

Incident Report - (Incident UID - IMF/TTK/COI/III/25/00299)

Incident Information

Incident UID	IMF/TTK/COI/III/25/00299	Category Name	Injury
Incident Descript ion	safety	Status	Submit
Site Name	Coimbatore	Department Nam e	25 regression
Incident Date & Ti me	17-Oct-2025 11:36:00 AM	Created On	17-Oct-2025 11:38:04 AM
Reported By	Shreya V		

Sections

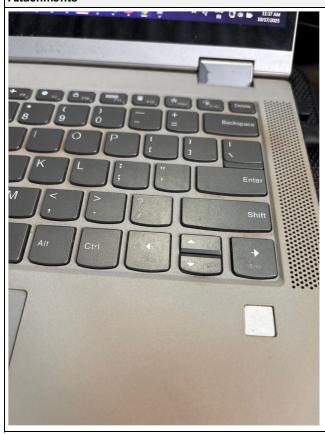
Job Details

Level of Injury: L1-Bruise

Photograph of injury & machine

Attach: 1

Attachments



Injury treatment details

Number of people injured:: 10	Treatment of Injury: Referred to Hospital f	Details of treatment given & doctor's ad
	or Treatment	vice:: safety

Injured person details

Name of the injured person: r ahul	Gender: Male	If Off role, mention the contra ctor name:: NA
0	No. of Year's total experience in TTK Prestige : NA	Injury Happened in Which Shift? : NA

Attachments



Immediate Corrective Actions taken

Actions	Responsibility	Status	Completion date
check water pipe	checking	NA	NA

Definition:

Injury Type	Level	Definition
Bruise	L1	Blood Clot
Abrasion	L2	Skin Rubbed with Rough Surface
Burn	L3	Skin Burn due to fire, chemical, etc
Laceration	L4	Tear or a cut in the skin
Fracture	L5	Bone Damage
Amputation	L6	Loss of body part