Organisation Banner

Investigation Report - (Investigation UID - IR/APS/NAM/26/00014)

Investigation Information

Investigation UID	IR/APS/NAM/26/00014	**Investigation Category**	Near Miss
Investigation Status	Final Report Released	**Created On**	11-Feb-2026 05:38 PM
Approver Names(Validated, Final Report Released)	ABC RBC, gopi K		

Incident Information

Incident UID	IMF/APS/APP/NMM/26/00028	**Incident Category**	Near Miss
Site Name	Apas	**Department Name**	dept
Incident Status	FinalReportReleased	**Created On**	11-Feb-2026 11:59 AM
Reported By	Rajkumar Pativada		

Incident Description

Near miss incident of the Scafolding

Investigation Team

Name
ABC RBC
ABC RBC
gopi K
ABC RBC

Sections

Date of the Investigation	NA
Location/ area	NA
Work area In-charge (Name & Designation)	NA
Are people injured?	**Yes**
Name of Injured Person(s)	NA
Injured person(S) Belongs (Name of Contractor / Client)	NA
Which Body Part of the injured?	NA
Emergency first aider on site?	(•) Yes ( ) No
Is any further treatment required for the injured person?	**Yes**
If yes, please mention the name of the hospital where the victim is receiving treatment including the Hospital location.	NA
Date and time of admission to hospital	NA
(Expected) Day of return to work	NA
Level of the incident/Accident	**Level of the incident/Accident**: NA
Specify If any others (Here)	NA
Severity of Incident	**Severity of Incident**: NA

Investigation

1.How did the incident happen? (Be as detailed as possible): NA	**2.Were there any witnesses to this incident?:** Yes	**3.Have witness statements been taken?:** Yes	**4.Witness statements: (Including Name, Designation, Contractor details, etc.)**: NA
5.What activities were being carried out at the time and any equipment involved (including make, model, serial no): NA	**6.Was there anything unusual or different about the working conditions at the time of the incident, such as the weather or an open day:make, model, serial no) (Copy)**: NA	**7.Did a lack of competency or training contribute to this incident?:** Yes	**Supporting documents:**: NA
Training records: 0	**Other (Please Provide details)**: NA	**8.Was there a risk assessment /SOP/Method statement for the task?**: Yes	**9.Did the risk assessment/SOP/MOS cover all aspects of the task?**: Yes

10.Was it being followed? (Attached supporting documents): Yes	**11.Was safety equipment and/or personal protective equipment provided?**: Yes	**12.Was the equipment suitable for the task and being used correctly?**: Yes	**13.Was PPE used during the task?**: Yes
14.Was PPE compatible with another PPE used?: Yes	**15.Any similar incidents happened?**: Yes	**16.Immediate underlying root cause:**: NA	**16(a).Why did the incident happen / detailed root cause? (Use the Five Why's technique to identify root causes)**: NA
17.Possible root causes of the accidents/ Incident:: NA	**Other, please explain:**: NA		

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							