

## Incident and Injury Investigation Report



Name of Employee	Nantheesworon		Badge No.	30040922		Actual Severity:	1
Safety Awareness Training Date	10/27/2019		Proof of Training	Induction		Worst Potential Severity:	3
Name of Line Manager	Amr Ahmed Mahmoud Mohamed		Badge No.	30104091	Profession/ Designation	Sr. Engineer - Civil	
Name of Supervisor	Ibrahim Sabry Ibrahim Kheriba	1	Badge No.	31032055	L.,		
Division / Department	Civil Department		Project Name	Catering Auditorium & Recreation Facilities	Project Location	JUC	
Place of the Incident/Injury	Auditorium		Date of Incident	2/22/2021	Time of Incident	9.40AM	
Nature of the Incident/Injury	Occupational Incident/Injury	1	No	Near Miss	Other, Please	specify:	
incident/injury	Road Traffic Incident/Injury		No	Yes			
Brief Description of the Incident/Injury	Today around 0940 and beneath them of timber on the platfor timber fell to the grown fortunately timber of	one scaffe orm when ound from	olding tean re toe boar n the heigh	n was working. d removed for t of 9 meter wh	Carpenter tea shuttering pur ere scaffolding	am kept son pose. Sudde	ne loose
Property damage	N/A						
First Aid Given?	No	Name o	f First Aide	r			
Name of Hospital where patient was treated/transferred				Address/Lo of the hospi			
Medical leave given by administering Hospital/Clinic or Doctor	No	Numbe Days	r of	Hospitalization		No	
Property damage	No	Estimat percent of dama	tage	Estimated Cost of damaged (SAR)			
	Type / Function of the property			Location of affected property			
Property Details	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	re Pr (P	Was the person using required Personal Protective Equipment (PPE)		Yes	
Specify the Personal Pr (PPE)	rotective Equipment	Safety Shoo	es, Safety G	oggles, Helme	t, Vest, Glove	es	
What was the injured p of the incident?	erson/employee do	ing at the time	N/A			-	
What was the machine, incident?	/equipment doing at	the time of the	N/A				
What was the material, the incident Immediate Cause/s of t		ng at the time of	Timbers	ying on the sca	affolding pla	tform	
Timber fall from the		ard removed by	y carpent	er			
	People: No proper supervision from the supervisor and foreman.						
Root Cause/s of the Incident/injury:	Process / Procedure- Procedure was not ok as they removed toe board from the platform.						
	Equipment: N/A  Workplace: Loose material kept on platform by worker. No housekeeping on the platform.						
	Elimination: N/A						
	Substitution: N/A						
Corrective Action to prevent reoccurrence:	Engineering Control: Edge protection and toe board must be checked before start of work on platform						
	Administrative Control: Two team must not perform simultaneously activity at the same Location. Proper supervision from concerned person must be present for close monitory						
	PPE: Necessary PPEs at site must be worn.						
Were there any witnesses?	Yes	Type of witness/s	Employe	e	1	Public	
<b>Witness Details</b> Mohammad Irfan Khan			Badge Number	40977	Mobile Number		
Witness Statement: As pe down from height.	er witness he was wo	rking near the in	icident loc	ation and sud	den he saw	one timbe	r fell



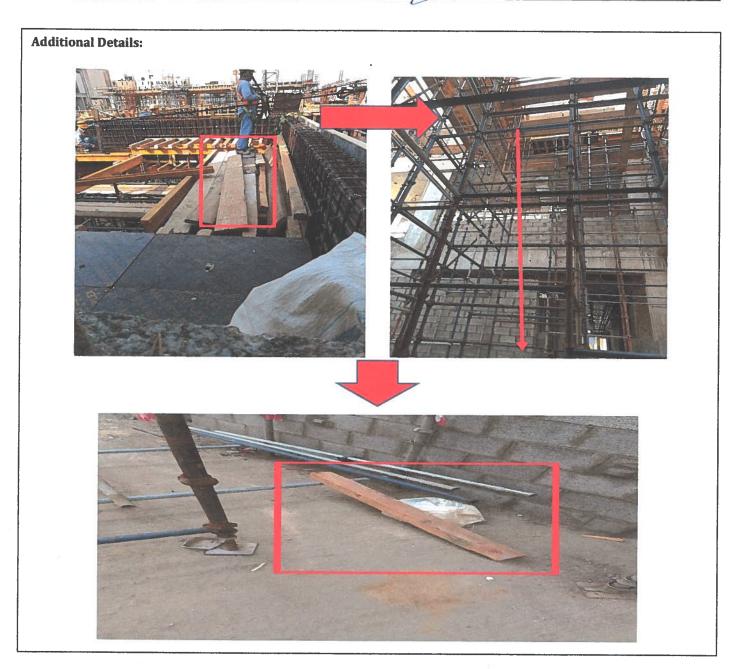
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Initial Investigation Conducted by: Krishna Pillai

Noted by: Mustafa Ali

Date 28-2-2021



Investigation Report Verified by:	Noted by:	Date	

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