



**ADMINISTRATION POLICY # A-06-21
INCIDENT INVESTIGATION POLICY**

Supersedes # A-07-18

1. PURPOSE

To investigate incidents so that causes can be determined, and corrective actions implemented to prevent recurrence. This process may reveal hazards that were not identified through hazard assessments.

2. POLICY STATEMENT

All safety incidents, including work-related injuries, accidents, regulatory violations and near misses will be investigated to determine the root causes. Recommendations will be developed and implemented to prevent recurrence of the accident/incident or near miss.

3. DEFINITIONS

- a) "incident" is used in a broad sense to include accidents and other unplanned events which, under slightly different circumstances, could have resulted in harm to people or damage to equipment, machinery, or property. These are often referred to as "near-misses"
- b) "accident" is an unplanned, undesired event that results in; injury, illness or disease; or damaged tools, equipment or machinery; or damaged material or property.

4. INVESTIGATIONS

- 4.1 At the Town of Drumheller, the following types of incidents shall be investigated:
 - a) Accidents that result in injuries requiring medical aid;
 - b) Accidents that cause property damage or interrupt operation with a loss exceeding \$500.00;
 - c) Incidents that have the potential to result in (1) or (2) above;
 - d) All incidents that, by regulation, must be reported to O.H. & S., WCB, or other regulatory agencies by the Health & Safety Officer.
- 4.2 Investigations directed from the Health & Safety Office will be conducted if:
 - a) Failure of employee to use PPE
 - b) Immediate causes/hazards could have been controlled or eliminated
 - c) Corrective actions request future safety controls
 - d) Any other reason requested by managers, directors or supervisors

5. RESPONSIBILITIES

- 5.1 All employees shall report all incidents to their immediate supervisor.
- 5.2 Supervisors and affected employees shall conduct the initial investigations and complete the incident/accident form. They shall determine root causes, recommend corrective action, and promptly submit the report to their manager.
- 5.3 The manager is responsible for forwarding the completed forms to the Health & Safety Officer for further review.
- 5.4 The Health & Safety Officer shall determine the need for and, if necessary, direct detailed investigations.
- 5.5 In the event of serious accidents, the Health and Safety Officer will inform the Chief Administrative Officer of all details and will provide him with a copy of the final report.

Adopted by Health and Safety Committee
Date: November 17, 2021

Darryl Drohomerski, C.E.T.
Chief Administrative Officer

Attached
Incident Investigation Report Form
Incident Investigation Check List

INCIDENT-ACCIDENT-NEAR MISS-INJURY-ILLNESS FLOWCHART

Employee fills out Incident/Accident/Near Miss/Injury/Work Refusal. After any Incident/Accident/Near Miss/Injury/ incidents occurring as a result of work duties forms are to be completed and forwarded to Supervisor

Supervisor/Manager reviews the Incident/Accident/Near Miss/Injury/illness form and signs off if the form has been completed properly

All Incident/Accident/Near Miss/Injury/illness form will then be forwarded to the Health & Safety Officer

Investigations
Investigations can be conducted on the following conditions.

- Failure of employee to use PPE
- Immediate causes could have been controlled or eliminated
- Corrective action requests future safety controls
- Or, any other reasons requested by supervisor's department head or HSO

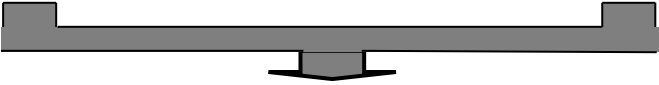
Work orders are disciplinary actions arising from the investigation will be issued from the HSO in conjunction with the Department head

No Investigation
Form is filed for documentation and reference. No controls to generate causes or corrective actions.

Work Memos
Memos will be duplicated. One copy will be held by the HSO and one to the department head for action. Target dates for completion will depends on the level of hazard as well as type of hazard control

Disciplinary Action
See HR policy # 5.02 10.06

As the work is completed, the work memo will be signed off by the supervisor or department head and returned to the HSO to match up with the original to ensure completion. Once signed the investigation will closed. Results will then be distributed to Managers and Director.



Identified hazards and disciplinary actions are reviewed before filing for documentation and the review process

Incident Investigation Report Form

Instructions: Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all *Incident Statement Forms* to:

Injury Investigation **Non-Injury Investigation**

Employee Name		Working Title	Personnel Number
Date of Incident D/M/Y	Time of Incident p.m. <input type="checkbox"/> a.m. <input type="checkbox"/>	Claim Number (if known)	
Work Organization/Location			
Supervisor		Supervisor Telephone Number	Supervisor Email

Incident Description:

1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved.
2. What was happening at the time of the incident and why was it taking place?
3. What events lead up to the incident? Describe the sequence in order and when they took place.
4. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved?
5. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred.
6. If a physical injury was avoided, describe what happened that could have potentially resulted in injury?

Additional Information

Provide any additional information important to the investigation (pictures taken, evidence collected).

