

Section 9

Incident Reporting & Investigation

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9.1 INCIDENT REPORTING AND INVESTIGATION POLICY

For the purposes of this policy, the words “incident” and “accident” are interchangeable.

All incidents are to be reported to the Company and investigated. When any employee or contractor experiences an accident, near miss, environment incident or dangerous occurrence on any of the company’s or customer’s premises during the course of their employment a report must be made immediately. This will also apply to visitors who are members of the public and therefore not at work.

Brief definitions and examples of an accident and a near miss are given below.

Incident/Accident – an unplanned event, which causes injury to persons, damage to property or a combination of both. Examples include a fall resulting in a fracture, an incorrect operation of machinery leading to a breakdown.

Near Miss – an unplanned event that does not cause injury or damage, but could have done so. Examples include articles falling near to people, and a short-circuit on electrical equipment.


Environmental Incident – an unplanned event, which results in actual or potential damage to the environment.

All accidents, incidents, near misses and work related illnesses must be documented and immediately reported to management or as soon as possible after the occurrence.

Suitable information and training will be given to all personnel regarding accident reporting and the location and completion of relevant documentation. All investigation personnel must be adequately trained in incident investigation.

All HSE accidents, incidents, and near misses must be investigated and analyzed by immediate supervisor having charge, management, and control when an incident occurs to determine the root (basic) causes of the occurrence. The investigation must be documented and reported to the client whose site the incident took place. Corrective action plans must be developed and implemented to prevent recurrence. This should be done by the end of the shift, but no later than the next day.

This policy will be reviewed during the orientation process, will be posted in our offices and work sites and will be reviewed with all employees and contractors on a regular basis.

Signed: 
Dan Jones, A.L.S., President

Date: February 1, 2017

9.2 INCIDENT AND ACCIDENT REPORTING

9.2.1 PURPOSE

The primary purpose of an investigation is to identify the root causes so that corrective action can be taken to prevent a recurrence of the incident. Additionally, information collected will be valuable in meeting the WCB and OH&S reporting requirements.

9.2.2 PROCEDURE

- 1) All incidents are to be verbally reported immediately to Field Manager and / or Safety Manager.
- 2) Employee Reporting

All employees are required to report any of the following to their immediate Manager / Party Chief.

- Incidents resulting in injury or illness of any magnitude, including those injuries requiring the administration of minor first aid measures.
- Incidents resulting in production interruption and property or equipment damage of any magnitude.
- Any incidents that could have potentially resulted in injury or illness, production interruptions, or property and/or equipment damage.
- Any situations both unsafe acts and unsafe conditions that left uncorrected could result in an accident.

- 3) Manager / Party Chief / Subcontractor Reporting

The immediate Manager / Party Chief shall immediately report the following incidents to the General Manager and / or Safety Coordinator.

- Fatalities.
- Lost time workday cases other than fatalities.
- Non –fatal cases without lost workdays, which result in transfer to other job duties or require medical treatment other than first aid, or involve loss of consciousness or restriction of work or motion. This category also includes any diagnosed occupational illnesses, which are reported to the Manager / Party Chief but are not classified as fatalities or lost time workday cases.
- All incidents that by regulations must be reported to OH&S or other regulatory bodies.
- OH&S Reportable Incidents And Management Protocol -continued

Section 18(1) Alberta OH&S Safety Act indicates that if an accident described in subsection (2) occurs at a work site, the prime contractor or if there is no prime contractor, the contractor or employer responsible for that work site shall notify a Director of Inspection of the time, place and nature of the injury or the accident as soon as possible

18(2) The injuries and accidents to be reported under subsection (1) are:

- a) An injury or accident that results in death,
- b) An injury or accident that results in a worker's being admitted to a hospital for more than 2 days,
- c) An unplanned or uncontrolled explosion, fire or flood that causes a serious injury or that has the potential of causing a serious injury,
- d) The collapse or upset of a crane, derrick or hoist, or
- e) The collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.

18(3) If an injury or accident referred to in subsection (1.1) occurs at a work site or if any other serious injury or accident that has the potential of causing injury to a person, occurs at a work site, the prime contractor, or if there is no prime contractor, the contractor or employer responsible for the work site shall:

- a) Carry out an investigation into the circumstances surrounding the serious injury or accident
- b) Prepare a report outlining the circumstances of the serious injury or accident and the corrective action, if any, undertaken to prevent a recurrence of the serious injury or accident, and
- c) Ensure that a copy of the report is readily available for inspection of an officer.

