

REZAYAT GROUP Health and Safety



Initial Incident/Accident Report

Fill the Information Below			的图像是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是
Company: Rezayat Company Lin	nited		Date: 11/20/2021
Location: C-34			Time: 04:30 pm
	44.1		Worst Potential Severity: 3
Project/ Site Name:- Improveme	ent of Schools		Actual Severity: 1
Person(s) Involved:	Employee	Contractor	Others
1. Mohammad Irshad Ali (30037700)		3.	
2.		Other(s).	
Type of Incident:			EX SHOW THE RESERVE
RTA			
Injury Location by Body Par	ts (Select one or more if necess	carv):	
Head	Chest	Hand	Eyes
Face	Leg	Arm	Hip
Neck	Abdomen	Wrist	Ankle/Foot
Back	Stomach	Elbow	Knee
Nose/ Ears	Shoulder	Fingers/Thumb	Toes
Type of Injury Sustained (Se			
Fracture	Cut/ Laceration	Scalping	Bruising
Loss of Sight	Loss of Consciousness	Heat	Amputation
Dislocation	Crush Injury	Cold	Other(s)
Abrasion	Suffocation	Burn	William .
Immediate Cause(s) (Select o	ne or more if necessary):		
Safety Rule Violated	Lack of Resources	Drugs/Alcohol Related	Inadequate Visibility
Lack of Task Skill	Method Deviation	Poor Housekeeping	Employee Morale
Lack of Supervision	Poor Weather Conditions	Inadequate Lighting	Employee Attitude
Improper Lifting (MH)	Lack of Task Knowledge	Poor Team Work	Behavior Problem
Not Paying Attention	Lack of Communication	No Risk Assessment	Poor Ground Conditions
Human Error	Incorrect Tools/Equip	Defective Equipment	Improper Lifting (crane)
Inadequate PPE	Defective Tools	Unprotected excavation	Unprotected Edge
Animals	Violence	Horseplay	Improper/ Poor Slinging
Heat Stress	STF Above Ground	STF on the Same Level	Manual Handling
Misuse of Hand Tools	Grinding/ Welding	Knives/ Sharps	Hit by Vehicle X
Hit by Static Machinery	Heavy Equipment	Splashes from C.P.O.L.	Other(s):
Stress	Fatigue	Vandalism	
Equipment(s) Involved:			
Light Vehicle:	Heavy Vehicle:	Plant Equipment:	X Static Plant Equipment:
Building:	Structure:	Scaffold:	Excavation:
Other(s):	Account And		
Description of the Event:			
		ental) between the sites through ear wheel of the tele handler.	n public road. While operating the
Immediate Action(s) Taken	to Prevent Reoccurrence	(If Any):	
Immediately, the Operator inf further process.	formed the line supervisor,	cm and Sm about the incident. Th	en, Operator reported to the NAJM for
Person Created the Report:			
Name: Praveen Kumar	Position: Safety Manager-	C34 Signature:	Date: 11/21/2021

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

Revision Dated: 24 June 2015