

Name of Employee	Sher Jang	Badge No.	30039838	Profession/ Designation	Carpenter			
Safety Awareness Training Date	13-6-2020	Proof of Training	Induction Register					
Name of Line Manager	Engr. Amr	Badge No.						
Name of Supervisor	Ibrahim Sabri	Badge No.						
Division / Department	Civil	Project Name	097-C76R	Project Location	JUC			
Place of the Incident/Injury	Auditorium (Outside the fence)	Date of Incident	02-01-2021	Time of Incident	08:25 AM			
Nature of the Incident/Injury	Occupational Incident/Injury	Yes	<input checked="" type="checkbox"/>	No				
	Road Traffic Incident/ Injury	Yes		No				
		Near Miss			Other, Please specify :			
		Yes			No			
Brief Description of the Incident/Injury	<p>While shifting the shuttering plates, 3 workers were involved in lifting the shuttering plate. While putting one shuttering plate on the top of other, two workers on one side of the shuttering plate pulled it towards their side. Consequently the IP on the other side whose hand were placed down side of the plate (as shown in the picture) pinched his hands between the two shuttering plates.</p> <p>His right hand ring finger's nail got dislodged from the nail bed.</p> <p>He was given first aid in site's first aid room.</p>							
Details of the Injury (Specify affected body parts)	His right hand ring finger's nail got dislodged from the nail bed.							
First Aid Given?	Yes	<input checked="" type="checkbox"/>	No		Name of First Aider			
					Basir			
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			
Property damage	Yes		No	<input checked="" type="checkbox"/>	Estimated percentage of damage			
					Estimated Cost of damaged (SAR)			
Property Details	Type / Function of the property	N/A			Location of affected property			
	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 Shoes, Safety Goggles, Helmet, Vest, Gloves					
What was the injured person/employee doing at the time of the incident?					Shifting the shuttering plates, placing one upon the other				
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					Shuttering plates				
Immediate Cause/s of the Incident/injury:									
Protruding steel binding wires, sharp edges									
Root Cause/s of the Incident/injury:									
People: 3 people were not enough to carry the load of the shuttering plates									
Process / Procedure: Procedure was not OK as manual material handling aids must have been used for this heavy material.									
Equipment: N/A									
Workplace: Workplace was OK									
Corrective Action to prevent reoccurrence:									
Elimination: N/A									
Substitution: Shuttering plates must be shifted with forklift.									
Engineering Control: N/A									
Administrative Control: Proper supervision from the concerned supervisor/foreman. More workers for shifting heavy materials must be deployed.									
PPE: Good quality gloves must be used.									
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: Krishna Pillai (SM) <i>K. Pillai</i>	Noted by: Mustafa Ali (PM) <i>[Signature]</i>	Date	02-01-2021 <i>10/2/21</i>
---	--	------	------------------------------

Additional Details:



Investigation Report Verified by:	Noted by:	Date	
-----------------------------------	-----------	------	--