18(4) The prime contractor, contractor or employer who prepared the report referred to in subsection (3) shall retain the report for 2 years after the serious injury or accident.

18(5) A report prepared under this section is not admissible as evidence for any purpose in a trial arising out of the serious incident or accident, an investigation or public inquiry under the Fatality Inquiries Act or any other action as defined in the Alberta Evidence Act except in a prosecution for perjury or for the giving of contradictory evidence.

18(6) Except as otherwise directed by a Director of Inspection, an occupational health and safety officer or a peace officer, a person shall not disturb the scene of an accident reported under subsection (1) except insofar as is necessary in

- (a) attending to persons injured or killed
 - (b) preventing further injuries, and
 - (c) protecting property that is endangered as a result of accident.
- Manager / Party Chief notifies the General Manager and / or Safety Coordinator if any other emergency assistance has been called, such as Ambulance, Fire Department etc.

9.2.3 INVESTIGATION PROCEDURE

The Manager / Party Chief, using forms SM-9-001, SM-9-002, SM-9-003 and SM-9-004 respectively will begin investigating the incident as soon as circumstances allow after the incident. Some recommended practices for incident investigation are:

When eventually interviewing an injured person, make sure that they are in a fit state. (i.e.) they may be in shock or confused about the facts.

It is generally better to keep eyewitnesses apart during the investigation and to question them separately. Eyewitnesses are not necessarily reliable. Differentiate between those who actually "**saw**" the incident and those who only saw the result, (e.g.) "I turned round and saw him on the floor."

Differentiate between opinion and fact.

Note exact positions, visibility conditions etc. as soon as possible: Where time elapses between the accident and the investigation, accurate details may be forgotten and details may be remembered that never happened.

Keep any evidence that is available, damaged tool, parts, etc.

NOTE: People may go on the defensive when being questioned about an incident.

To overcome this we should employ the following techniques: -

- Put the person at ease and explain that the purpose is to prevent an occurrence and not to apportion blame.
- Ask what happened - DO NOT INTERRUPT - be a good listener.
- Do not ask leading questions or make assumptions, and don't try to put words in their mouth. Some people will tell you what they think you want to hear.
- Be considerate and not sarcastic or accusatory.
- Ask questions aimed to bring out the true facts.

9.2.4 ROOT CAUSE ANALYSIS

When an accident has occurred, the first step is to prevent a recurrence and to determine the **root** causes, and this is not always a simple matter.

There are always two sides to every accident, - the Human element, and the Job itself.

- 1) Start with an open mind and **never** take anything for granted.
- 2) There are six principles to work to: -
 - i) What happened?
 - ii) What was the person doing?
 - iii) Where did it happen?
 - iv) How did it happen?
 - v) What objects or substances were involved?
 - vi) What were the actions or movement, which led to the incident?
- 3) There are three question which must be asked: -
 - (a) What did the person do or fail to do that contributed to the accident?
 - (b) How did the job or surrounding physical conditions contribute to the accident?
 - (c) What factor(s) under the control of other person(s) contributed to the accident?

Once this is accomplished, the Manager/Party Chief shall establish a Corrective Action Plan to include a short-term fix and a permanent solution.

9.2.5 DOCUMENTATION

- 1) All activities and findings of the incident investigation process shall be documented and recorded for review and utilisation by the General Manager and the Safety Coordinator.
- 2) The investigation will be documented on All-Can's Incident Investigation Report.(Form SM-9-001)
- 3) This Report Form shall be classified and completed for fatalities, lost workday injuries, restricted duty, medical treatment, first aid, near miss and property damage accidents.
- 4) All Report Forms shall be completed and sent to the General Manager and /or Safety Coordinator as soon as possible, preferably before the end of shift and no later than the next working day.

