

Incident and Injury Investigation Report



Name of Employee	Mr. Rajan Chandrabansi				si	Bad	Badge No.		31037466		Profession/ Designation			Scaffolder		er	
Safety Awareness Training Date	16. 04. 2022						of of ining	JHAH Orientation									
Name of Line Manager	Mr. Joey C. Taguba					Bad	lge No.	30040066						****			
Name of Supervisor	Mr. Muhammad Khan					Bad	lge No.	30037034									
Division / Department	Maintenance / Construction (Civil)					n Pro Nan	ject ne	Façade Repairing Proje Building #61 Locat				***************************************	JHAH Dhahran				
Place of the Incident/Injury	Building # 61 , Smoking area					I	e of dent	16 06 2022 T				me of cident	11:20 AM				
Nature of the	Occup Incide				Yes	No						Otl	her, Pl	, Please specify :			
Incident/Injury	Road '				Yes	No	Yes No		No					****			
Brief Description of the Incident/ Injury	to the	thum nplete	b by to the p	he so latfo	affo rm (rs, Mr. Ra lding pip on 3 rd lift rred.	e when	he w	as u	sing	it to	fix	scaffo	ldin	g plar	ıks / b	oard
Details of the Injury (Specify affected body parts)	N/A											AMARIA MARIA M					
First Aid Given?	Yes		No			Name of First Aider N/A											
Name of Hospital where patient was treated/ transferred	N/A									N/A							
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No		Nu Da	mber of ys	N/A	Hospitalization			- Paragraphy of the state of th	Yes		No			
Property damage	Yes	-	No		per	timated rcentage damage	N/A	Estimated Cost of damaged (SAR)				N/A					
	Type / Function of the property N/A				_			Location of affected property N					N/A	I/A			
Property Details	Name of Manufacturer				N/.	A							-				
	Model of the Property				N/A			Plate Number				1	V/A				
	Vehicle Registration Number				N/A			Company Fleet Number			er 1	N/A					



Adeel Khan (Safety Officer 30040391)

Incident and Injury Investigation Report

Was the person using



was Pre- Task / Toolbox meeting conducted	Yes	No	required Pe Protective I (PPE)		Yes		No		
Specify the Personal Protective Equipment (PPE) Safety glasses, helmet, glove, cover all, safety shoes, face mask									
What was the injured person/employee of the incident?	He was fixing the planks on platform								
What was the machine/equipment doing the incident?	at the t	N/A							
What was the material/s / substance/s d of the incident	Scaffolding plank to be fixed on the platform								
Immediate Cause/s of the Incident/injury:									
Negligence of the Worker (Not Focusing on the Job)									
Root Cause/s of the Incident/injury:									
People: Unaware of the hidden hazards, and loose concentration									
Process / Procedure: Ok									
Equipment: N/A									
Workplace: OK									
Corrective Action to prevent reoccurrence:									
Elimination:									
Substitution:									
Engineering Control:									
Administrative Control: Refresh Training has been conducted to all workers regarding the Hazard Identification and erection of scaffolding, Adequate supervision have to monitored the activity and worker's physically & mental conditions during the hot weather conditions when assigning for the job, rotate the workers and give breaks with the time interval.									
PPE:									
Were there any witnesses? Yes None		Type of witness/s	Employee	-	Publ	ic			
Witness Details			Badge Number	Mobile Number					
Witness Statement:									
Initial Investigation Conducted by:	. (1	A	Noted by:	Date	9				

19.06.2022

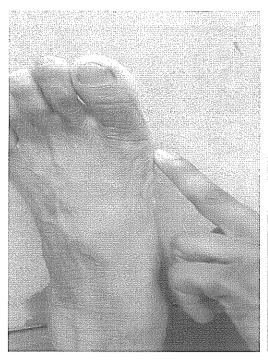


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Additional Details:

Adequate supervision have to monitor the activities and worker's physically & mental conditions of the workers during the hot weather conditions when assigning for the job. Rotate the worker shifts for the long term repeated activities. Provide the cold water to all workers and schedule the rest breaks as the heat index is increasing. Make sure workers area taking breaks and drinking water regularly







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Investigation Report Verified by:	Noted by:	Date	19-06-2012
HSEE			