

Incident and Injury Investigation Report



Name of Employee	Sher Jang					Bad No.	ge	30039838 Profess Designa				Carpenter					
Safety Awareness Training Date	13-6-2020					1	of of ining	Induction Register									
Name of Line Manager		. Amr					Bad No.	ge									
Name of Supervisor	Ibrahim Sabri				Bad No.	ge											
Division / Department	Civil					Name			097-C76R			Projec Locati		JUC			
Place of the Incident/Injury	Auditorium (Outside the fence)			the	Date of Incident		02-01-2021				Time (08:25 AM				
Nature of the	Occupational Incident/Injury				Yes	1	No		Near Miss			Other, Please		specify:			
Incident/Injury	Road Traffic Incident/Injury			Yes		No		Yes		No							
Brief Description of the Incident/Injury Details of the Injury (Specify affected body parts)	His ri He wa	ied nis ight hai as give	hands nd ring on first a	finger	en the	two I got of first a	shutter dislodg ild roor	ring pla jed from n.	ites. n the n	ail be	od.		or the p	late (as si	town in	the pic	ture)
First Aid Given?	Yes	1	No		Na	me o	f Firs	t Aide	r F	Basir							
Name of Hospital where patient was treated/transferred	N/A						A	Address/Location N/A of the hospital									
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No	1	Nu Da	mbe ys	r of		Hospitalization			Yes		No	√		
Property damage	Yes		No	1	pei	imat cent lama	age		Estimated Cost of damaged (SAR)								
	Type / Function of the property Name of N/A Manufacturer									Location of affected property			N/A	N/A			
Property Details																	
	Model of the Property					N/A				Plate Number				1	N/A		
Property Details	i .		ne		'''	•			P	late	Num	ber		N/A			



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Was Pre- Task / Tooli conducted	ox meeti	ng	Yes	1	No	Was the per required Per Protective I (PPE)	ersonal	Yes	/	No		
Specify the Personal F (PPE)	rotective	Equipmen	ıt	y Sho	oes, Safety Goggles, Helmet, Vest, Gloves							
What was the injured of the incident?	person/e	mployee d	oing a	t the t	ime	Shifting the shuttering	g plates, placing o	ne upon th	10 0	ther		
What was the machine incident?	e/equipm	ent doing	at the	time o	f the	N/A						
What was the materia of the incident	_			the ti	me	Shuttering plates			_			
Immediate Cause/s of	the Incide	ent/injury	:									
Protruding steel binding	g wires, sh	narp edges	i									
Root Cause/s of the In-	cident/in	jury:										
		-										
People: 3 people were	not enou	gn to carry	the lo	oad of	the sh	uttering plates						
Process / Procedure: I material.	'rocedure	was not 0	K as n	nanua	mate	erial handling aids n	nust have been	used for	thi	s heavy		
Equipment: N/A												
Workplace: Workplace	e was OK											
Corrective Action to pr	event reo	ccurrence	:									
Elimination: N/A												
Substitution: Shuttering	g plates mi	ust be shifte	ed witl	n forkli	ft.							
Engineering Control: N	/A											
Administrative Contro materials must be deploy	l: Proper yed.	supervisio	n from	the c	onceri	ned supervisor/forer	nan. More worl	kers for s	hift	ing heavy		
PPE: Good quality gloves	s must be ι	ısed.										
Were there any witnesses?	Yes	None	✓	Type witne		Employee		Public				
Witness Details						Badge Number	Mobile Number	5				
Witness Statement:			-					1				



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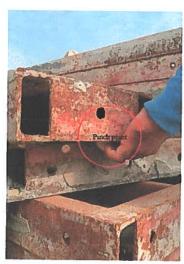
Initial Investigation Conducted by: Krishna Pillai (SM) Noted by: Mustafa Ali (PM) Date 02-01-2021

Additional Details:











Investigation Report Verified by:	Noted by:		
		Date	
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