Section 9

Incident Investigation Policy

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9.1 INCIDENT INVESTIGATION POLICY

Purpose

Ensure all incidents, near misses, occupational illnesses and work refusals are investigated and reported.

Scope

Applies to all workers and contractors.

Incidents reported by visitors, self-employed personnel, or others on our worksites are investigated.

Policy

All incidents, near misses, occupational illnesses and work refusals are investigated.

All incidents, near misses, occupational illnesses and work refusals must be reported to All-Can JWSHSC or All-Can Management immediately or as soon as possible after the occurrence.

All-Can reports serious incidents (per s.40(1) of the OHS Act) to Alberta OHS.

All-Can reports incidents to WCB as required.

Incidents are reported by following the Incident Report Form. Near Misses will use the Near Miss Report Form.

Corrective actions identified in investigations are implemented as soon as possible.

Signed: Troy Motz

Troy Motz, ALS, SLS, P. Eng
President

Date: May 1, 2020

9.2 INCIDENT INVESTIGATION PROCEDURE

9.2.1 PURPOSE

The primary purpose of an incident 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 OHS reporting requirements.

9.2.2 PROCEDURE

1) All incidents, near misses, occupational illnesses and work refusals are to be verbally reported immediately to your Manager/Supervisor and/or Safety Coordinator.

2) Worker Responsibilities

All workers are required to report any of the following to their immediate Manager / Supervisor.

- 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) Senior Management / Manager / Supervisor Responsibilities

The Manager / Supervisor shall immediately report the following incidents to Senior Management 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 / Supervisor but are not classified as fatalities or lost time workday cases.
- All incidents that by regulations must be reported to OHS or other regulatory bodies.
- OHS Serious injuries and incidents **Section 40**(1) **Alberta OHS Act** indicates that when an injury or incident described in subsection (2) occurs at a work site, the prime contractor or, if there is no prime contractor, the employer shall report the time, place and nature of the injury or incident to a Director of Inspection as soon as possible.

(2) The injuries and incidents to be reported under subsection (1) are

(a) an injury or incident that results in the death of a worker,

(b) an injury or incident that results in a worker being admitted to a hospital, and for the purposes of this clause, “admitted to a hospital” means when a physician writes admitting orders to cause a worker to be an inpatient of a hospital, but excludes a worker being assessed in an emergency room or urgent care centre without being admitted,

(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,

(e) the collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure, or

(f) any injury or incident or a class of injuries or incidents specified in the regulations.

(3) If an incident described in subsection (4) occurs at a mine or mine site, the prime contractor or, if there is no prime contractor, the employer shall make a report to a Director of Inspection of the time, place and nature of the incident as soon as possible.

(4) The incidents that must be reported under subsection (3) are

(a) an unexpected major ground fall or subsidence that endangers or may endanger workers, equipment or facilities,

(b) an unplanned stoppage of the main underground ventilation system, if it lasts more than 30 minutes, or occurs repeatedly,

(c) a vehicle that goes out of control,

(d) an ignition of flammable gas, combustible dust or other material underground,

(e) workers being withdrawn from a hazardous location under emergency conditions,

(f) electrical equipment failures or incidents that cause, or threaten to cause, injury to workers or damage to equipment or facilities,

(g) outbursts and inrushes,

(h) an incident involving a hoist, sheave, hoisting rope, shaft conveyance, shaft, shaft timbering or head frame structure,

(i) any other unusual incident or unexpected event that could have caused serious injury to a worker,

(j) the following incidents where the integrity of a dam or dike is affected at a mine or mine site:

(i) cracking or evidence of weakening or subsidence of a dam or impoundment dike;

(ii) unexpected seepage or the appearance of springs on the outer face of a dam or dike;

(iii) the freeboard of a dam or dike being less than adequate;

(iv) a washout or significant erosion to a dam or dike,

and

(k) any injury or incident or a class of injuries or incidents specified in the regulations.

(5) If an injury or incident referred to in subsection (2) or (4) occurs at a work site or if any other injury or any other incident that has the potential of causing serious injury to a person occurs at a work site, the prime contractor or, if there is no prime contractor, the employer shall

(a) report the time, place and nature of the incident to a Director of Inspection,

(b) carry out an investigation into the circumstances surrounding the injury or incident,

(c) prepare a report outlining the circumstances of the injury or incident and the corrective action, if any, undertaken to prevent a recurrence of the injury or incident,

(d) ensure that a copy of the report is readily available and provided to an officer on demand, and

(e) provide a copy of the report to a Director of Inspection, the joint work site health and safety committee or health and safety representative, if applicable, or, if there is no committee or representative, make it available to workers once the investigation is complete.

