

Incident Report - (Incident UID - IMF/TTK/COI/III/25/00144)

Incident Information

| Incident UID | IMF/TTK/COI/III/25/00144 | Category Name | Injury |
|--------------------------|--------------------------|---------------------|-------------------------|
| Incident Descript ion | | Status | FIRReleased |
| Site Name | Coimbatore | Department Nam e | Maintenance |
| Treatment of Injury | NA | Reported By | Raj Kumar Pativada |
| Incident Date & Ti me | 15-Sep-2025 12:00:00 AM | Created On | 26-Sep-2025 05:58:13 PM |

Sections

Photograph of injury & machine

| | | Photograph of i | njury & machine | | | |
|---|-----------------------|-------------------------------------|--|---|--|--|
| Attach: 0 | | | | | | |
| | | 1. Injury trea | tment details | | | |
| :0 | | | | | | |
| | | Injury treat | ment details | | | |
| Number of people injured: 10 | | Treatment of Injury: Treated at OHC | | Details of vice:: NA | Details of treatment given & doctor's ad vice:: NA | |
| | | Injured per | rson details | | | |
| Name of the injured person: N Gender: M | | Role – ON / OFF: On | | n | If Off role, mention the contra ctor name:: 0 | |
| Age : 2 | No. of yea in TTK pre | | r's total experience stige: NA No. of years in this practine: NA | | Injury happened in which shif t?: NA | |
| | | Immediate Correc | tive Actions taken | | | |
| Actions: NA | | | | | | |
| | | Immediate Correct | ive Actions taken-2 | ! | | |
| Day: NA | ay: NA Date: NA | | | | | |
| Level of injury | | | | C L1 - Burn C L2 - Abrasion C L3 - Laceration C L4 - Fracture C L5 - Amputation | | |
| Category of Incident | | | | Category 1 - Fatal - Reportable Category 2 - Permanent Disamblements - Reportable Category 3 - Partial Disablements - Reportable Category 4 - Injury taken to outside hospital - Non Reportable | | |
| Treatment of injury | | | | ○ Treated at OHC○ Referred to Hospital for Treatment○ Treated at OHC & Referred for Diagnosis | | |

FIR Team

| Coguence | Name | Loval of Approvar | | | |
|----------|------|-------------------|--|--|--|
| Sequence | Name | Level of Approver | | | |
| | | | | | |