

Incident and Injury Investigation Report



| Name of Employee | Mohammad Hasnain | | | | | Ba No | idge). | (30040429) | | | Profession/ Designation | | Ma | son | | |
|---|---------------------------------|-----------------|-----------------|---------|---------------------|---|--------------------|--------------------------------------|---------------------------------|--------------------------|----------------------------|-------------------------|-------------------|--------|--------|---|
| Safety Awareness Training Date | 3,sep,2019 | | | | Proof of Training | | | Ind | uctio | n | | | | | | |
| Name of Line Manager | | esam | Ramad | lan | Badge No. | | | 3004 | 30040315 | | | | | | | |
| Name of Supervisor | Mehmood | | | | | Ba No | 31034797 | | | | | | | | | |
| Division / Department | CIVIL Department | | | | | Project Name | | 097-C76R | | | | Project Locatio | | JUC | | |
| Place of the Incident/Injury | Area 3 | | | | Date of Incident | | 27-06-2021 | | | | Time of | Fime of 07:45 AM | | | | |
| Nature of the | | upati | ional /Injur | v | Yes | ✓ No | | | | | | Other, Please specify : | | | - | |
| Incident/Injury | Roa | d Tra | | | Yes | No | 1 | Yes | | No | 1 | First Aid Case | | | | |
| Brief Description of the Incident/Injury Details of the Injury | lado | der go g ont | ot slip | ped a | and lo | sandwict of the telever porter portions taken s | ion of n of the | the la | s sho Iddei ket k | own i r got oit on | in the bende | picture ed. IP g | e). At the rabbed | nat ti | me the |) |
| (Specify affected pody parts) | Abra | ision] | Injury (| on Sto | omach | | | | | | | | | | | |
| First Aid Given? | Yes | 1 | No | | Naı | ne of Firs | В | Baseur Fer saud | | | | | | | | |
| lame of Hospital where patient was reated/transferred | N/A | | | | | | | Address/Location N/A of the hospital | | | | | | | | |
| Medical leave given by administering Hospital/Clinic or Doctor | Yes | | No | 1 | Nur Day | nber of | | Н | Hospitalization | | | Yes | | No | | |
| roperty damage | Yes | | No | N/ A | per | mated centage amage | N/A | ES | Estimated Cost of damaged (SAR) | | | N/A | | | | |
| | Type / Function of the property | | | | N/A | | | | Location of affected property | | | N/A | | | | |
| gonoute D. L. II | Name of Manufacturer | | | | N/A | N/A | | | | | | | | | | |
| roperty Details | Model of the Property | | | | N/A | | | Plate Number | | | | | N/A | | | |
| | Prope | city | | | | | | | | | | 1 | | | | |



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| Was Pre- Task / Tool conducted | box meetii | ng | Yes | 1 | No | Was the person urequired Persons Protective Equip (PPE) | al | Yes | 1 | No | | |
|--|---|---------------------------------------|----------|------------------|---------------------------|--|------------------------|--------|------|--------|--|--|
| Specify the Personal I (PPE) | Protective | Equipme | nt | y Glov | oves,Glasses,Helmet,Shoes | | | | | | | |
| What was the injured of the incident? | person/er | nployee d | loing a | t the t | ime | Unloading CMU Blocks fr | | | | | | |
| What was the machin incident? | e/equipme | ent doing | at the t | ime o | f the | Telehandler lifted the CM Rooftop (Sandwich panel | U Blocks f roofing) | rom gr | ound | co C.K | | |
| What was the materia of the incident | | | | the tin | ne | N/A | | | | | | |
| Immediate Cause/s of Used Ladder inappropri Also due to lack of Task | iately and a | s a result a | ot ahra | asion i | njury. | | | | | | | |
| Root Cause/s of the Inc | cident/inju | ıry: | | | | | - | | | | | |
| People: IP adopted wr | ong proced | lure and a | also the | מינגע מינב | c no | supervision from Team le | | | | | | |
| | | | | | | | eader. | | | | | |
| Process / Procedure: L | | | | per S | afe w | ork procedure. | | | | | | |
| Equipment: Telehandle | er was oka | y for the t | task. | | | | | | | | | |
| Workplace: Workplace | was not s | uitable fo | r uco o | fiodd | | the floor of the roof was | | | | | | |
| COLLECTIVE WITHOUT TO DI | event reoc | currence | : use o | Ladu | er as | the floor of the roof was | bended. | | | | | |
| Elimination: N/A | | | | | | | | | | | | |
| Substitution: N/A | | | | | | | | | | | | |
| Administrative Control: In | should be r nstructions addy system all time | ested prop were giver should be | perly at | a locat | cion w | uch works. here worker can easily reme adders and manual handling holding one crew ladder and | _ | | | | | |
| Were there any | seu all time | 9. | n | Гуре о | £ | | | | | | | |
| witnesses? | Yes | None | | vitnes | | Employee | | Publ | lic | | | |
| Witness Details - | · | | ** * | Mobile Number | | | | | | | | |
| Witness Statement: | | | | | | | | J | | | | |
| Initial Investigation Con | iducted by | waga | s. C. | illan | \ | Noted by: Mustafa Ali | Date | T | | | | |

27-06-2021



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Additional Details:







| Investigation Report Verified by: | | | |
|------------------------------------|-----------|------|------------|
| and obligation report verified by. | Noted by: | Date | 27-06-2021 |