(6) The investigation referred to in subsection (5)(b) must be conducted with the participation of the joint work site health and safety committee or health and safety representative, if there is one at the work site.

(7) The prime contractor or employer who prepared the report referred to in subsection (5)(c) shall retain the report for at least 2 years after the serious injury or incident at the work site.

(8) A report prepared under this section is not admissible as evidence for any purpose in a trial arising out of the injury or incident, 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.

(9) Except as otherwise directed by a Director of Inspection, an occupational health and safety officer or a police officer, a person shall not disturb or conduct work at the scene of an injury or incident required to be reported under subsection (1) or (3), including the immediate area where the incident occurred, or alter, move or remove equipment, documents or other information that may be related to the incident, except insofar as is necessary in

(a) attending to persons injured or killed,

(b) preventing further injuries or incidents, and

(c) protecting property that is endangered as a result of the injury or incident.

- Manager / Supervisor notifies Senior Management and / or Safety Coordinator if any other emergency assistance has been called, such as Police/RCMP, Ambulance, Fire Department.

9.2.3 INVESTIGATION PROCEDURE

The Manager / Supervisor, 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.

- Take pictures and videos (if possible).

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/Supervisor shall establish a **Corrective Action Plan**. Continual review of corrective actions needs to be completed monthly to ensure corrective actions are effective. Rework, if necessary.

Investigation results are communicated to employees and any updates are recommunicated.

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/Supervisor 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/Supervisor must be honest in their report remembering that the objective is to prevent a recurrence.

2) The Manager/Supervisor 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/Supervisor 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 President and/or Safety Coordinator and the appropriate regulatory authorities must be notified immediately (e.g.) by phone **and** the appropriate regulatory forms are to be submitted within required time frames.

5) The President 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 President 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: Number of Lost time cases in the period X 200,000
Number of hours worked in the period

Severity Rate: Number of Workdays Lost in the period X 200,000
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.

9.3 MANAGEMENT OF WORK PLACE INJURIES

1) In order to minimise at least some of the negative efforts 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 / Supervisor 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 input from Senior Management and Managers/Supervisors.

7) The Manager / Supervisor 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.

INCIDENT INVESTIGATION REPORT

SECTION 1 – TO BE COMPLETED BY WORKER OR IMMEDIATE SUPERVISOR

PART – A – INFORMATION

Name of Affected: _____ **D.O.B.** _____

Contact # (Home) _____ **(Cell)** _____

Job Title: _____ **Date of Hire:** _____

Report Completed By: _____ **Date:** _____

CLASSIFICATIONS

- ☐ Fatality
- ☐ Med. Treatment
- ☐ First Aid
- ☐ Near Miss
- ☐ Lost Time Incident
- ☐ Non-Lost Time Inc.
- ☐ Modified Work
- ☐ Environmental
- ☐ Property Damage

PART – B - INCIDENT

Date / Time of Incident (D/M/Y): _____ **Time:** _____ **AM / PM**

Weather Conditions, Temp.: _____ **Wind:** _____ **Sky Conditions:** _____

Date / Time Incident Reported (D/M/Y): _____ **Time:** _____ **AM / PM**

To Whom: _____

Was Client Notified? ☐ **Yes** ☐ **No**

If Yes, Clients Name / Number: _____

PART – C – DESCRIPTION

Detailed Description (Include all events and factors that led to the incident)

WITNESSES: (List witnesses and complete Incident Witness Statement SM-9-004)

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	☐ Struck against	☐ Caught between	☐ Fall on same level
	☐ Fell to lower level	☐ Overstrain/exertion	☐ Caught on
	☐ Caught in	☐ Struck by	☐ Contact with

Substandard (Unsafe) Practices	☐ Operating equip w/o authority	☐ Under influence of alcohol/drugs
	☐ Improper placement	☐ Operating at improper speed
	☐ Failure to warn	☐ Improper lifting
	☐ Safety devices inoperable	☐ Failure to secure
	☐ Horseplay	☐ Failure to use PPE properly
	☐ Improper loading	☐ Lack of sleep
	☐ Removing safety devices	☐ Using defective equipment
	☐ Improper position for task	☐ Servicing equip in operation
	☐ Poor control of Contractor	☐ Non-Applicable
	☐ Other _____	

Substandard (Unsafe) Conditions	☐ Inadequate guards or barriers	☐ Pressure exposure
	☐ Fire & explosion hazards	☐ Inadequate/improper protection equip
	☐ Slippery surface	☐ Noise exposure
	☐ Defective tools, equip or mat	☐ Improper storage/removable media
	☐ Temperature extremes	☐ Inadequate ventilation
	☐ Congestion or restricted action	☐ Improper physical security/network
	☐ Inadequate warning system	☐ Radiation exposure
	☐ Non-Applicable	☐ Poor housekeeping/disorder
	☐ Poor control of Contractor	☐ Other _____

