

Investigation Report - (Investigation UID - IR/TTK/SII/25/00037)

Investigation Information			
Investigation UID	IR/TTK/SII/25/00037	Investigation Category	Injury - Hospitalization Investigation Report
Investigation Status	Final Report Released	Created On	31-Oct-2025 03:25:28 PM
Approver Names	Lalit Aditya Kola, Mounika Laisetti		

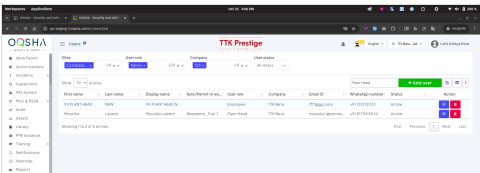
Incident Information			
Incident UID	IMF/TTK/CO/IAP/25/00059	Incident Category	Injury-same as prod-don't delete
Site Name	Coimbatore	Department Name	Maintenance
Process	Furnishing, Airlift	Asset	Asst2, Safety Asset 3
Incident Status	FinalReportReleased	Created On	31-Oct-2025 03:01:49 PM
Reported By	Lalit Aditya Kola		

Incident Description
Incident description

Sections	
Category of Incident	<input checked="" type="radio"/> Category 1 - Fatal/ Dangerous occurrence-Reportable <input type="radio"/> Category 2 - Permanent disablements-Reportable <input type="radio"/> Category 3 - Partial disablements-Reportable
Photographs / Evidences	0
Incident Findings	Incident Findings Incident Findings Incident Findings
Immediate Action Taken: (Reference from FIR)	Immediate Action Taken: (Reference from FIR) Immediate Action Taken: (Reference from FIR) Immediate Action Taken: (Reference from FIR) Immediate Action Taken: (Reference from FIR) Immediate Action Taken: (Reference from FIR)
Level of Injury	<input type="radio"/> L1-Bruise <input checked="" type="radio"/> L2-Abrasion <input type="radio"/> L3-Burn <input type="radio"/> L4-Laceration <input type="radio"/> L5-Fracture <input type="radio"/> L6-Amputation

Occurence:- Repetitive/New			
If Repetitive,Last date of incident: NA	Plant: Coimbatore	Department: Dept 2	Line: Line

Root Cause Analysis		
S.No	Why	Root Cause:: Root cause
1	INcident	

Attachments


Preventive Action

S.No	Action	Responsibility	Target date for completion
1	NA	NA	NA
2	NA	NA	NA
3	NA	NA	NA
4	NA	NA	NA

Reviews and Learning

Documents Revised Based on CAPA: Docs	Lessons Learned: Lessons
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Injured person details

Name of the injured person: Mounika lalala	Gender: Female	Role – ON / OFF: Off Roll	If Off role, mention the contractor name: : NA
Age: NA	No. of Year's total experience in TTK Prestige : 2	No. of years in this process / machine : 2	Injury Happened in Which Shift? : b shift

Attachments

