execution team must ensure proper working platform (mobile scaffolding) before proceeding the activities at site. Power tools must not be used on the ladder. Ensure Proper supervision always. Ladder can only be used for short duration works only and ladder should not be used where the worker cannot maintain the 3 point contact. PPE: Use appropriate PPE's for the work.									
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: Waqas Gillani 	Noted by: Mustafa Ali 	Date	20-06-2021
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Additional Details:



Investigation Report Verified by:	Noted by:	Date	
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