

INCIDENT INVESTIGATION REPORT



Name of Employee	1.Ruhul Amin. 2.Thuvakaran.		Badge No.	1.30039954 2.31032932		Actual Severity:	2	
Safety Awareness Training Date	30-10-2021		Proof of Training	YES		Worst Potential Severity:	4	
Name of Line Manager	Khalid Salah		Badge No.	30037259		Profession/ Designation	Projec Manager	
Name of Supervisor	Ahmed Elbaz		Badge No.	30037903				
Division / Department	Construction Division.		Project Name	Building risk mitigation project – Aramco Berri Gas plant.		Project Location	Jubail, Saudi Arabia.	
Place of the Incident/Injury	Inside the berry plant 470 area near OME building		Date of Incident	11/8/2021		Time of Incident	09.30 AM	
Nature of the Incident/Injury	Occupational Incident/Injury	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Near Miss	Other, Please specify :	
	Road Traffic Incident/ Injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Brief Description of the Incident/Injury	During demolition work in 470 area near new OME building, three workers were trying to remove the gas alarm lamp stand by a ladder. while the worker removed the lamp stand the weight of the lamp stand was too heavy than he expected therefore he was not able to balance himself and he slipped from the ladder hit his knees on the floor by that time, the lamp fell down and slightly hit on the neck of other worker who was supporting the ladder. Although both of them are safe and no any major injuries except minor pain in the area where they got injured.							
Details of the Injury (Specify affected body parts)	The knee of the affected person have swelling and the other worker (helper) has minor pain on his neck.							
First Aid Given?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Name of First Aider	Hospital.		
Name of Hospital where patient was treated/transferred	DANAT Al Sahraa (KIMS)				Address/Location of the hospital	Jubail, Saudi Arabia		
Medical leave given by administering Hospital/Clinic or Doctor	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Number of Days	<input type="checkbox"/>	Hospitalization	Yes
								No
Property damage	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Estimated percentage of damage	<input type="checkbox"/>	Estimated Cost of damaged (SAR)	<input type="checkbox"/>
Property Details	Type / Function of the property				Location of affected property			
	Name of Manufacturer							
	Model of the Property				Plate Number			

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	Vehicle Registration Number		Company Fleet Number	
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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)		Helmet, glass, safety shoe, FRC coverall.						
What was the injured person/employee doing at the time of the incident?				He was removing the lamp by a ladder.				
What was the machine/equipment doing at the time of the incident?				Portable Ladder				
What was the material/s / substance/s doing at the time of the incident				Gas Alarm Lamp				
Immediate Cause/s of the Incident/injury: <ul style="list-style-type: none"> Irrelevant working platform, using portable ladder instead of mobile scaffold. Wrong assumption in calculated weight of the material. Activity carried out without the direction/instruction of the supervisor and foreman. 								
Root Cause/s of the Incident/injury:		People: 1. No proper communication between lead/foreman and the crew. 2. Lack of proper supervision 3. incompetency, workers are not trained and experienced in the task being done.						
		Process / Procedure: No implementation of Safe system of work,						
		Equipment: Improper tool, used the portable ladder instead of scaffold platform.						
		Workplace: The weather and site condition also good.						
Corrective Action to prevent reoccurrence:		Elimination:						
		Substitution: The load weight shall be distributed by putting additional manpower						
		Engineering Control: Proper working platform scaffold with guardrail shall be provided.						
		Administrative Control: worker Competency- experienced and trained with specific assigned task. Safe system of work shall be followed. Supervisor/foreman shall be available and do not leave the area until finishing the task.						
		PPE: Always Use the proper PPE'S						
Were there any witnesses?		Yes		None	<input checked="" type="checkbox"/>	Type of witness/s	Employee	Public


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Witness Details	Badge Number		Mobile Number	
Witness Statement:				

Initial Investigation Conducted by: Sumesh kaimal	Noted by: Abdul Sarbas	Date	11/8/2021
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Additional Details:

Investigation Report Verified by: Khalid Salah. 	Noted by:	Date	10/21/2020
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Ref: RCL-HSE-FM-07.1

Version: 1.2

Rev. Date: June 28, 2021

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Rating of Investigation:	Best Practice:	OK:	NOT OK:
Note: Attach Initial Report Along with this report.			
Rating done By:			Date: