

**Investigation Report - (Investigation UID - IR/FBYDW/F&O/26/00006)**

**Investigation Information**

<b>Investigation UID</b>	IR/FBYDW/F&O/26/00006	<b>Investigation Category</b>	Fire & others investigation report
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	08-Apr-2026 05:20 PM
<b>Approver Names</b>	Lesia Hardman, Mozell Heaton, Cato Kwon		

**Incident Information**

<b>Incident UID</b>	IMF/FBYDW/ROO/FAO/26/00006	<b>Incident Category</b>	Fire and others
<b>Site Name</b>	Colver	<b>Department Name</b>	Accounts
<b>Process</b>	NA	<b>Asset</b>	NA
<b>Incident Status</b>	FinalReportReleased	<b>Created On</b>	08-Apr-2026 05:17 PM
<b>Reported By</b>	Mozell Heaton		

**Incident Description**

Describe

**Sections**

<b>Any Injury Occurred?</b>	Yes
<b>If Yes, mention the Injury Details</b>	YEs
<b>Incident Description</b>	Describe
<b>Details of Loss / Property Damage</b>	DETAILS
<b>Photographs / Evidences</b>	NA

**Attachments**

Osm\_TTK\_Clone

Incident Report - Incident UID - IMF/FBYDW/ROO/FAO/26/00006

Incident Information			
Incident UID	IMF/FBYDW/ROO/FAO/26/00006	Category Name	Injury
Incident Description	Combotore	Status	FIRReleased
Site Name	Combotore	Department Name	Assembly
Treatment of Injury	Reported By	Created On	Law Achar Kola
Incident Date & Time	13-Nov-2025 12:00 AM	Created On	14-Nov-2025 10:03 PM

Sections

Level of injury

Attach: 0

Photograph of injury & machine

Injury treatment details

Number of people injured: 0	Treatment of Injury, Treated at OHC & referred for Diagnosis	Details of treatment given & doctor's advice:
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Injured person details

Name of the injured person:	Gender:	Role - ON / OFF:	If Off role, mention the contractor name:
Age: 0	No. of year's total experience in TTK prestige:	No. of years in this process / machine	Injury happened in which shift:

Immediate Corrective Actions taken

S.No.	Actions	Responsibility	Status	Completion date
FIR Team				
Injured Persons				

**Cost Estimate**

<b>List of Damaged Property</b>	<b>Value</b>
NA	NA

**Occurrence:- Repetitive/New**

<b>If Repetitive, Last date of Incident:</b> 05-Apr-2026	<b>If Repetitive, Plant/Department:</b> plant - 45	<b>If Repetitive, Line:</b> r
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**Root Cause Analysis (Why-Why: Drill down till the System Issue / Failure)**

<b>Why</b>
NA

**Reviews and Learning**

<b>Documents revised based on CAPA:</b> NA	<b>Lessons Learned:</b> NA
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**Preventive Actions**

UID	Site Name	Category Name	Assignee Name	Due Date	Created By	Description	Status
NA							

**Horizontal Deployment of Preventive Actions With in the Site**

UID	Site Name	Category Name	Assignee Name	Due Date	Created By	Description	Status
NA							

**Horizontal Deployment of Preventive Actions Across the Sites**

UID	Site Name	Category Name	Assignee Name	Due Date	Created By	Description	Status
NA							