9.2.6 REPORTING

- 1) A Manager / Party Chief may be conducting an investigation for an incident in which they may have some responsibility. They may have told an employee to undertake a task, which resulted in the accident. Although it is a difficult situation, the Manager / Party Chief must be honest in their report remembering that the objective is to prevent a recurrence.
- 2) The Manager / Party Chief should also be aware that failing to carry out his safety responsibilities could lead to an incident and subsequently an investigation, where cause and responsibility for the incident will be identified.
- 3) In the event of an incident outside normal working hours, and / or where there may be any uncertainty on the required course of action, the person shall notify the Manager/Party Chief immediately for guidance. This initial contact shall be by telephone and the contact name and the advice given shall be included in the Report Form of the incident, which must be initiated within 24 hours of the incident.
- 4) In the cases of a death, specified major injury or condition, or dangerous occurrence, the General Manager and / or Safety Coordinator and the appropriate regulatory authorities must be notified immediately (e.g.) by telephone **and** the appropriate regulatory forms are to be submitted within required time frames.
- 5) The General Manager shall ensure that the required reporting forms are completed per regulatory guidelines.
- 6) Certain measurement rates also need to be recorded and submitted to the Safety Manager. The production of measurement rates is necessary so that All-Can can identify processes at highest risk and monitor safety performance in the workplace. The Safety Manager will submit to the General Manager a Monthly Loss Control Report. The Monthly Loss Control Report will provide man-hours worked and the number and frequency rates of lost time injuries, and Total Recordable Incident Rates.

Formulas: -

Frequency Rate: $\frac{\text{Number of Lost time cases in the period} \times 200,000}{\text{Number of hours worked in the period}}$

Severity Rate: $\frac{\text{Number of Workdays Lost in the period} \times 200,000}{\text{Number of hours worked in the period}}$

The numbers of hours worked in the period refer to the total number of hours worked by all workers, including overtime and extra shifts.

9.2.7 DEFINITIONS

9.3 MANAGEMENT OF WORK PLACE INJURIES

- 1) In order to minimise at least some of the negative effects of an injury incident; All-Can will manage workplace injuries in the following manner.
- 2) If an employee is hospitalised, a company representative shall visit or telephone the injured at the hospital. After employee is released for home recovery, visits or periodic telephoning to check on employee's progress shall be made until employee is able to return to his job.
- 3) Upon the employees return to work after an industrial incident or an off the job incident which could affect their performance within All-Can, the employee must present the doctors note to their Manager / Party Chief prior to resuming work.
- 4) Assess the ability of the employee to continue normal work duties. This assessment will be based on the report of the medical practitioner treating the case.
- 5) If the employee is unfit for normal duties, assess the ability to perform other duties within the workforce. This assessment will be based on the report of the medical practitioner treating the case. The employee will return to normal duties only after the medical practitioner has removed the restrictions preventing normal duties.
- 6) Determine the practicalities of employing the injured employee in a reduced or changed capacity for the duration of his disability. Factors to be taken into account when making this determination include the level of disability of the employee, the estimated duration of his disability, availability of alternative duties suited to his level of disability. These matters could require the General Manager, Safety Coordinator and Manager / Party Chief involvement.
- 7) The Manager / Party Chief and / or Safety Coordinator shall maintain regular contact with a Company representative and / or employee's medical practitioner
- 8) Managing injuries in this way and encouraging employees to return to work as soon as practical after a work incident will reduce some of the potential losses incurred by both the Company and the employee.

PART – D – INJURY DESCRIPTION

Injury:	A Cut	H Bruise	Body parts affected:	A Head	H Fingers
	B Abrasion	I Concussion		B Face	I Legs
	C Heat burn	J Crushing		C Eyes	J Ankle
	D Chemical burn	K Puncture/Entry		D Back	K Feet
	E Fracture/Break	L Electrical Burn		E Trunk	L Toes
	F Sprain/Strain	M Other		F Arms	M Other
	G Amputation	_____		G Hand/Wrist	_____

