



SUPERVISORS INCIDENT INVESTIGATION REPORT

SECTION

1 EMPLOYER

IDENTIFIES THE COMPANY, CREW AND ACTIVITY BEING PERFORMED AT THE TIME THAT THE INCIDENT HAPPENED.
THE LOCATION OF THE INCIDENT PLACE IS IDENTIFIED.

2 PERSONAL INJURY

MUST BE FILLED IN WHENEVER A WORKER RECEIVES AN INJURY THAT INVOLVES A VISIT TO:

- A. A DOCTOR'S OFFICE
- B. A HOSPITAL OR MEDICAL CLINIC
- C. A CHIROPRACTOR'S OFFICE
- D. A NURSE IN AN ISOLATED AREA

3 PROPERTY DAMAGE

IDENTIFIES THE EQUIPMENT, MATERIAL, TOOL OR PROPERTY THAT HAS BEEN DAMAGED.

CAUSES OF DAMAGE MAY BE:

- ACCIDENT
- NEGLIGENCE TO SERVICE
- HORSE PLAY

4 DESCRIPTION

THE SUPERVISOR DESCRIBES IN THEIR OWN WORDS, HOW THE INCIDENT HAPPENED.

- HOW, WHY, WHEN, WHERE, WHO
- ARE THERE ANY WITNESSES?
- LIST THEIR NAMES
- HELP THE WITNESS WRITE DOWN ANY INFORMATION THAT THEY HAVE CONCERNING THE INCIDENT FOR FUTURE REFERENCE.
- MARK - DATE AND TIME ON STATEMENT AND ASK THE WITNESS TO SIGN HIS STATEMENT.
- FOREWORD TO HEAD OFFICE WITH REPORT.

5 ANALYSIS -1

REVIEW THE LIST OF UNSAFE ACTS AND CONDITIONS, AND INDICATE WHICH WERE INVOLVED LEADING UP TO THE INCIDENT.

UNSAFE ACTS	UNSAFE CONDITIONS
ACCOUNT FOR APPROX. 90% OF ALL INCIDENT	ACCOUNT FOR APPROX. 10% OF ALL INCIDENT

- | | |
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| <ul style="list-style-type: none"> 1. Operating equipment without authority 2. Failure to warn 3. Failure to secure 4. Operating at improper speed 5. Making safety devices inoperable 6. Removing safety devices 7. Using defective equipment 8. Using equipment improperly 9. Failing to use personal protective equipment properly 10. Improper loading 11. Improper placement 12. Improper lifting 13. Improper position for task 14. Servicing equipment in operation 15. Horseplay 16. Under influence of alcohol and/or other drugs | <ul style="list-style-type: none"> 1. Inadequate guards or barriers 2. Inadequate or improper protective equipment 3. Defective tools, equipment or materials 4. Congestion or restricted action 5. Inadequate warning system 6. Fire and explosion hazards 7. Poor housekeeping: disorder 8. Hazardous environmental conditions: gases, dust, smoke, fumes, vapors 9. Noise exposures 10. Radiation exposures 11. High or low temperature exposures 12. Inadequate or excess illumination 13. Inadequate ventilation |
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6 ANALYSIS

IN YOUR OPINION - WHY WAS THE WORKER NOT WORKING SAFELY - OR WHY WAS THE UNSAFE CONDITION ALLOWED TO DEVELOP WITHOUT CORRECTION.

PERSONAL FACTORS	JOB FACTORS
1. Inadequate capability	1. Inadequate leadership/supervision
2. Lack of knowledge	2. Inadequate engineering
3. Lack of skill	3. Inadequate purchasing
4. Stress	4. Inadequate maintenance
5. Improper motivation	5. Inadequate tools/equipment
	6. Inadequate work standards
	7. Wear and tear
	8. Abuse or misuse

7 LOSS SEVERITY POTENTIAL

FROM YOUR EXPERIENCE WOULD YOU SAY THAT THIS TYPE OF INCIDENT COULD CAUSE:

MAJOR INJURY	MAJOR FINANCIAL LOSS
SERIOUS INJURY	SERIOUS FINANCIAL LOSS
MINOR INJURY	MINOR FINANCIAL LOSS

8 PROBABLE RECURRENCE RATE

FROM YOUR EXPERIENCE WOULD YOU SAY THAT INCIDENTS LIKE THIS ONE OCCUR FREQUENTLY, OCCASIONALLY, OR RARELY?

9 PREVENTION

INVESTIGATION NORMALLY POINTS OUT ACTIONS OR CHANGES THAT WOULD HELP PREVENT SIMILAR INCIDENTS IN THE FUTURE.

- TAKE CREDIT FOR STEPS THAT YOU HAVE TAKEN.
- LIST ANY RECOMMENDATIONS THAT NEED TO TAKE PLACE.

10 INVESTIGATOR

HEAD OFFICE NEEDS TO KNOW WHO INVESTIGATED THE INCIDENT AND COMPLETED THE REPORT, OR WHO SUPPLIED THE INFORMATION TO HELP COMPLETE THE REPORT.

11 REVIEWER

HEAD OFFICE WILL REVIEW THE REPORT AND TAKE ANY ACTION REQUIRED OR SUGGESTED.

- A. MAKE RECOMMENDATIONS AS NECESSARY
- B. FOLLOW-UP TO ENSURE ACTION IS BEING TAKEN.
- C. CAUSES THE WCB FORMS TO BE COMPLETED AND FORWARDED TO THE BOARD.

