**Appendix 4.0 – Incident Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **Health and Safety Representative** | |
|  |  |
|  |  |
| **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:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |