

Investigation Report - (Investigation UID - IR/APS/NAM/26/00018)

Investigation Information

Investigation UID	IR/APS/NAM/26/00018	Investigation Category	Near Miss
Investigation Status	Final Report Released	Created On	18-Feb-2026 11:12 AM
Approver Names(Validated, Final Report Released)	Lalit Approver, ABC RBC, Lalit Req		

Incident Information

Incident UID	IMF/APS/APP/NMM/26/00036	Incident Category	Near Miss
Site Name	Apas	Department Name	dept
Incident Status	FinalReportReleased	Created On	18-Feb-2026 11:00 AM
Reported By	Lalit Approver		

Incident Description

Notification check Admin

Investigation Team

Name
ABC RBC
ABC RBC
Lalit Req
Lalit Approver

Sections

Date of the Investigation	NA
Location/ area	Workafella
Work area In-charge (Name & Designation)	Name
Are people injured?	Yes
Name of Injured Person(s)	Gopi
Injured person(S) Belongs (Name of Contractor / Client)	MH
Which Body Part of the injured?	Notification
Emergency first aider on site?	<input checked="" type="radio"/> Yes <input type="radio"/> 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: Others
Specify If any others (Here)	NA
Severity of Incident	Severity of Incident: Major

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?: No	9.Did the risk assessment/SOP/MOS cover all aspects of the task?: No

10. Was it being followed? (Attached supporting documents): Yes	11. Was safety equipment and/or personal protective equipment provided?: No	12. Was the equipment suitable for the task and being used correctly?: Yes	13. Was PPE used during the task?: No
14. Was PPE compatible with another PPE used?: Yes	15. Any similar incidents happened?: No	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							