

**Investigation Report - (Investigation UID - IR/TTK/SII/25/00063)**

**Investigation Information**

<b>Investigation UID</b>	IR/TTK/SII/25/00063	<b>Investigation Category</b>	Injury - Hospitalization Investigation Report
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	19-Nov-2025 02:40:26 PM
<b>Approver Names</b>	Rajkumar Pativada, Mounika OSM, Shreya Ved		

**Incident Information**

<b>Incident UID</b>	IMF/TTK/CO/III/25/00469	<b>Incident Category</b>	Injury
<b>Site Name</b>	Coimbatore	<b>Department Name</b>	Maintenance
<b>Process</b>	Polishing	<b>Asset</b>	JCB
<b>Incident Status</b>	FinalReportReleased	<b>Created On</b>	19-Nov-2025 02:33:19 PM
<b>Reported By</b>	Lalit Aditya Kola		

**Incident Description**

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**Sections**

<b>Category of Incident</b>	<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
<b>Photographs / Evidences</b>	0
<b>Incident Findings</b>	NA
<b>Level of Injury</b>	<input type="radio"/> L1-Bruise <input type="radio"/> L2-Abrasion <input type="radio"/> L3-Burn <input checked="" type="radio"/> L4-Laceration <input type="radio"/> L5-Fracture <input type="radio"/> L6-Amputation

**Immediate Action Taken: (Reference from FIR)**

Actions	Responsibility	Status	Completion date
NA	NA	NA	NA

**Occurrence:- Repetitive/New**

<b>If Repetitive, Last date of incident:</b> NA	<b>Plant:</b> hyd	<b>Department:</b> Dept 1	<b>Line:</b> police
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**Root Cause Analysis**

S.No.	Why	Root Cause:
1	NA	NA

**Preventive Action**

S.No.	Action	Responsibility	Target date for completion
1	NA	NA	NA

**Reviews and Learning**

<b>Documents Revised Based on CAPA:</b> done	<b>Lessons Learned:</b> nothing
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**Injured person details**

<b>Name of the injured person:</b> NA	<b>Injury Happened in Which Shift?:</b> NA	<b>No. of years in this process / machine :</b> NA	<b>No. of Year's total experience in TTK Prestige :</b> 4
<b>If Off role, mention the contractor name: :</b> 4	<b>Age:</b> 4	<b>Role – ON / OFF:</b> Off Roll	<b>Gender:</b> Female