

Incident and Injury Investigation Report



Name of Employee	Altraj			8	Badge No.	e	21.0	24	662		ofessi		110	lDon	N
Safety Awareness Training Date	02/05	uddi Deso			Proof Train		Sio	-	002		Jagna	tion	7 10	900	1.20%
Name of Line Manager	Ali Rai				Badge No.			30038636							
Name of Supervisor	U	Sam	9,		Badge No.	e	36	33	8.						
Division / Department	Civil (9ng	rash	nchis	Proje Name	ct	C7	6R	-		oject cation	1	R	<u> </u>	
Place of the Incident/Injury	Arca-3	V			Date of Incide	of	22'	111	woo.		me of cident		08	2:30	Am
Nature of the	Occupational National Incident/Injury		Yes	3	No No		Near	Near Miss		Ot	Other, Please specify :				
Incident/Injury	Road Traf Incident/	Injury	Yes		No		Yes		No						
Brief Description of the Incident/Injury	During Uddin During Manage Finger	Son was	War sahin	mpace	vivi Can	Com	ler of	Son Sud	Exc pactor Identy As a	r p De	sion= gr. 8 rr. A coult	# 08; fraj vis	Comile di	packing and him	eg
(Specify affected body parts)	Left a		fing	ger i	Czu	Shed	,		00110	3					J.
First Aid Given?	Yes	No	N	lame o	of First	Aide	der Dave Carlino								
Name of Hospital where patient was treated/transferred	Gul	fu	Asia	Mea	dical	lin	Address/Location of the hospital						ZSA		
Medical leave given by administering Hospital/Clinic or Doctor	Yes	No		lumbe Days	r of		Hospitalizatio		alizatio	n		Yes	,	No	
Property damage	Yes	No	_ p	stimat ercent of dama	tage				ted Cos ed (SAF				_		- 5
N 2	Type / Further the prope						Location of affected property								
Property Details	Name of Manufacti				_										
	Model of t Property					Pl	Plate Number			_					
	Vehicle Registration Number			*			Company Fleet Number			-					



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Was Pre- Task / Toolbox meeting conducted	Yes	V	No	req	s the person us uired Persona tective Equipn E)	1	Yes		No	V
Specify the Personal Protective Equipmen (PPE)	t	9	love	3 -			٦,			
What was the injured person/employee do of the incident?	oing a	t the t	ime	Com	packin of	Soil 1	by u		Ross	her upecto
What was the machine/equipment doing a incident?	at the	time o	f the	Com	paction of	Son) .			
What was the material/s / substance/s do of the incident		the ti	me	-						
Immediate Cause/s of the Incident/injury:)		. 0	Da	0		l mCl
" Not paid preper Alle	npar	, 1	0 (antest	the Mu	ni 100	Ner	Car	npac	3501
Ar *										
Root Cause/s of the Incident/injury:				- 40	1.1 Tr.	00 10.10	4	3		
Root Cause/s of the Incident/injury: -> Incomposent and units People: > Lack of Task Skill	wired	2 Pe	rson	open	isla une	er mp.	ww.			
Teople.) Lack of Task Skill	, por	on Su	peni	Son						
Process / Procedure:										
Equipment:										3
Workplace: —										
Corrective Action to prevent reoccurrence	:									
Elimination:			Λ. Δ.				00 ~		^ "	- 1
Substitution: Mini Roller Compact	77	Show	Vd	be neg	staced wi	m Su	w p	UNR	Cam	Pacin
Engineering Control:	Ders	en s	houl	d des	ele The	escino	hon			
Administrative Control: proper &	upen	nsion	n Q	sel blinn	mere.					
PPE: > Must uce Required	PPI	25 (Glare	s, earp	ngs) alm	ays A	So	www	C	
Were there any witnesses? Yes None		Type	of ess/s	Employe		1		blic		
Witness Details			-1	Badge	20100	Mobile	. 0	596	22-	720
Ram Kumar Yadar				Number	39698	Number		2 10	120	(30
Witness Statement:	~ N	Itsai	8.1	ar apor	which Con-	Dagler	Den	& Su	ddon	en
During Campachen work, M	10. 24	Dans	W	ns ofes	Jama Com	12001	,00	,		U
Witness Statement: During Campachen worth, M he did not Managed Co	mpo	n	n 0	peratin	g levers	and	Cr	ushe	d hi	<u>ک</u>
0				3	The second secon				rage	2 of 3



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M. Amyto 22 1/20. Additional Details:	nitial Investigation Conducted by:	Noted by:	Date	
additional Details:	M. Ampad	1.24.31.50		22/11/2020
additional Details:		-		
	dditional Details:			
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