

Incident Report - (Incident UID - IMF/TTK/COI/III/25/00137)

Incident Information

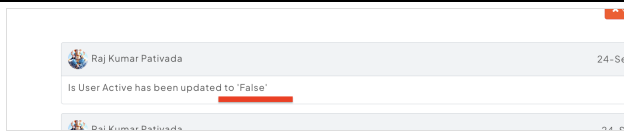
[illegible]

Sections

Photograph of injury & machine

Attach: 0

Attachments



Risk Assessment 2025-09-24 15-02-41 2025-09-24 07-14-16-1416 9cd286c4-9a92-4464-b126-18fa87c94840.csv

Injury treatment details

Number of people injured: 2	Details of treatment given & doctor's advice:: Haven't taken any treatment
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Injured person details

Name of the injured person: 1 Injured person 1 Injured person 2 Injured person 3	Gender: Male	Role – ON / OFF: On	No. of year's total experience in TTK prestige: 3
No. of years in this process / machine: 3	Injury happened in which shift?: 2nd shift		

Immediate Corrective Actions taken

Actions

S.No	Action	Responsibility	Status	Action completion date
1	Action1	Resp 1	Pending	2025-09-25
2	Act 2	Res 2	Pending	2025-09-24

Level of injury	<input checked="" type="radio"/> L1 - Burn <input type="radio"/> L2 - Abrasion <input type="radio"/> L3 - Laceration <input type="radio"/> L4 - Fracture <input type="radio"/> L5 - Amputation
Category of Incident	<input checked="" type="radio"/> Category 1 - Fatal - Reportable <input type="radio"/> Category 2 - Permanent Disablements - Reportable <input type="radio"/> Category 3 - Partial Disablements - Reportable <input type="radio"/> Category 4 - Injury taken to outside hospital - Non Reportable

Treatment of injury

- ☒ Treated at OHC
- ☐ Referred to Hospital for Treatment
- ☐ Treated at OHC & Referred for Diagnosis

FIR Team

NA