PART – E – CONTACT & IMMEDIATE CAUSES

Contact/ Exposure	<input type="checkbox"/> Struck against	<input type="checkbox"/> Caught between	<input type="checkbox"/> Fall on same level
	<input type="checkbox"/> Fell to lower level	<input type="checkbox"/> Overstrain/exertion	<input type="checkbox"/> Caught on
	<input type="checkbox"/> Caught in	<input type="checkbox"/> Struck by	<input type="checkbox"/> Contact with
Substandard (Unsafe) Practices	<input type="checkbox"/> Operating equip w/o authority	<input type="checkbox"/> Under influence of alcohol/drugs	
	<input type="checkbox"/> Improper placement	<input type="checkbox"/> Operating at improper speed	
	<input type="checkbox"/> Failure to warn	<input type="checkbox"/> Improper lifting	
	<input type="checkbox"/> Safety devices inoperable	<input type="checkbox"/> Failure to secure	
	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Failure to use PPE properly	
	<input type="checkbox"/> Improper loading	<input type="checkbox"/> Lack of sleep	
	<input type="checkbox"/> Removing safety devices	<input type="checkbox"/> Using defective equipment	
	<input type="checkbox"/> Improper position for task	<input type="checkbox"/> Servicing equip in operation	
	<input type="checkbox"/> Poor control of Contractor	<input type="checkbox"/> Non-Applicable	
	<input type="checkbox"/> Other _____		
Substandard (Unsafe) Conditions	<input type="checkbox"/> Inadequate guards or barriers	<input type="checkbox"/> Pressure exposure	
	<input type="checkbox"/> Fire & explosion hazards	<input type="checkbox"/> Inadequate/improper protection equip	
	<input type="checkbox"/> Slippery surface	<input type="checkbox"/> Noise exposure	
	<input type="checkbox"/> Defective tools, equip or mat	<input type="checkbox"/> Improper storage/removable media	
	<input type="checkbox"/> Temperature extremes	<input type="checkbox"/> Inadequate ventilation	
	<input type="checkbox"/> Congestion or restricted action	<input type="checkbox"/> Improper physical security/network	
	<input type="checkbox"/> Inadequate warning system	<input type="checkbox"/> Radiation exposure	
	<input type="checkbox"/> Non-Applicable	<input type="checkbox"/> Poor housekeeping/disorder	
	<input type="checkbox"/> Poor control of Contractor	<input type="checkbox"/> Other _____	

PART – F – BASIC CAUSES

Personal Factors	Job Factors
<input type="checkbox"/> Lack of Knowledge	<input type="checkbox"/> Inadequate leadership/ Supervision
<input type="checkbox"/> Lack of Skills	<input type="checkbox"/> Abuse or misuse
<input type="checkbox"/> Inadequate capability	<input type="checkbox"/> Inadequate maintenance
<input type="checkbox"/> Stress	<input type="checkbox"/> Non-Applicable equipment
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Inadequate purchasing
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Wear and tear
<input type="checkbox"/> Improper motivation	<input type="checkbox"/> Organization rules
<input type="checkbox"/> Non-Applicable	<input type="checkbox"/> Inadequate work standards
<input type="checkbox"/> Other _____	<input type="checkbox"/> Conflicting goals/ objectives
	<input type="checkbox"/> Inadequate tools, materials
	<input type="checkbox"/> Other _____

PART – G – MEDICAL TREATMENT

Did worker seek First Aid? Yes No

If yes, By Whom _____

Did worker seek Emergency Medical Attention? Yes No

If yes, Location _____

Did worker visit Hospital or Physician? Yes No

If yes, Provide Details (Location, Date / Time)

If answered yes to any of the above medical treatments, please give a description of treatment and medical recommendations:

PART – H – PROPERTY DAMAGE (IF APPLICABLE)

Describe Structure/Building/Other

Describe Object/Equipment/Substance which caused the damage (unit #, Serial # etc)

Estimate Cost of Repair:

PART – I - PREVENTION

List preventative measures to be taken:

SECTION 2 – TO BE COMPLETED BY INVESTIGATOR

PART – A – INFORMATION

Investigated By: _____ Date (D/M/Y): _____ Signature: _____	Additional Team Members: _____ _____
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PART – B – CAUSE

Immediate Cause Of Incident:
Underlying Causes Of Incident:
What training, orientation, documentation were given before the incident:

PART – C – COMMENTS / CORRECTIVE ACTIONS

ADDITIONAL COMMENTS:		
CORRECTIVE ACTION(S)	PERSON RESPONSIBLE	TARGET DATE

ENDORSEMENTS

I ACCEPT ACCOUNTABILITY FOR IMPLEMENTING THE ITEMS OF THIS ACTION PLAN UNDER OUR RESPONSIBILITY

General Manager:	Signature:	Date:

