



INCIDENT REPORT

The first page of the report form is intended to be completed by the employee with the most knowledge of the incident. It is recommended that the person who noticed the incident or the person directly involved in the incident to complete the first page of the form. The supervisor should review the first page of the form and then complete the second page.

The following information describes the requirements needed to properly complete the incident report form.

1. **Date of Incident:** The date the incident/ accident occurred.
2. **Time:** The time of day the incident occurred on according to the 24:00 hour clock.
3. **Actual or Near Miss:** Place a "check" in the appropriate box. Select only one of the two.
 - Actual** is an undesired event that results in harm to people, property or loss of production.
 - Near Miss** is an undesired event which under slightly different circumstances, could have resulted in harm to people, property or loss of production.
4. **Location/Area:** The exact location of the incident. Where the incident occurred. Include the street address or the LSD (legal sub division), GPS co-ordinates or any other specific location points.
5. **Reported By:** The person completing the incident report form.
6. **Contact Number:** Phone number, cell phone, office number or e-mail address of person completing report form.
7. **Name of Injured/ Involved:** Person that was injured if an injury. Name of person(s) involved directly in the event. (Witnesses to incident are included in next section)
8. **Trade/ occupation:** The trade or occupation of the person that was injured or directly involved in the incident.
9. **Names of Witnesses:** Names of all persons witnessing the incident. Witness statements must be included from all witnesses listed. (If applicable).
10. **Incident Description:** Explain what occurred. This must be filled in regardless of any attachments to the report form. Describe the events leading up to the incident and also may include:
 - Who or what was involved.
 - How the event lead to the incident.
 - Where it occurred.
 - Field conditions and visibility.
 - Any equipment involved.
 - Actual or estimated time of events.
 - Involvement and condition or witnesses and any pieces of equipment.
11. **Incident Type:** Select the appropriate incident type(s)
 - **Injury** - Physical harm to a person resulting from contact between the body and an outside agency, or from exposure to environmental factors.
 - **Damage** - Unplanned, unexpected events which results in expenditures to repair and replace equipment and/or material to its pre-damaged condition.
 - **Production** - Incidents involving production loss, spills, production interruption, fire, product degradation, etc.
 - **Environmental** - Incidents involving spills, flaring, emissions, pollution or land disturbance.
 - **Security** - Incidents resulting in loss, destruction, unauthorized use of equipment, property, computer information or assets.
12. **Incident Severity:** The severity of the incident is measured by the seriousness or criticality of the incident.

Actual Severity: Is measured as minor, medium or major. To determine the severity of an incident, consider what did happen as a result of the incident. Examples of a major are: fatality, disabling injury, large fires or explosion resulting in significant damage or costs and theft or vandalism resulting in significant costs. Examples of a minor incident are first aids, small releases of product, damage to equipment resulting in minor (less than \$1000.00) costs. For more information refer to Standard Operating Procedures Manual.

Potential Severity: To determine the potential severity of an incident, consider what reasonably could have happened if circumstances had been slightly different at the time of incident. Use the above examples as criteria for measurement of minor or major.

Frequency: The frequency of an incident is a subjective measure of how often an incident of a given type could occur for that area in the company, as determined by the individual responsible for that area.

- **Rare** - has not occurred in the preceding 12 months
- **Occasional** - has occurred 1-3 times in the preceding 12 months
- **Frequent** - has occurred more than 3 times in the preceding 12 months

Potential for Recurrence: The potential for recurrence is a subjective measure of how often the incident of a given type is likely to recur in that area, as determined by the individual responsible for that area.

- **Low** - not likely to recur in the next 12 months
- **Medium** - may occur 1-3 times in the next 12 months
- **High** - may occur more than 3 times in the next 12 months

Formal Investigation: A formal investigation is initiated if the severity or potential severity is classified as major. If the frequency of the incident is classified as frequent or the potential for recurrence is high. A formal investigation is also required for incidents determined to be a medical aid, restricted duty, lost time or fatality. The formal investigation requires such additional information in the report as the statements from all involved including witnesses, pictures or sketches of the incident area or any third party or governmental involvement.

13. **For Injury/Illnesses Only:** This section only to be filled out if incident involved an injury or illness.

- Body parts injured. Check one or more parts.
- Injury classification: Check one of the listed. Be sure to classify according to company policy. **Note:** All except First Aid require additional investigation.
- Nature of injury: Check one or more that apply to incident.
 - **First Aid** - Any First Aid attention or non-prescription drugs not requiring the attention of a medical professional.
 - **Medical Aid** - The management and care of a patient administered by a medical professional.
 - **Lost time** - Missing the next scheduled work day. The day of the injury doesn't count.

14. **Cost:** Estimate the cost of the incident. The best guess at the repair or replacement cost of any equipment, facilities or material damaged in the incident. The supervisor responsible for the incident, in conjunction with the persons knowledgeable on the costs, shall provide an estimated cost of the incident, regardless if the equipment will be repaired or replaced.

Damage costs may include:

- Direct material, labour, and equipment costs associated with repairing or replacing the damaged equipment/ material.
- Direct material, labour, and equipment costs associated with the removal of damaged equipment/ material.

- The cost of temporary or interim facilities required while repair of damaged items is underway.
- Administrative overhead costs.

15. **Causes:**

Immediate Causes: List the immediate causes of the incident. These will include personal and job factors that lead directly to the incident. Examples include:

- The employee cut his hand because his gloves were not worn.
- The employee fell from the structure because fall protection was not used.

Select as many causal factors as needed to accurately classify the incident causes. If you do not find a factor that applies or accurately describes the incident, select "other" and specify with brief explanation.

Substandard Actions: The actions (or inactions) or people that lead to the incident. Optional, depending on whether substandard actions were involved.

Substandard Conditions: These are unacceptable or undesirable conditions of the equipment, material, facilities, environment, etc., that lead to the incident. Optional, depending on whether substandard conditions existed at time of incident.

Contributing Factors: These are other factors that do not fit into the above categories, but contribute to incident. (Optional).

Basic Causes: Basic cause are the situation that exists to allow the "substandard actions", substandard conditions", and "contributing factors" to occur. For each box selected in the previous three categories ask the question. "Why did this occur?" Select at least one basic cause that is closest to answering the question, or select "other" and provide a brief explanation.

Corrective Actions/Work to Control Loss: Refer to Page 3 of report for list. These are recommendations that will prevent recurrence of another incident. Select one or more of the boxes on page three to identify those actions that are needed to reduce the chance of recurrence. Write out the specific remedial terms, ensuring each action is clearly identifiable by those carrying out the action. Fill in the "By whom" and "Due date" columns based on the known distribution of responsibility to the incident, and the relative criticality of the actions.

16. **Signed:** Signature of person completing second page of report.

17. **Signed Off By:** Signature and date of supervision or management on site. Could be duplicate to above signature of person completing second page of report.

- Next signature is of site manager, may also be duplicate to signature of person completing second page of report.
- Last signature is from area manager. This signature may not be required if the incident report is determined a near miss, minor or medium severity, or not requiring a formal investigation. (Internal company decision.)