

**Investigation Report - (Investigation UID - IR/TTK/FSI/26/00016)**

**Investigation Information**

<b>Investigation UID</b>	IR/TTK/FSI/26/00016	<b>Investigation Category</b>	First-Aid Safety Incident Investigation Report
<b>Investigation Status</b>	Draft	<b>Created On</b>	05-Feb-2026 03:03:26 PM
<b>Approver Names</b>	Sayan Mondal, Abhinav Srivastava, Mounika OSM, Kushwanth Immidisetty, Abhinav Kumar		

**Incident Information**

<b>Incident UID</b>	IMF/TTK/COI/III/25/00232	<b>Incident Category</b>	Injury
<b>Site Name</b>	Coimbatore	<b>Department Name</b>	Maintenance
<b>Process</b>	NA	<b>Asset</b>	NA
<b>Incident Status</b>	InvestigationInProgress	<b>Created On</b>	07-Oct-2025 09:47:42 PM
<b>Reported By</b>	Raj Kumar Pativada		

**Incident Description**

NA

**Sections**

<b>Level of Injury</b>	<input checked="" type="radio"/> L1-Bruise <input type="radio"/> L2-Abrasion <input type="radio"/> L3-Burn <input type="radio"/> L4-Laceration <input type="radio"/> L5-Fracture <input type="radio"/> L6-Amputation
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<b>Incident Location:</b> NA	<b>Full Name of Person:</b> NA	<b>Date of Birth:</b> NA	<b>Age:</b> NA
<b>Name of Designation:</b> NA	<b>Name of Employer:</b> NA	<b>Name of Contractor:</b> NA	<b>Induction Card No.:</b> NA

**Injury Details**

<b>Describe the person injury (e.g,Fracture, sprain, Cuts, etc.) :</b> NA	<b>Name of body part injured ? :</b> NA	<b>Has the person ceased to worked ? :</b> NA	<b>Current location of injured person(Home, Hospitalized) ? :</b> NA
<b>Discharged to his. :</b> NA	<b>Name of Hospital :</b> NA	<b>Hospital Address :</b> NA	<b>Treating Dr.Name :</b> NA
<b>Incident Description of Event:</b> NA	<b>Human Factors:</b> 2	<b>Root Cause:</b> NA	<b>Immediate Actions Taken:</b> NA
<b>Follow-up Action:</b> NA	<b>Accident Investigation undertaken?:</b> NA	<b>Name of investigation team members:</b> NA	

**Incident Snaps**

NA

**(CAPA) CORRECTIVE & PREVENTIVE Action**

NA

**Lesson Learnt**

Lessonnnnn===

**Injured person details**

<b>Name of the injured person:</b> NA	<b>Gender:</b> Male	<b>Role – ON / OFF:</b> On Roll	<b>If Off role, mention the contractor name: :</b> NA
<b>Age:</b> NA	<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> NA