SPILL REPORT FORM

Spill Report # _____

Name of Client: _____ Date & Time Reported: _____

Reported By: _____ Area: _____ Phone #: _____

Reported To: _____ Area: _____ Phone #: _____

Location of Spill: _____ Type of Product: _____

PIN #: _____ Approximate Quantify: _____ Is there a toxic odour? Yes No

How did the spill occur?	
Is spill ongoing? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not known (If yes, Provide Details)	
Incident Classification:	
Class 3 <input type="checkbox"/> Minor (No significant adverse impact)	
Class 2 <input type="checkbox"/> Serious (Causes or likely to cause an adverse impact)	
Class 1 <input type="checkbox"/> Major (Confined major impact)	
Is Spill contained? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Known	
Response Details	
Investigative Details	
Corrective Action Taken:	Cause of Spill
Government Agencies: (Please list)	Nature and extent of damages
Spill control services involved	Follow-up required

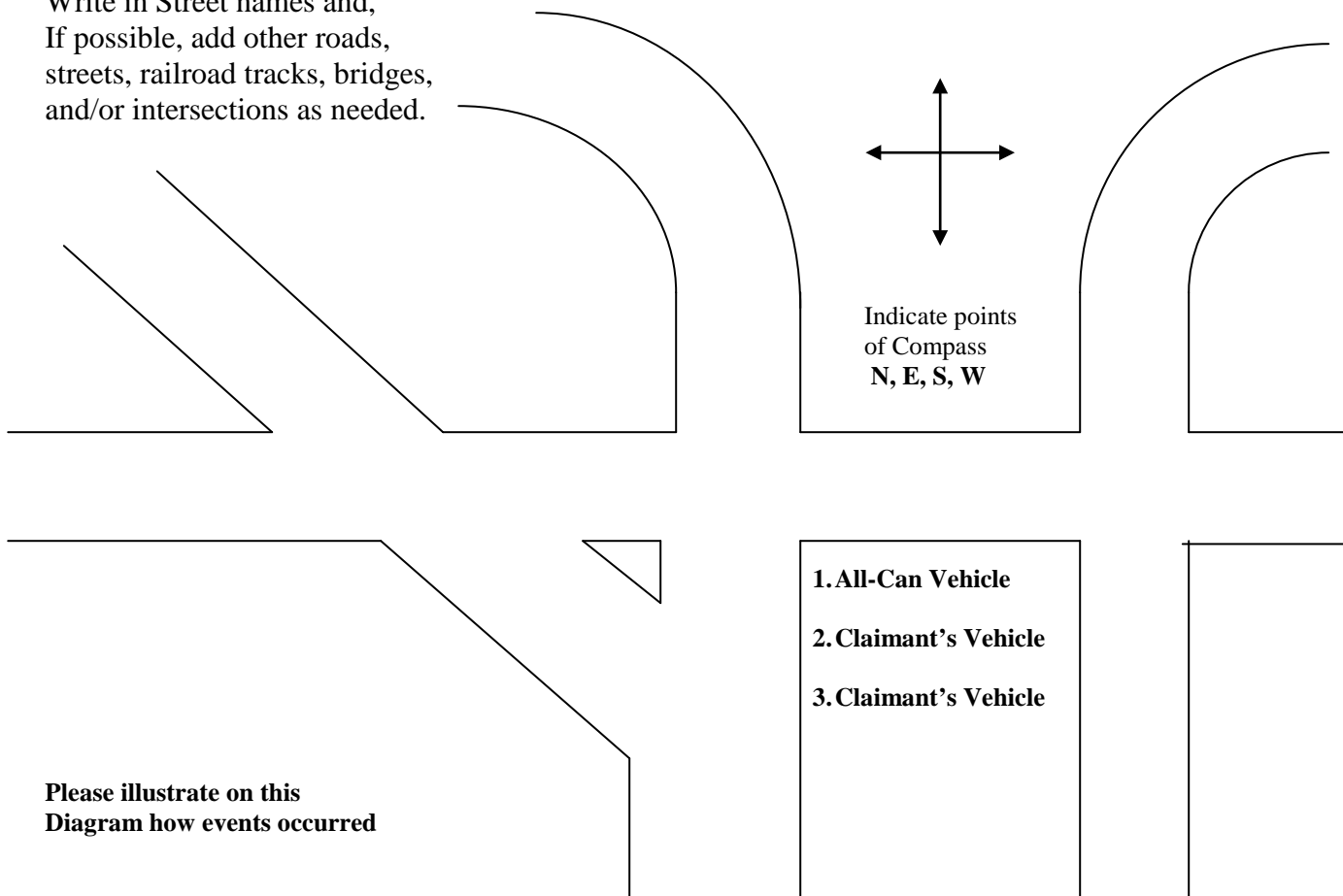
Report Prepared By:	Date:
Manager/ Party Chief's Signature:	Date:
Client's Representative's Signature:	Date:

