

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

**Investigation Information**

<b>Investigation UID</b>	IR/APS/FFF/26/00012	<b>Investigation Category</b>	FATAL
<b>Investigation Status</b>	Final Report Released	<b>Created On</b>	25-Feb-2026 07:26:36 PM
<b>Approver Names(Validated, Final Report Released)</b>	ABC RBC, DebrajTestUser34 Test		

**Incident Information**

<b>Incident UID</b>	IMF/APS/APP/FFF/26/00034	<b>Incident Category</b>	FATAL
<b>Site Name</b>	Apas	<b>Department Name</b>	Physics
<b>Incident Status</b>	FinalReportReleased	<b>Created On</b>	25-Feb-2026 07:26:13 PM
<b>Reported By</b>	DebrajTestUser34 Test		

**Incident Description**

FATAL
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**Investigation Team**

DebrajTestUser34 Test
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**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>No</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>	NA
<b>Is any further treatment required for the injured person?</b>	<b>No</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)</b>	NA
<b>2.Were there any witnesses to this incident?</b>	NA
<b>3.Have witness statements been taken?</b>	NA
<b>4.Witness statements: (Including Name, Designation, Contractor details, etc.)</b>	NA
<b>5.What activities were being carried out at the time and any equipment involved (including make, model, serial no)</b>	NA
<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>	NA
<b>7.Did a lack of competency or training contribute to this incident?</b>	NA
<b>Supporting documents:</b>	NA
<b>Training records</b>	0

Other (Please Provide details)	NA
8.Was there a risk assessment /SOP/Method statement for the task?	No
9.Did the risk assessment/SOP/MOS cover all aspects of the task?	No
10.Was it being followed? (Attached supporting documents)	No
11.Was safety equipment and/or personal protective equipment provided?	No
12.Was the equipment suitable for the task and being used correctly?	No
13.Was PPE used during the task?	No
14.Was PPE compatible with another PPE used?	No
15.Any similar incidents happened?	No
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							