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

EMPLOYER	1			CREWS ACTIVITY	CLAIMS No.	
COMPANY				DATE OF OCCURRENCE	TIME	
INCIDENT SITE				AM	DATE REPORTED	
				PM		
PERSONAL INJURY			PROPERTY DAMAGE			
INJURED'S NAME	DATE EMPLOYED	AGE	PROPERTY DAMAGE			
2			3			
OCCUPATION	TIME ON JOB		ESTIMATED COSTS	ACTUAL COST		
NATURE OF INJURY	PART OF BODY INJURED		NATURE OF DAMAGE			
OBJECT/EQUIPMENT/SUBSTANCE/INFLECTING INJURY			OBJECT/EQUIPMENT/SUBSTANCE/INFLECTING DAMAGE			
PERSON WITH MOST CONTROL OF OBJECT/EQUIPMENT/SUBSTANCE			PERSON WITH MOST CONTROL OF OBJECT/EQUIPMENT/SUBSTANCE			
D E S C R I P T I O N	DESCRIBE CLEARLY HOW THE INCIDENT OCCURRED: ATTACH ACCIDENT DIAGRAM FOR ALL INCIDENTS.					
	4					
	WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS INCIDENT?					
C A U S E S	5					
	WHAT ARE THE BASIC OR FUNDAMENTAL REASONS FOR THE EXISTENCE OF THESE ACTS AND/OR CONDITIONS?					
7 LOSS SEVERITY POTENTIAL			8 PROBABLE RECURRENCE RATE			
<input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor			<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare			
P R E V E N T I O N	WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? PLACE X BY ITEMS COMPLETED					
	1.					<input type="checkbox"/>
	2.	9				<input type="checkbox"/>
	3.					<input type="checkbox"/>
	4.					<input type="checkbox"/>
DOCTOR WHO TREATED INJURED						
INVESTIGATED BY		DATE	REVIEWED BY		DATE	
10			11			



White - Head Office

Canary - O.H. Committee

Pink - Field Office

Notification of Incidents and Dangerous Occurrences Occupational Health and Safety

Section 8(1) of the occupational health and safety regulations (**Incidents causing serious bodily injury**). Requires that an employer or contractor shall give notice to the division (OH&S) as soon as is reasonably possible of every accident at place of employment that:

- (a) cause or may cause the death of a worker; or
- (b) will require a worker to be admitted to the hospital as an in-patient for a period of 72 hours or more.

(2) The notice required by subsection (1) must include:

- (a) the name of each injured or deceased worker;
- (b) the name of the employer of each injured or deceased worker;
- (c) the date, time and location of the incident;
- (d) the circumstances related to the incident;
- (e) the apparent injuries; and
- (f) the name, telephone number and fax number of the employer or contractor or a person designated by the employer or contractor to be contacted for additional information.

The following is included under “**Dangerous Occurrences**” of OH&S regulations, and must be reported directly to occupational health and safety

- (a) the structural failure or collapse of:
 - (i) a structure, scaffold, temporary false work or concrete formwork; or
 - (ii) all or any part of an excavated shaft, tunnel, caisson, coffer dam, trench or excavation;
- (b) the failure of a crane or hoist or the overturning of a crane or unit of powered mobile equipment;
- (c) an accidental contact with an energized electrical conductor;
- (d) the bursting of a grinding wheel;
- (e) an uncontrolled spill or escape of toxic, corrosive or explosive substance;
- (f) a premature detonation or accidental detonation of explosives;
- (g) the failure of an elevated or suspended platform; and
- (h) the failure of an atmosphere-supplying respirator.

Fatal Injury At The Work Place

A fatal injury to an employee requires that a special procedure be followed in both reporting and investigating the cause.

For assistance reference the worker’s compensation act. Also see Occupational Health and Safety regulations.

Supervisors Responsibility

They will notify:

Police (RCMP or Municipal)
Ambulance
Occupational Health and Safety office
Safety Director Heavy Construction Safety Association

Assistance in dealing with next of kin:

Assistance may be requested from family members, Clergymen, Priest, local Police dept., immediate Supervisor or from Heavy Construction Safety Association.

Complete supervisor’s Incident Investigation Report and forward to your head office.

Head office will then notify:

- (i) Company President
- (ii) Worker’s Compensation Board claims branch
- (iii) Ensure Occupational Health and Safety has been notified
- (iv) May arrange for a letter of condolence from company to immediate family
- (v) Visit or arrange for a senior company official to visit the family

Heavy Construction Safety Association can assist in:

- (a) Investigate incident along with field supervisor and OH&S officer.
- (b) Prepare special reports to WCB for company
- (c) Help next of kin in their dealings with the Worker’s Compensation Board

For more information on incident investigation look in your OH&S regulations.

Important Phone Numbers:

Fire Department 911

OH&S Regina Office (306) 787-4496; 1-800-567-7233
www.worksafesask.ca

Police Department 911

OH&S Saskatoon Office (306) 933-5052; 1-800-667-7590
www.worksafesask.ca

Ambulance 911

Worker’s Compensation (306) 787-4370; 1-800-667-7590
www.wcsask.com

Heavy Construction Safety Association of Saskatchewan Inc.

Office (306) 585-3060 www.hcsas.sk.ca