PART – F – BASIC CAUSES

Personal Factors	**Job Factors**	
☐ Lack of Knowledge	☐ Inadequate leadership/ Supervision	☐ Wear and tear
☐ Lack of Skills	☐ Inadequate engineering	☐ Organization rules
☐ Inadequate capability	☐ Inadequate purchasing	☐ Inadequate work standards
☐ Stress		☐ Conflicting goals/ objectives
☐ Fatigue	☐ Abuse or misuse	
☐ Substance Abuse	☐ Inadequate maintenance	☐ Inadequate tools, materials
☐ Improper motivation	☐ Non-Applicable equipment	☐ Other _____
☐ Non-Applicable		
☐ 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: _____	**Additional Team Members:**
Date (D/M/Y): _____	_____
Signature: _____	_____

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? ☐ No ☐ Yes ☐ Not known (If yes, Provide Details)
Incident Classification: **Class 3 ☐ Minor (No significant adverse impact)** **Class 2 ☐ Serious (Causes or likely to cause an adverse impact)** **Class 1 ☐ Major (Confined major impact)**
Is Spill contained? ☐ No ☐ Yes ☐ 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/ Supervisor'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)

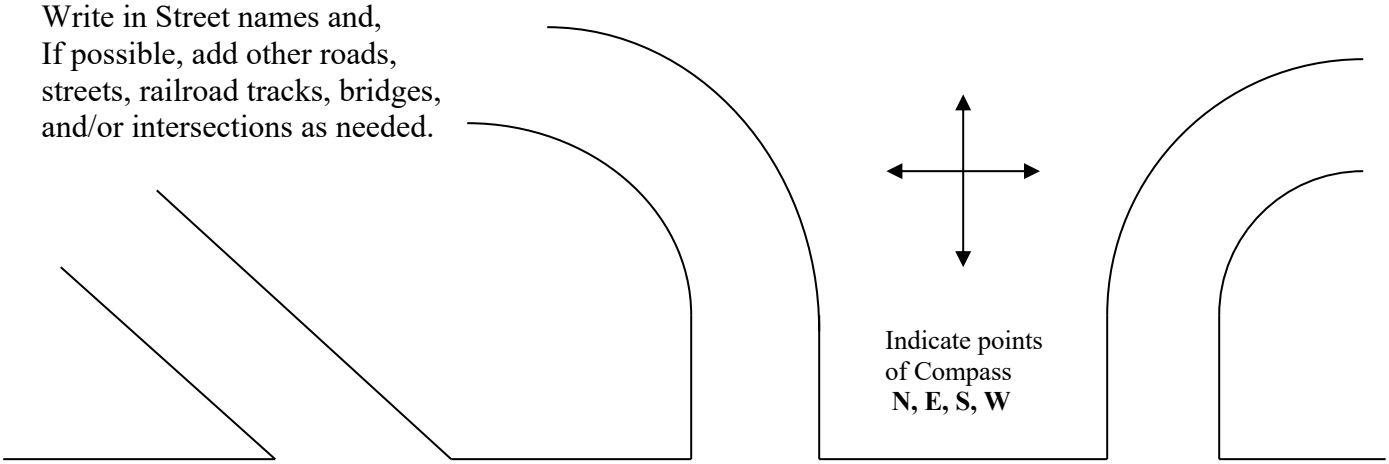
Claimant's Vehicle No. 2	Name & Type of Car:	License No. & Province/State:	Operated by:	Age:	Oper.Lic.No.& Province/State
	Parts Damaged:	Est. Repairs:	Operator's Address:		Telephone No.:
	Owner of Vehicle No. 2:	Owner's Address:			Telephone No.:
Claimant's Vehicle No. 3	Name & Type of Car:	License No. & 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 <u>Important</u> 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:	X	**Street Construction**	X	**Other Conditions**
					Asphalt		Dry
	Direction of Vehicle No. 2:	Est. Rate of Speed:	What Side of Street:		Concrete		Wet
					Board Road		Ice
	Direction of Vehicle No. 3:	Est. Rate of Speed:	What Side of Street:		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.



Indicate points
of Compass
N, E, S, W

Please illustrate on this
Diagram how events occurred

1. **All-Can Vehicle**
2. **Claimant's Vehicle**
3. **Claimant's Vehicle**

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 < $2000	____ Serious **(S)** Damage > $2000 < $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) _____