

**Investigation Report - (Investigation UID - IR/APS/NAM/26/00014)**

**Investigation Information**

<b>Investigation UID</b>	IR/APS/NAM/26/00014	<b>Investigation Category</b>	Near Miss
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	11-Feb-2026 05:38:01 PM
<b>Approver Names(Validated, Final Report Released)</b>	ABC RBC, Gopi Krishna Somayajulu		

**Incident Information**

<b>Incident UID</b>	IMF/APS/APP/NMM/26/00028	<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>	11-Feb-2026 11:59:42 AM
<b>Reported By</b>	Rajkumar Pativada		

**Incident Description**

Near miss incident of the Scaffolding

**Investigation Team**

ABC RBC, Gopi Krishna Somayajulu

**Sections**

<b>Date of the Investigation</b>	NA
<b>Location/ area</b>	NA
<b>Work area In-charge (Name &amp; Designation)</b>	NA
<b>Are people injured?</b>	<b>Yes</b>
<b>Name of Injured Person(s)</b>	NA
<b>Injured person(S) Belongs (Name of Contractor / Client)</b>	NA
<b>Which Body Part of the injured?</b>	NA
<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>Yes</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: NA</b>
<b>Specify If any others (Here)</b>	NA
<b>Severity of Incident</b>	<b>Severity of Incident: NA</b>

**Investigation**

<b>1.How did the incident happen? (Be as detailed as possible): NA</b>	<b>2.Were there any witnesses to this incident?: Yes</b>	<b>3.Have witness statements been taken?: Yes</b>	<b>4.Witness statements: (Including Name, Designation, Contractor details, etc.): NA</b>
<b>5.What activities were being carried out at the time and any equipment involved (including make, model, serial no): NA</b>	<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): NA</b>	<b>7.Did a lack of competency or training contribute to this incident?: Yes</b>	<b>Supporting documents:: NA</b>
<b>Training records: 0</b>	<b>Other (Please Provide details): NA</b>	<b>8.Was there a risk assessment /SOP/Method statement for the task?: Yes</b>	<b>9.Did the risk assessment/SOP/MOS cover all aspects of the task?: Yes</b>
<b>10.Was it being followed? (Attached supporting documents): Yes</b>	<b>11.Was safety equipment and/or personal protective equipment provided?: Yes</b>	<b>12.Was the equipment suitable for the task and being used correctly?: Yes</b>	<b>13.Was PPE used during the task?: Yes</b>

14. Was PPE compatible with another PPE used?: Yes	15. Any similar incidents happened?: Yes	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							