

**Investigation Report - (Investigation UID - IR/TTK/SII/25/00069)**

**Investigation Information**

<b>Investigation UID</b>	IR/TTK/SII/25/00069	<b>Investigation Category</b>	Injury - Hospitalization Investigation Report
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	21-Nov-2025 03:35:25 PM
<b>Approver Names</b>	Rajkumar Pativada, Abhinav Srivastava, VAIBAHV VARUN, Shreya V		

**Incident Information**

<b>Incident UID</b>	IMF/TTK/COI/III/25/00475	<b>Incident Category</b>	Injury
<b>Site Name</b>	Coimbatore	<b>Department Name</b>	25 regression
<b>Process</b>	Furnishing, Airlift	<b>Asset</b>	NA
<b>Incident Status</b>	FinalReportReleased	<b>Created On</b>	21-Nov-2025 02:44:44 PM
<b>Reported By</b>	Rajkumar Pativada		

**Incident Description**

Injury Location:

**Sections**

<b>Category of Incident</b>	NA
<b>Photographs / Evidences</b>	0
<b>Incident Findings</b>	NA
<b>Level of Injury</b>	<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

**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: NA</b>	<b>Plant: NA</b>	<b>Department: NA</b>	<b>Line: NA</b>
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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: NA</b>	<b>Lessons Learned: NA</b>
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**Injured person details**

<b>Name of the injured person:</b> Abhinav Srivastava	<b>Gender:</b> NA	<b>Role – ON / OFF:</b> NA	<b>If Off role, mention the contractor name: :</b> NA
<b>Age:</b> Age - 0	<b>No. of Year's total experience in TTK Prestige :</b> NA	<b>No. of years in this process / machine :</b> NA	<b>Injury Happened in Which Shift?:</b> Shift -