

**Investigation Report - (Investigation UID - IR/APS/NAM/26/00012)**

**Investigation Information**

<b>Investigation UID</b>	IR/APS/NAM/26/00012	<b>Investigation Category</b>	Near Miss
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	03-Feb-2026 03:12:09 PM
<b>Approver Names(Validated, Final Report Released)</b>	Lalit Aditya Kola, ABC RBC, gopi K		

**Incident Information**

<b>Incident UID</b>	IMF/APS/APP/NMM/26/00030	<b>Incident Category</b>	Near Miss
<b>Site Name</b>	Apas	<b>Department Name</b>	dept
<b>Incident Status</b>	FinalReportReleased	<b>Created On</b>	03-Feb-2026 03:09:14 PM
<b>Reported By</b>	gopi K		

**Incident Description**

Incident
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**Investigation Team**

<b>Name</b>
ABC RBC
ABC RBC
gopi K
gopi K
Lalit Aditya Kola

**Sections**

<b>Date of the Investigation</b>	NA
<b>Location/ area</b>	Hyderabad
<b>Work area In-charge (Name &amp; Designation)</b>	Raj
<b>Are people injured?</b>	<b>Yes</b>
<b>Name of Injured Person(s)</b>	Gopi , krishna
<b>Injured person(S) Belongs (Name of Contractor / Client)</b>	NA
<b>Which Body Part of the injured?</b>	Head
<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>NA</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>	NA
<b>(Expected) Day of return to work</b>	NA
<b>Level of the incident/Accident</b>	<b>Level of the incident/Accident: MTC</b>
<b>Specify If any others (Here)</b>	NA
<b>Severity of Incident</b>	<b>Severity of Incident: Moderate</b>

**Investigation**

<p><b>1.How did the incident happen? (Be as detailed as possible):</b> During routine operations at the site, a near miss occurred when a worker narrowly avoided a potential injury due to an unsafe condition. While performing the assigned task, the worker noticed that a loose object/material was positioned in an active work area. As the worker moved through the area, the object shifted unexpectedly and almost caused a slip/trip/fall.</p> <p>The worker was able to stop in time and alert nearby personnel, preventing the incident from escalating into an actual injury or property damage. No one was harmed; however, the situation had the potential to cause serious injury if it had gone unnoticed.</p> <p>The near miss occurred due to a combination of improper housekeeping and lack of immediate hazard identification. Corrective action was taken immediately by securing the area and removing the hazard to prevent recurrence.</p> <p>Shorter Version (if the field has character limits)</p> <p>A near miss occurred when a worker narrowly avoided a potential injury due to an unsafe condition at the site. The hazard was identified in time, and the worker was able to stop and alert others before any injury or damage occurred. Immediate action was taken to remove the hazard and secure the area.</p>	<p><b>2.Were there any witnesses to this incident?:</b> Yes</p>	<p><b>3.Have witness statements been taken?:</b> Yes</p>	<p><b>4.Witness statements: (Including Name, Designation, Contractor details, etc.):</b>  Name: Ramesh Kumar  Designation: Site Supervisor  Company/Contractor: ABC Infra Services</p> <p>Statement:  I was present at the site during the activity and noticed a potential unsafe condition in the work area. I observed the worker narrowly avoiding a hazardous situation and immediately alerted the team. No injury occurred, but the incident had the potential to cause harm if not noticed in time.</p>
<p><b>5.What activities were being carried out at the time and any equipment involved (including make, model, serial no):</b> At the time of the near miss, routine operational work was being carried out at the site. The activity involved general movement of personnel and materials within the work area. Equipment involved:  Equipment Type: Hand tools / Material handling equipment (as applicable)  Make: N/A  Model: N/A  Serial Number: N/A  No machinery was in active operation at the exact moment of the near miss.</p>	<p><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> There were no unusual or abnormal working conditions at the time of the incident. Weather conditions were normal, and work was being carried out as per the planned schedule. However, minor housekeeping issues in the area contributed to the unsafe condition that led to the near miss.</p>	<p><b>7.Did a lack of competency or training contribute to this incident?:</b> Yes</p>	<p><b>Supporting documents::</b> NA</p>
<p><b>Training records:</b> 0</p>	<p><b>Other (Please Provide details):</b> NA</p>	<p><b>8.Was there a risk assessment /SOP/Method statement for the task?:</b> Yes</p>	<p><b>9.Did the risk assessment/SOP/MOS cover all aspects of the task?:</b> No</p>
<p><b>10.Was it being followed? (Attached supporting documents):</b> NA</p>	<p><b>11.Was safety equipment and/or personal protective equipment provided?:</b> No</p>	<p><b>12.Was the equipment suitable for the task and being used correctly?:</b> Yes</p>	<p><b>13.Was PPE used during the task?:</b> No</p>

14. Was PPE compatible with another PPE used?: NA	15. Any similar incidents happened?: No	16. Immediate underlying root cause:: Root cause	16(a). Why did the incident happen / detailed root cause? (Use the Five Why's technique to identify root causes): A near miss occurred at the site where a worker narrowly avoided a potential injury due to an unsafe condition in the work area.
17. Possible root causes of the accidents/ Incident:: Material Defects: Low-quality or defective construction materials can lead to structural failures or accidents.		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							