SITE ACCIDENT INVESTIGATION REPORT

1. Project Details	
Name of Project	
Plot Number	
Contractor	
Consultant	

2. Accident Information			
Date of Accident		Time (24 hrs.)	
Accident Type: (Select as applicable)			
☐ Fatality		☐ Fire	
☐ Permanent Total Disability		☐ Property Damage (collapse, explosion or leakage of hazardous materials etc.)	
☐ Permanent Partial Disability			
☐ Lost Time Injury		☐ Other (Specify)	

3. Accident Details:	
Brief description of the main circumstances leading to the Incident: (Attach additional pages if more space is required)	
Exact location in the project site, where the accident occurred:	
Applicable Reports: (Attached)	☐ Police ☐ Medical ☐ Witness statements ☐ Others (specify)

4.Injury Details: *To be supported with the diagnosis by Licensed Health Care Professional and/or Medical Report*				
Bodily Location	☐ Head/ Neck ☐ Eye ☐ Face (excluding eye)	☐ Cervical Spine ☐ Ear ☐ Forehead	☐ Mouth ☐ Neck	☐ Nose ☐ Scalp/Skull
	☐ Trunk	☐ Cervical Spine	☐ Face (excluding eye)	☐ Neck
	☐ Lower extremity	☐ Ankle ☐ Buttocks ☐ Foot	☐ Hip/Groin ☐ Knee ☐ Lower Leg	☐ Thigh ☐ Toes
	☐ Internal Organs	☐ Arteries ☐ Brain ☐ Heart	☐ Intestines ☐ Kidney ☐ Liver	☐ Lungs ☐ Spleen ☐ Stomach
	☐ General	☐ Heat related	☐ Occupational Illness	
	☐ Other:			

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Nature of Injury/ illness:	☐ Abrasions/Bruising ☐ Amputation ☐ Bite/ Sting ☐ Burn ☐ Internal Injury ☐ Laceration/wound ☐ Strain/Sprain ☐ Infectious disease	☐ Electric Shock ☐ Fracture ☐ Foreign Body in Eye ☐ Hernia ☐ Musculoskeletal ☐ Poisoning/ Toxic Effect ☐ Poisoning ☐ Psychological (Stress)	☐ Heat related illness ☐ Occupational illness ☐ Hearing Loss/Deafness ☐ Dislocation ☐ Nerve/Spinal cord Injury ☐ Respiratory ☐ Skin Irritation/Disease
	☐ Others:		
Reason of Injury/ illness:	☐ Bite/Sting ☐ Biological Factors ☐ Cave-in/collapse ☐ Chemicals/Substance/ ☐ Radiation ☐ Drowning/Submersion ☐ Crush/ Internal injury	☐ Extreme Temperature ☐ Fire ☐ Electricity ☐ Fall from height ☐ Hit by moving object ☐ Struck by falling object ☐ Slip, Trip and Fall	☐ Mental Stress ☐ Occupational Violence ☐ Penetrating Injury ☐ Repetitive Motion ☐ Sound/Pressure ☐ Manual Handling
	☐ Others:		
Agency/Source of Injury/illness:	☐ Confined Space ☐ Environmental conditions ☐ Fixed machinery/ Plant ☐ Infectious agent ☐ Powered equipment ☐ Road Transport/vehicles	☐ Material/chemical ☐ Mobile Plant/Equipment ☐ Non-powered equipment ☐ Non-powered tools	☐ Scaffolding/ladders ☐ Sharps/Scalpels/Needles/etc. ☐ Trench or Excavations ☐ Powered tools
	☐ Other:		

5. Injured person(s)/deceased details:
In case of an accident with more than one injured person, complete the information for each person by repeating section 5 as an attachment.

Name:		Occupation:	
Relationship with Company:	☐ Direct employee	☐ Subcontractor employee	☐ Other Person (e.g. Visitor)
Nationality:		Date of Birth:	
Passport Number:		Length of service with employer	
Contact Phone Number:		Gender	☐ Male ☐ Female
Task/activity conducted at the time of accident			
What time injured person started working on the day of accident		Date and time of mobilization to hospital	
Name and address of the hospital		No. of days hospitalized in case of injuries	
Name of injured/deceased immediate family member:		Contact number of injured/deceased immediate family member:	

6. Witness(s) details:

Name	Designation	Company name	Address	Contact number

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7. Key Corrective Actions taken immediately after the accident (*Attach additional pages if more space is required)*			
No.	**Actions**	**Responsibility**	**Date**
1.			
2.			
3.			
4.			
5.			

8. Accident Causes details: *To be supported with the supporting documents*

Immediate Cause(s) (Unsafe Act)

☐ Removing/ Defeating Safety Devices	☐ Operating at improper speed	☐ Failure to use PPE properly
☐ Operating equipment without authority	☐ Lack of attention/concentration	☐ Servicing equipment in-operation
☐ Failure to warn	☐ Violation/ taking shortcuts	☐ Lack of awareness/ knowledge
☐ Failure to secure	☐ Horseplay	☐ Using defective equipment/ tools
	☐ Improper lifting/ loading/placement	☐ Using equipment improperly

☐ **Others***:*	

Explain applicable immediate cause(s) in detail:

Immediate Cause(s) (Unsafe Conditions)

☐ Inadequate guards or barriers	☐ Defective tools, equipment or materials	☐ Congestion/restricted action/ poor access
☐ Inadequate warning system or notice	☐ Equipment failure	☐ Poor housekeeping, disorder
☐ Inadequate ventilation	☐ Inclement Weather conditions	☐ Excessive noise exposure
☐ Fire and explosion hazards	☐ Inadequate or improper protective equipment	☐ Radiation exposure
☐ High/ Low temperature exposure	☐ Inadequate or excess illumination	☐ Poor lighting
☐ Hazardous gases/dust/vapors/fumes		

☐ **Others**:	

Explain applicable immediate cause(s) in detail:

Root cause(s)	Failure to: ☐ E: Eliminate the hazard. ☐ S: Substitute the hazard with "No" or "Less" hazardous activity/material. ☐ C: Control the hazard with possible Engineering controls ☐ A: Use Administrative controls (example: Permit to Work, Lock Out Tag Out etc.) ☐ P: Provide suitable Personal Protective Equipment. ☐ E: Impart education (example: information, instruction, training)

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Explain applicable root cause(s) in detail:

9. Corrective Action Plan to prevent recurrence: (*Attach additional pages if more space is required)*					
No.	**Identified Immediate/Root Cause (s)**	**Actions**	**Person Responsible**	**Target Date**	**Status**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

The following documents shall be attached along with report:	
☐ Accident site photographs	☐ Passport copies with visa page of injured people/deceased
☐ Risk Assessments and Method Statements	☐ Copies of Emirates ID of injured people/deceased
☐ Training records	☐ Medical Report(s) of injured people (in case of injury(ies))
☐ Relevant supporting documents	☐ Death certificate(s) of deceased (in case of fatality(ies))

INVESTIGATED AND PREPARED BY		
	CONTRACTOR'S PROJECT MANAGER	**CONSULTANT'S PROJECT MANAGER/ RESIDENT ENGINEER**
NAME		
TEL		
MOBILE		
EMAIL		
SIGNATURE		
STAMP		

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