Initial Investigator:

Incident Investigator Name	Date Investigation Started (D/M/Y)	Start Time of Investigation p.m. <input type="checkbox"/> a.m. <input type="checkbox"/>
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CHECK ALL DIRECT CAUSES THAT APPLY

What CONDITION of tools, equipment, or work area contributed to incident?			<input type="checkbox"/> Not Applicable
Close Clearance/Congestion Hazardous Placement Inadequate Warning System Improper Material Storage Tools/Equipment/Vehicle Inadequate/Improper PPE	Floors/Work Surfaces Inadequate Ventilation Inadequate Illumination Inadequate Guards/Barrier Equipment/Workstation Design	Poor Housekeeping Equipment Failure Hazardous Materials Defective Other	

What ACTION or INACTION contributed to the incident?			<input type="checkbox"/> Not Applicable
Failure to Make Secure Improper Lifting Used Equipment Improperly Not following Proper Procedures Horseplay/Distractive Active Nullified Safety/Control Devices Servicing Equipment in Motion	Used Defective Equipment Improper Technique Unauthorized Actions Improper Position Unsafe Act of Another Staff Running/Rushing/Acting in Haste Other	Failure to Use PPE Improper Loading Operating at Improper Speed Used Wrong Tool/Equipment Under Influence Drugs/Alcohol Failure to Warn/Signal	

CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY

What caused or influenced the substandard conditions or behaviors?		
Lack of Proper Procedures Inadequate Job Training Methods Inadequate Maintenance Standards Poor Work Design Lack of Communication Between Staff Inadequate Cleaning Inadequate Preventive Maintenance Other	Inadequate Job Instructions Inadequate Supervision Unsafe Design or Construction Inadequate Purchasing Standards Improper Extension of Service Life Inadequate Environmental Controls Inadequate Enforcement or Work Standards	Inadequate Tools Improper Layout or Design Poor Work Practice Lack of Skill Improper Planning Inadequate Capacity

CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES

What corrective actions have been taken or are needed to prevent a recurrence?		
Task Analysis/Procedure Revision Reinstruction of Employees Eliminate Congestion Task Analysis to Be Completed Improve Design/Construction Improve Illumination Other	Improve Clean-Up Procedures Improve Storage/Arrangement Improve/Change Work Method Install/Revise Guards/Devices Job Reassignment of Employees Mandatory Pre-Job Instructions	Repair/Replace Equipment Rotation of Employee Identify/Improve PPE Improve Enforcement Use Other Materials/Supplies Improve Ventilation

Recommended corrective actions or preventive measures to be taken

Action Item	Person Responsible	Target Date	Date Complete

Initial Investigator:		
Incident Investigator Name	Date of Investigation D/M/Y	Date Investigation Closed D/M/Y

Investigation Review (Initial after reviewing the findings of the investigation):

	Initials	Review Date	Comments
Health & Safety Committee			
Manager			
Director			

Incident Investigation Check List

COLLECTING THE EVIDENCE

Observations	Tick if Relevant	Tick when Completed
Location	<input type="checkbox"/>	<input type="checkbox"/>
Access and Egress	<input type="checkbox"/>	<input type="checkbox"/>
Any post-events, tests, checks, sampling or reconstruction	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Evidence about injured person	<input type="checkbox"/>	<input type="checkbox"/>
Sketches, photographs, measurements	<input type="checkbox"/>	<input type="checkbox"/>
 Documentation		
Written instructions	<input type="checkbox"/>	<input type="checkbox"/>
Safe Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessments	<input type="checkbox"/>	<input type="checkbox"/>
Policies	<input type="checkbox"/>	<input type="checkbox"/>
Records of earlier inspections	<input type="checkbox"/>	<input type="checkbox"/>
 Interviews		
Those involved in the incident	<input type="checkbox"/>	<input type="checkbox"/>
Any witnesses	<input type="checkbox"/>	<input type="checkbox"/>
Managers	<input type="checkbox"/>	<input type="checkbox"/>
Those observing prior to event	<input type="checkbox"/>	<input type="checkbox"/>

INCIDENT – ACCIDENT – NEAR MISS - INJURY

INCIDENT: An unplanned, undesired event that hinders completion of a task and may cause injury, illness, or property damage.

ACCIDENT: is something which happens unexpectedly and unintentionally and which often damages something or injures someone

NEAR MISS: is an unplanned event that did not result in injury, illness, or damage but had the potential to do so.

INJURY: is damage to the body. This may be caused by accidents, falls, hits, and other causes.

Date & Time of Occurrence: _____

Date & Time of Report: _____

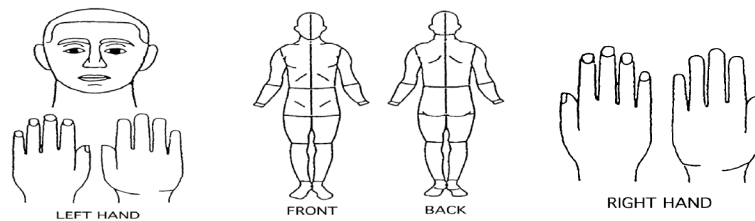
***USE & ATTACH ADDITIONAL PAPER AS REQUIRED.**

Employee's Information
Name: _____
Driver's License and/or Phone #: _____
Unit #: _____

Witnesses	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Description of incident/accident/near miss or if injury/illness, or work refusal -include description <i>(who, when, what, where, why and how should be answered)</i>
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Please indicate where injury occurred by placing an 'X' on DIAGRAM below.



Root Causes <i>(Describe why this incident/accident happened) Examples below</i>
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