

Incident and Injury Investigation Report



Name of Employee	Altamas Khan		Badge No.	31033385		Actual Severity:	3	
Safety Awareness Training Date	5/11/2020		Proof of Traini ng	Induction		Worst Potential Severity:	3.	
Name of Line Manager	Sherif Ismail Fahmi Mohamed Ay		Badge No.	30104097	Profession/ Designation			
Name of Supervisor	Ehsan Ahmad		Badge No.	30038473				
Division / Department	Civil Department		Project Name	Catering Auditorium & Recreation Facilities	Project Location	JUC		
Place of the Incident/Injury	Sport Center		Date of Incide nt	2/27/2021	Time of Incident	7.05 AM		
Nature of the	Occupational Incident/Injury	Ye		Near Miss	Other, Please specify :			
Incident/Injury	Road Traffic Incident/Injury	No	0	No				
	Mr. Altamas Whan							
the Incident/Injury	Mr. Altamas Khan wa hollow block on the f from the pathway. wl (He was not wearing Right middle finger	irst floor st hile pulling	tair case la g the block	anding he pull th	e hollow block	to the corner	side	
Brief Description of the Incident/Injury Property damage	hollow block on the f from the pathway. w (He was not wearing Right middle finger	irst floor st hile pulling safety glov	tair case la g the block res)	anding he pull th	e hollow block oped and his fir	to the corner	side	
Property damage First Aid Given? Name of Hospital where patient was	hollow block on the f from the pathway. w (He was not wearing	irst floor st hile pulling safety glov	tair case la g the block	anding he pull th his hand got slip	e hollow block oped and his fir	to the corner	side	
Property damage First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	hollow block on the f from the pathway. w (He was not wearing Right middle finger	irst floor st hile pulling safety glov	tair case la g the block ges) First Aide	r Dave Caoling Address/Lo	e hollow block oped and his fir o ocation ital	to the corner	side	
Property damage First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	hollow block on the f from the pathway. when the was not wearing Right middle finger Yes	irst floor si hile pulling safety glov Name of	tair case la the block res) First Aide of	r Dave Caoling Address/Loof the hosp	e hollow block oped and his fir o ocation ital tion Cost of	to the corner	side	
Property damage First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering	hollow block on the f from the pathway. wl (He was not wearing Right middle finger Yes No No Type / Function of the property	irst floor si hile pulling safety glov Name of Number Days Estimate percenta	tair case la the block res) First Aide of	r Dave Caoling Address/Loof the hosp Hospitaliza Estimated (e hollow block oped and his fir cocation ital tion Cost of GAR)	to the corner	side	
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Was Pre- Task / Toolbo conducted	res		Was the person using required Personal Protective Equipment (PPE)		1	Yes	
Specify the Personal Pro (PPE)	otective Equipment	Safety Glov	res				
What was the injured person/employee doing at the time of the incident?			Pulling one hollow block				
What was the machine/incident?	equipment doing a	t the time of the	N/A		. Ye		
What was the material/ the incident		ng at the time of	Hollo	w block			
Immediate Cause/s of the	ne Incident/injury:						
Not paying attention							
Human error Not wear the proper PPE	(Hand Cloves)						
Not wear the proper 11 E	(Halla dioves)						
	People: The perso	on not wear the sa	ifety gl	oves			
Root Cause/s of the	Process / Procedu	ıre-					
Incident/injury:	Equipment: N/A						
	Workplace: obstruction in the pathways						
	Elimination: y doing good housekeeping can eliminate the obstruction from the access and pathway.					cess and	
	Substitution: N/A						
Corrective Action to prevent reoccurrence:	Engineering Control: N/A						
	Administrative Control: Giving trainin and encourage the team to use proper PPE						
	PPE: Necessary PPEs at site must be worn.						
Were there any witnesses?	None	Type of witness/s				Public	
Witness Details			Bad Nun	ge ıber	Mobile Number		
Witness Statement:				,			



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Initial Investigation Conducted by: Krįshna Pillai	Noted by: Mustafa Ali	Date	27-2-2021
Belind			

Additional Details:







Investigation Report Verified by:	Noted by:	Date	