

**Investigation Report - (Investigation UID - IR/APS/NAM/26/00025)**

**Investigation Information**

<b>Investigation UID</b>	IR/APS/NAM/26/00025	<b>Investigation Category</b>	Near Miss
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	27-Feb-2026 07:42 PM
<b>Approver Names(Validated, Final Report Released)</b>	Rajkumar Pativada, jyoti testing		

**Incident Information**

<b>Incident UID</b>	IMF/APS/GRA/NMM/26/00002	<b>Incident Category</b>	Near Miss
<b>Site Name</b>	Grava	<b>Department Name</b>	Physics
<b>Incident Status</b>	FinalReportReleased	<b>Created On</b>	27-Feb-2026 07:42 PM
<b>Reported By</b>	Gopi Krishna Somayajulu		

**Incident Description**

Near Miss
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**Investigation Team**

jyoti testing, Rajkumar Pativada
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**Sections**

<b>Date of the Investigation</b>	27-Feb-2026
<b>Location/ area</b>	Hyderabad
<b>Work area In-charge (Name &amp; Designation)</b>	Shivani Sharma
<b>Are people injured?</b>	<b>No</b>
<b>Name of Injured Person(s)</b>	Kumar Samarjeet
<b>Injured person(S) Belongs (Name of Contractor / Client)</b>	Ankit Anand
<b>Which Body Part of the injured?</b>	leg
<b>Emergency first aider on site?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Is any further treatment required for the injured person?</b>	<b>No</b>
<b>If yes, please mention the name of the hospital where the victim is receiving treatment including the Hospital location.</b>	NA
<b>Date and time of admission to hospital</b>	28-May-2021 01:12 AM
<b>(Expected) Day of return to work</b>	27-Feb-2026
<b>Level of the incident/Accident</b>	<b>Level of the incident/Accident:</b>
<b>Specify If any others (Here)</b>	NA
<b>Severity of Incident</b>	<b>Severity of Incident:</b>

**Investigation**

<b>1.How did the incident happen? (Be as detailed as possible)</b>	NA
<b>2.Were there any witnesses to this incident?</b>	NA
<b>3.Have witness statements been taken?</b>	NA
<b>4.Witness statements: (Including Name, Designation, Contractor details, etc.)</b>	NA
<b>5.What activities were being carried out at the time and any equipment involved (including make, model, serial no)</b>	NA
<b>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)</b>	NA
<b>7.Did a lack of competency or training contribute to this incident?</b>	NA
<b>Supporting documents:</b>	NA
<b>Training records</b>	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)	No
11.Was safety equipment and/or personal protective equipment provided?	No
12.Was the equipment suitable for the task and being used correctly?	No
13.Was PPE used during the task?	No
14.Was PPE compatible with another PPE used?	No
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							