MOTOR VEHICLE ACCIDENT REPORT

All-Can	Project #:	Meter/GPS/Dig Site:	Head Office Number#		
Time and Place of Event	Date of Event:	Event Occurred at the Following Location: (Street, Highway Intersection, etc):			
	Hour _____AM/PM	City:	County, Province/State:		
All-Can Vehicle No. 1	Unit No.:	Make, Year and Description:	License Number and Province/State:		
	MFRS or Serial No.:	Garaged at (City, Province/State):			
	Parts Damaged:	Est. Cost of Repairs:			
All-Can Driver	Drivers Name:	Age:	Alleged Injuries:		
	Drivers Address (Home):	Telephone # (Home):	Office #:		
Alleged Injured Persons	Full Name:	Age:	Alleged Injuries		
	Full Address:	Telephone No.:	Attended by (where) (if Hospital, Give Name)		
	Full Name:	Age:	Alleged Injuries		
	Full Address:	Telephone No.:	Attended by (where) (if Hospital, Give Name)		
Claimant's Vehicle No. 2	Name & Type of Car:	License No. & Province/State:	Operated by:	Age:	Oper.Lic.No.& Province/State
	Parts Damaged:	Est. Repairs:	Operator's Address:		Telephone No.:
	Owner of Vehicle No. 2:	Owner's Address:			Telephone No.:
Claimant's Vehicle No. 3	Name & Type of Car:	License No. & Province/State:	Operated by:	Age:	Oper. Lic. No. & Province/State
	Parts Damaged:	Est. Repairs:	Operator's Address:		Telephone No.:
	Owner of Vehicle No. 2:	Owner's Address:			Telephone No.:
Witnesses Important Include By-Standers And Other Disinterested Witnesses	Name:		Name:		
	Address & Phone No.:		Address & Phone No.:		
	Name:		Name:		
	Address & Phone No.:		Address & Phone No.:		
Police Activity	Officer's Name:	Address:	Badge No.	___ City ___ County ___ Province/State	
	Was Citation Issues? ___ Yes ___ No	To Whom and for What?			

Conditions at Time of Event	Direction of Your Vehicle	Est. Rate of Speed:	What Side of Street:	<input checked="" type="checkbox"/>	Street Construction	<input checked="" type="checkbox"/>	Other Conditions
					Asphalt		Dry
	Direction of Vehicle No. 2:	Est. Rate of Speed:	What Side of Street:		Concrete		Wet
	Direction of Vehicle No. 3:	Est. Rate of Speed:	What Side of Street:		Board Road		Ice
					Gravel		Snow
					Dirt		Fog
	Width of Street or Streets (R.O.W.):				Curve		Other
				Hill			

Write in Street names and, If possible, add other roads, streets, railroad tracks, bridges, and/or intersections as needed.



Please illustrate on this Diagram how events occurred

Driver's Brief Description of Event (Please Print or Type) (Omit Any Conclusions as to Fault)			
Did the driver(s) of other vehicle have liability insurance ___ No ___ Yes if Yes complete next line			
Name of Agent:		Address & Telephone #:	Policy #:
Driver's Signature:		Date:	Work Location:
Signature of Authorized Supervisor:			Date:
Please Check One:			
___ Light (L) Damage < \$1000	___ Serious (S) Damage > \$1000 < \$10,000	___ Major (M) Damage > \$10,000 < \$100,000	___ Catastrophic (XC) Damage > \$100,000

INCIDENT WITNESS STATEMENT

Name: _____ **Company:** _____

Location: _____ **Date:** _____ **Time:** _____

When completing this statement, be sure to include all events and factors that led to this incident. Include actions taken during and after. Please print clearly, attach all original Witness Statements to the incident report.

Description:

Signature: _____

Office Use Only

Date Received: _____ Received By: _____

Job #: _____

FIRST AID FOLLOW UP

Employee Name

Today's Date

Supervisor

Date of Injury

Incident Description (Brief): _____

Current Status of Injury: _____

Further Follow Required? Yes No If yes, when: _____

Safety Supervisor (Print)

Employee Signature

Safety Supervisor (Signature)