

Fill the Information Below

Company: REZAYAT COMPANY LIMITED

Date: 31-DEC-2020

Location: Namerah

Time: 1:15 PM

Project/ Site Name: CIVIL WORKS AT NAMERAH NORTH EXPANSION 380/1325KV BSP

Person(s) Involved:	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Others
1. N/A	3.		
2.	Other(s). Unknown		

Type of Incident:

Fatality	<input type="checkbox"/>	Lost Time Injury	<input type="checkbox"/>	Dangerous Occurance	<input checked="" type="checkbox"/>	First Aid	<input type="checkbox"/>
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Injury Location by Body Parts (Select one or more if necessary):

Head	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Hip	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Ankle/Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Nose/ Ears	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Fingers/ Thumb	<input type="checkbox"/>	Toes	<input type="checkbox"/>

Type of Injury Sustained (Select one or more if necessary):

Fracture	<input type="checkbox"/>	Cut/ Laceration	<input type="checkbox"/>	Scalping	<input type="checkbox"/>	Bruising	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	Heat	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Crush Injury	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>		<input type="checkbox"/>

Immediate Cause(s) (Select one or more if necessary):

Safety Rule Violated	<input type="checkbox"/>	Lack of Resources	<input type="checkbox"/>	Drugs/ Alcohol Related	<input type="checkbox"/>	Inadequate Visibility	<input type="checkbox"/>
Lack of Task Skill	<input type="checkbox"/>	Method Deviation	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>	Employee Morale	<input type="checkbox"/>
Lack of Supervision	<input type="checkbox"/>	Poor Weather Conditions	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	Employee Attitude	<input type="checkbox"/>
Improper Lifting (MH)	<input type="checkbox"/>	Lack of Task Knowledge	<input type="checkbox"/>	Poor Team Work	<input type="checkbox"/>	Behavior Problem	<input type="checkbox"/>
Not Paying Attention	<input checked="" type="checkbox"/>	Lack of Communication	<input type="checkbox"/>	No Risk Assessment	<input type="checkbox"/>	Poor Ground Conditions	<input type="checkbox"/>
Human Error	<input type="checkbox"/>	Incorrect Tools/Equip	<input type="checkbox"/>	Defective Equipment	<input checked="" type="checkbox"/>	Improper Lifting (crane)	<input type="checkbox"/>
Inadequate PPE	<input type="checkbox"/>	Defective Tools	<input type="checkbox"/>	Unprotected excavation	<input type="checkbox"/>	Unprotected Edge	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Violence	<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Improper/ Poor Slings	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	STF Above Ground	<input type="checkbox"/>	STF on the Same Level	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Misuse of Hand Tools	<input type="checkbox"/>	Grinding/ Welding	<input type="checkbox"/>	Knives/ Sharps	<input type="checkbox"/>	Hit by Vehicle	<input checked="" type="checkbox"/>
Hit by Static Machinery	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	Splashes from C.P.O.L.	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>		<input type="checkbox"/>

Equipment(s) Involved:

Light Vehicle:	<input type="checkbox"/>	Heavy Vehicle:	<input type="checkbox"/>	Plant Equipment:	<input checked="" type="checkbox"/>	Static Plant Equipment:	<input type="checkbox"/>
Building:	<input type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input type="checkbox"/>	Excavation:	<input type="checkbox"/>
Other(s):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Description of the Event:

During site inspection Safety officer found that air compressor has signs of water leakage from radiator cap. Water boiled to zero during continuous work.

Immediate Action(s) Taken to Prevent Reoccurrence (If Any):

Mr. Saad Ahmed advised to let it cool down proper and refill with water and secure cap properly.

Person Created the Report:

Name: SAAD AHMED	Position: SAFETY OFFICER	Signature: 	Date: 02-JAN-2021
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