



N CD 1	E . A1		D 1	2.0	020006				
Name of Employee	Faiz Alam Badge 30039806					Actual	1		
	Zamal Khan		No.		30040807 30040810			Severity:	1
C.C.I. A	Narayan Sarke	D C					X471		
Safety Awareness	11 /17 /2020		Proof of		Yes			Worst Potential	1
Training Date	11/17/2020		Trainin	g					1
Name of Line	MOHAMOUD ARA	A E A	Dadge	20	0040488	Profession/		Severity: Engineer -l	III Civil
	MOHAMOOD ARA	ArA			1040488				III CIVII
Manager			No.			Designat	1011	Const	
Name of Supervisor	MOHAMMED NAVEED	PASHA	Badge	31	1031389				
•	MOTIVILED WINDED THOM		No.						
Division /	Construction		Project	Co	orrosion	Project		RC YANBU	
Department			Name		epair &	Location			
· P · · · · · · · · · · · · · · · · · ·					otective		tion		
					orks				
Place of the			Date of			Time of			
Incident/Injury	RC Housing Area				1/17/2020	Incident		04.30pm	
, , ,			Imeraciic		1,11,2020	Other, please specify:			
Nature of the	Occupational		es es		FIRST AID	Otner, pi	ease	specity:	
	Incident/Injury					_			
Incident/Injury	Road Traffic	N	0		No				
	Incident/ Injury	11	U		NO				
	During removal of S	Sweet san	d using	Back	hoe loader e	anipment	fron	n the housir	ng area.
	the teeth of backhoe								
					L				
Brief Description of	sweet sand and caus	ses damag	ge to the	pipe	line which re	esuits wat	er iea	akage in the	e area.
Brief Beserrenon or									
the Incident/Injury									
the Incident/Injury	N/A								
the Incident/Injury Details of the Injury	N/A								
the Incident/Injury Details of the Injury (Specify affected	N/A								
Details of the Injury (Specify affected body parts)	·	Name o	f First Ai	ider	N/A				
Details of the Injury (Specify affected body parts) First Aid Given?	N/A No	Name o	f First Ai	ider	N/A				
Details of the Injury (Specify affected body parts)	·	Name o	f First Ai	ider	Address/Lo				
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was	No	Name o	f First Ai	ider	,			NO	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred	No	_	f First Ai	ider	Address/Lo			NO	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given	No	NO		ider	Address/Lo of the hospi	tal		NO	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering	No	NO Numbe			Address/Lo	tal			
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	No	NO		ider N/A	Address/Lo of the hospi	tal		NO No	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering	No	NO Number Days	rof	N/A	Address/Lo of the hospi	tal		No	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No	Number Days Estimat	r of		Address/Lo of the hospi Hospitaliza	tion			
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	No	Number Days Estimat percent	r of ed age	N/A	Address/Lo of the hospi Hospitaliza Estimated O	tion cost of		No	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No	Number Days Estimat percent of dama	r of ed cage	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S	tion cost of AR)		No 65	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No Type / Function of	Number Days Estimat percent of dama	r of ed age	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of	tion cost of AR)		No	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No	Number Days Estimat percent of dama	r of ed cage nge water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S	tion cost of AR)		No 65	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No Type / Function of	Number Days Estimat percent of dama	r of ed cage nge water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of	tion cost of AR)		No 65	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No Type / Function of the property	Number Days Estimat percent of dama	r of ed cage nge water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of	tion cost of AR)		No 65	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No No Type / Function of the property Name of	Number Days Estimat percent of dama	r of ed cage nge water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of	tion cost of AR)		No 65	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No No Type / Function of the property Name of Manufacturer	Number Days Estimat percent of dama Potable SAPPO	r of ed tage tage water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of property	tion fost of AR) affected	1	No 65 RC Housing A	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No No Type / Function of the property Name of Manufacturer Model of the	Number Days Estimat percent of dama	r of ed tage tage water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of	tion fost of AR) affected	1	No 65	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No No Type / Function of the property Name of Manufacturer Model of the Property	Number Days Estimat percent of dama Potable SAPPO	r of ed tage tage water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of property Plate Numb	tion fost of AR) affected	N	No 65 RC Housing A	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No No Type / Function of the property Name of Manufacturer Model of the Property Vehicle Registration	Number Days Estimat percent of dama Potable SAPPO	r of ed tage tage water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of property Plate Numb Company F	tion fost of AR) affected	N	No 65 RC Housing A	
Details of the Injury (Specify affected body parts) First Aid Given? Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No No Type / Function of the property Name of Manufacturer Model of the Property	Number Days Estimat percent of dama Potable SAPPO	r of ed tage tage water lin	N/A 10%	Address/Lo of the hospi Hospitaliza Estimated C damaged (S Location of property Plate Numb	tion fost of AR) affected	N	No 65 RC Housing A	





Was Pre- Task / Toolbox meeting conducted		Yes		1	Was the person using required Personal Protective Equipment (PPE)		al	Yes				
Specify the Personal Protective Equipment (PPE)			Helmet, safety Glass, Hand Gloves, and Safety Shoes									
What was the injured person/employee doing at the of the incident?			the time	N/A								
What was the machine/equipment doing at the time of the incident?				Back Hoe Loader-Removing the sweet sand								
the incident	What was the material/s / substance/s doing at the time of the incident						Buried under the Sweet sand					
 Lack of Supervision Not Paying Atte Employee Attitution Hit by vehicle 	sion ntion											
Root Cause/s of the Incident/injury:	People: • Fail to notice the client property while unloading the materials • Fail to follow the instruction from supervisor which is already mentioned to be done manually Process / Procedure:											
	Workplace: N/A											
	Elimination: Instructed the Dump truck driver to unload the material in a designated asrea away from the client property											
Corrective Action to prevent reoccurrence:	Substitution: N/A											
	Engineering Control: N/A											
	Administrative Control: Refresher training on follow the instructions from Superior for safe work Refresher training on identify the workplace hazards before start of the job PPE:											
Were there any witnesses?	None		Type of witness/s	Employee		N/A	Public	N/A				
Witness Details : N/A			-	Badg Num		N/A	Mobile Number	N/A				





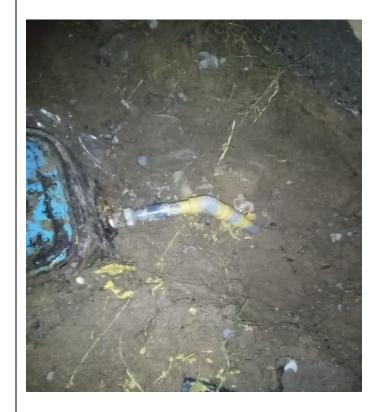
Witness Statement:

N/A

Initial Investigation Conducted by:	Noted by:	Date	3/25/2021
Ejaz Akhtar	Rejenson Fernando		

Additional Details:

PHOTOS FOR REFERENCE





Investigation Report Verified by:	Noted by:	Date	3/25/2021	Page 3 of 3	
Mohamoud Arafa		Date	3/23/2021	rage 3 or 3	