

**Investigation Report - (Investigation UID - IR/TTK/SII/26/00007)**

**Investigation Information**

|                             |                                                         |                               |                                               |
|-----------------------------|---------------------------------------------------------|-------------------------------|-----------------------------------------------|
| <b>Investigation UID</b>    | IR/TTK/SII/26/00007                                     | <b>Investigation Category</b> | Injury - Hospitalization Investigation Report |
| <b>Investigation Status</b> | Final Report Released                                   | <b>Created On</b>             | 04-Mar-2026 04:03:46 PM                       |
| <b>Approver Names</b>       | Janet Utter, Mozell Heaton, Evan Meltzer, Rocco Sanchez |                               |                                               |

**Incident Information**

|                        |                          |                          |                         |
|------------------------|--------------------------|--------------------------|-------------------------|
| <b>Incident UID</b>    | IMF/TTK/KAR/INJ/26/00003 | <b>Incident Category</b> | Injury                  |
| <b>Site Name</b>       | Elmore City              | <b>Department Name</b>   | Tool Maintenance        |
| <b>Process</b>         | Maintenance Operation    | <b>Asset</b>             | DRILL MACHINE           |
| <b>Incident Status</b> | FinalReportReleased      | <b>Created On</b>        | 27-Feb-2026 12:58:21 PM |
| <b>Reported By</b>     | Ashby Woodall            |                          |                         |

**Incident Description**

While operating the lathe machine, person hand went to contact with rotating lathe chuck. It resulted with the finger injury Location: LATHE MACHINE 3050/2

**Sections**

|                                                     |                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Category of Incident</b>                         | <input type="radio"/> Category 1 - Fatal/ Dangerous occurrence-Reportable<br><input type="radio"/> Category 2 - Permanent disablements-Reportable<br><input type="radio"/> Category 3 - Partial disablements-Reportable<br><input checked="" type="radio"/> Category 4 - Injury taken to outside hospital - Non reportable<br><input type="radio"/> Category 5 - First Aid at OHC |
| <b>Photographs / Evidences</b>                      | 0                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Incident Findings</b>                            | NA                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Immediate Action Taken: (Reference from FIR)</b> | NA                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Level of Injury</b>                              | <input type="radio"/> L1-Bruise<br><input type="radio"/> L2-Abrasion<br><input type="radio"/> L3-Burn<br><input checked="" type="radio"/> L4-Laceration<br><input type="radio"/> L5-Fracture<br><input type="radio"/> L6-Amputation                                                                                                                                               |

**Occurrence:- Repetitive/New**

|                                                 |                  |                       |                 |
|-------------------------------------------------|------------------|-----------------------|-----------------|
| <b>If Repetitive, Last date of incident:</b> NA | <b>Plant:</b> NA | <b>Department:</b> NA | <b>Line:</b> NA |
|-------------------------------------------------|------------------|-----------------------|-----------------|

**Root Cause Analysis**

| S.No. | Why |
|-------|-----|
| 1     | NA  |

**Reviews and Learning**

|                                            |                            |
|--------------------------------------------|----------------------------|
| <b>Documents Revised Based on CAPA:</b> NA | <b>Lessons Learned:</b> NA |
|--------------------------------------------|----------------------------|

**Preventive Actions**

| UID                     | Site Name   | Category Name        | Assignee Name | Due Date                | Created By    | Description                                                                                             | Status   |
|-------------------------|-------------|----------------------|---------------|-------------------------|---------------|---------------------------------------------------------------------------------------------------------|----------|
| AT/TTK/KAR/INR/26/00030 | Elmore City | Investigation Report | Evan Meltzer  | 15-Mar-2026 12:00:00 AM | Mozell Heaton | Tool post shall be used for the polishing operation. If required, additional fixtures shall be provided | Resolved |

|                         |             |                      |              |                            |               |                                                                                                                                             |          |
|-------------------------|-------------|----------------------|--------------|----------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|
| AT/TTK/KAR/INR/26/00031 | Elmore City | Investigation Report | Evan Meltzer | 15-Mar-2026<br>12:00:00 AM | Mozell Heaton | Dire contact with the rotating objects shall be eliminated in tool room. Use the fixtures are other methods to eliminate the direct contact | Resolved |
|-------------------------|-------------|----------------------|--------------|----------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------|

**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   |
|-------------------------|---------------|----------------------|-----------------|----------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| AT/TTK/COI/INR/26/00016 | Washoe Valley | Investigation Report | Curley Benedict | 31-Mar-2026<br>05:30:00 AM | Mozell Heaton | Person injured while doing the tool polishing in lathe machine. Direct contact with rotating object shall be eliminated in the tool maintenance operation at tool room. If required, additional fixtures shall be provided for tool polishing operation | Assigned |
| AT/TTK/HOS/INR/26/00053 | Mathiston     | Investigation Report | Darryll Eaton   | 31-Mar-2026<br>12:00:00 AM | Mozell Heaton | Person injured while doing the tool polishing in lathe machine. Direct contact with rotating object shall be eliminated in the tool maintenance operation at tool room. If required, additional fixtures shall be provided for tool polishing operation | Assigned |

|                         |         |                      |               |                               |                  |                                                                                                                                                                                                                                                         |          |
|-------------------------|---------|----------------------|---------------|-------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| AT/TTK/KHA/INR/26/00015 | Melmore | Investigation Report | Rocco Seibel  | 31-Mar-2026<br>05:30:00<br>AM | Mozell<br>Heaton | Person injured while doing the tool polishing in lathe machine. Direct contact with rotating object shall be eliminated in the tool maintenance operation at tool room. If required, additional fixtures shall be provided for tool polishing operation | Assigned |
| AT/TTK/ROO/INR/26/00015 | Colver  | Investigation Report | Ethan Hassett | 31-Mar-2026<br>05:30:00<br>AM | Mozell<br>Heaton | Person injured while doing the tool polishing in lathe machine. Direct contact with rotating object shall be eliminated in the tool maintenance operation at tool room. If required, additional fixtures shall be provided for tool polishing operation | Assigned |

**Injured person details**

|                                                      |                                                                  |                                                          |                                                                                         |
|------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>Name of the injured person:</b><br>MUSTAKIM MALEK | <b>Gender:</b> Male                                              | <b>Role – ON / OFF:</b> Off Roll                         | <b>If Off role, mention the contractor name:</b> : MAIKRUPA STAFFING SOLUTIONS PVT LTD. |
| <b>Age:</b> Age - 27                                 | <b>No. of Year's total experience in TTK Prestige :</b> 8 MONTHS | <b>No. of years in this process / machine :</b> 8 MONTHS | <b>Injury Happened in Which Shift?:</b> Shift -3 (NIGHT)                                |