**Appendix 4.0 – Incident Report**

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| **Foreman** | **Job Site:** |
| **Date of Incident (DD/MM/YY)** | **Time of Incident****AM PM** | **Time Foreman Notified****AM PM** |  |
| **Please indicate the appropriate Event Type (all that apply)** |
| * Personal Injury
 | * Equipment or Vehicle Damage
 | * Utility Contact
 | * 3rd Party Damage
 |
| * Theft/Vandalism
 |  |  |  |
| **Nature of illness/Accident/Contact/Damage/Theft/etc. (explain what happened)** |
|  |
| **Loss Severity Potential** | **Probability of Reoccurrence** |
| **Major Serious Minor** | **Often Occasional Seldom** |
| **Indicate Part of Body Injured (Circle part of body)** | **Notes - Diagrams** |
|  |  |
| **Object/Equipment/Substance Involved** | **Location of Incident** |
| * First Aid
* Medical Aid
 | Provide By: | Was transportation provided to the Hospital/Clinic/Family Doctor?**Ambulance Foreman Insured Worker None** |
| Did the injured return to work on the same day? **Yes No** | Has the employee had a previous similar disability? **Yes No** |
| Will the employee require modified duties? **Yes No** | Was any NON-employee totally or partially responsible? **Yes No** |
| Worker realizes light duty is available with no pay loss? **Yes No** | Any serious and willful misconduct involved? **Yes No** |
| Will the employee be totally or partially disabled? **Yes No** | At the time of injury, was the employee doing work other than what he was hired for? **Yes No** |
| **Type of Contact (check all applicable)** | **Contact With** |
| * Struck Against
* Struck by Caught In
* Fall on Same Level
 | * Caught On
* Caught between Slip
* Fall to Below Overexertion
 | * Electricity Radiation
* Heat/Cold
 | * Caustic/Toxic or Noxious Substance
* Noise
 |
| **Coding Immediate Causes (Check all applicable)** |
| **Substandard Actions** | **Substandard Conditions** |
| * Operating Equipment without authority
* Failure to warn
* Failure to secure
* Operating at improper speed making safety device inoperable
* Removing safety devices
* Using defective equipment
* Using equipment improperly
 | * Failure to use PPE properly
* Improper loading
* Improper placement
* Improper lifting
* Improper position for task servicing equipment in operation
* Horseplay
* Under influence of Alcohol and/or drugs
 | * Inadequate guards or barriers
* Inadequate of improper PPE
* Defective tools, equipment or materials
* Congestion or restricted action
* Inadequate warning system
* Fire and explosion hazard
* Poor housekeeping
 | * Hazardous environment conditions
* Noise exposure
* Radiation exposure
* High/Low temperature exposure
* Inadequate or excessive illumination
* Inadequate ventilation
 |
| **Coding of Basic Causes (check all applicable)** |
| **Personal Factors** | **Job Factors** |
| * Inadequate capability
* Lack of knowledge
* Lack of skill
 | * Stress
* Improper motivation
 | * Inadequate leadership/ supervision
* Inadequate engineering
* Inadequate purchasing
* Inadequate maintenance
 | * Inadequate tools/equipment
* Inadequate work standards
* Wear and tear
* Abuse and misuse
 |
| **Remedial Actions. What has and/or should be done to control the causes listed?** |
| 1. |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6. |
| **Witness (1)****Print Name:****Sign:** | **Witness (2)****Print Name:****Sign:** | **Witness (3)****Print Name:****Sign:** |
| Ministry of Labour Notified **Yes No** | Time Notified AM PM | Date Notified (dd/mm/yy) | By Whom |
| **Reason Why or Why Not?** |  |
| Recommendation attached? **Yes No** | Report to be Filed **Yes No** | If Yes, where: |

Investigators Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (dd/mm/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviews of Recommendations & Accident Investigation Report**

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| **Health and Safety Representative**  |
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|  |  |
| **Signature** | **Date (dd/mm/yy)** |
| **Health and Safety Committee (management and worker) review required?** | **Yes No** |
|  |
| **Worker’s Signature** | **Date (dd/mm/yy)** |
| **Management’s Signature** | **Date (dd/mm/yy)** |
| **Senior Management Review Required?** | **Yes No** |
|  |
| **Signature** | **Date (dd/mm/yy)** |
| Remedial Action Review. Overall Response and follow-up to proposed remedial actions |
|  |
| **Signature of Person(s) responsible for Implementation** |  |
| **Print Name:****Sign:****Date (dd/mm/yy)** | **Print Name:****Sign:****Date (dd/mm/yy)** |
| **Print Name:****Sign:****Date (dd/mm/yy)** | **Print Name:****Sign:****Date (dd/mm/yy)** |
| **Print Name:****Sign:****Date (dd/mm/yy)** | **Print Name:****Sign:****Date (dd/mm/yy)** |

Final Outcome relating to incident:

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