

Investigation Report - (Investigation UID - IR/TTK/I-H/26/00001)

Investigation Information

Investigation UID	IR/TTK/I-H/26/00001	Investigation Category	Injury - Hospitalization Investigation Report (Copy)
Investigation Status	Final Report Released	Created On	04-Feb-2026 03:08:54 PM
Approver Names	SEPHALI Kumari, Abhinav Srivastava, Lalit Aditya Kola, Shreya V, Abhinav Kumar		

Incident Information

Incident UID	IMF/TTK/COI/TIT/26/00007	Incident Category	Fire and others
Site Name	Coimbatore	Department Name	Polishing
Process	NA	Asset	NA
Incident Status	FinalReportReleased	Created On	06-Jan-2026 12:55:23 PM
Reported By	Rajkumar Pativada		

Incident Description

NA

Sections

Investigation basic details

Date of the Investigation: NA	Location/ area: NA	Work area In-charge (Name & Designation): NA	
Name of Injured Person(s): NA	Injured person(S) Belongs (Name of Contractor / Client): NA	Which Body Part of the injured?: NA	
	If yes, please mention the name of the hospital where the victim is receiving treatment including the Hospital location.: NA	Date and time of admission to hospital: NA	(Expected) Day of return to work: NA
Level of the incident/Accident: NA	Specify If any others (Here):		

Investigation

1.How did the incident happen? (Be as detailed as possible): NA			4.Witness statements: (Including Name, Designation, Contractor details, etc.): NA
5.What activities were being carried out at the time and any equipment involved (including make, model, serial no): NA	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): NA		Supporting documents:: NA
Training records: NA	Other (Please Provide details): NA		
		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							