



DRUMHELLER

ADMINISTRATION POLICY



ADMINISTRATION POLICY #A-10-18

Supersedes # A-07-17

INCIDENT/ACCIDENT/NEAR MISS/INJURY/ILLNESS REPORT

THE PURPOSE OF THIS POLICY IS TO:

As a part of the Town of Drumheller's commitment to safety the Incident/Accident Form has been developed to insure accurate tracking of all incidents, accidents, near misses. Data will be tracked and analyzed on an annual basis to provide information for corrective actions.

BACKGROUND:

When an incident, accident or a near miss occurs the employee involved must complete an Incident/Accident Report Form.

The completed report form should be signed by the employee involved and then forwarded to their supervisor. The supervisor should also sign the completed report form and is then responsible for forwarding a copy to the Risk Management Office and up to the Department Director.

POLICY STATEMENT:

The Town of Drumheller shall maintain procedures herein contained in order to be consistent throughout the organization. All employees, when appropriate, complete and forward the above mentioned form. The reporting of incidents, accidents and near misses, is one step toward the prevention of future accidents in the work place.

PROCEDURE:

1. All forms will be forwarded to the Risk Management Office for review of all documentation. Investigations must be conducted on all incidents, accidents and near misses by supervisors and/or the Department Head prior to sending the form to the RMO.
2. If necessary, further investigations will be carried out with direction from the RMO.
3. Work memos that include the type of hazard control, the priority of work and the responsible party will be administered if necessary
4. Work memos will be in duplicate
5. One copy will be held by the RMO and a second copy will be forwarded to the Department Head for action. Target dates for completion will depend on the level of hazard, as well as the type of hazard control (elimination, engineering, administrative or PPE)
6. As the work is completed the work memo will be signed off by the Department Head and returned to RMO to match up with the original to ensure completion

For complete details and guidelines on investigating incidents, accidents and near misses, injury or illness please refer to Policy #A-07-18 Incident Investigation Policy.

Adopted by Risk Management Committee

Date: March 9, 2018



Chief Administrative Officer

Attachments:

Incident/Accident/Near Miss/Injury/Illness Report Form
Incident/Accident/Near Miss/Injury/Illness Form Process
Incident/Accident/Near Miss/Injury/Illness Work order



DRUMHELLER



INCIDENT - ACCIDENT - NEAR MISS INJURY - ILLNESS FORM

Date & Time of Occurrence: _____

Date & Time of Report: _____

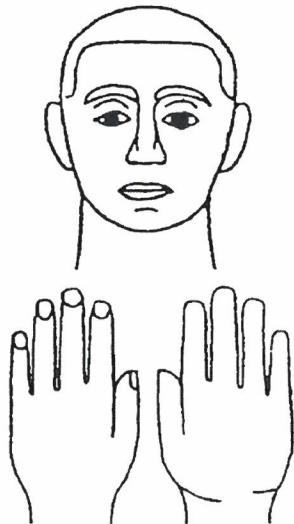
****USE & ATTACH ADDITIONAL PAPER AS REQUIRED.***

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, include description <i>(who, when, what, where, why and how should be answered)</i>

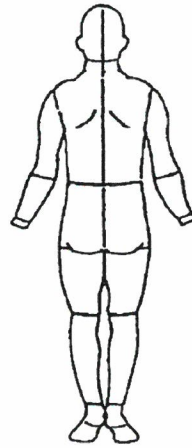
Please indicate where injury occurred by placing an 'X' on DIAGRAM below.



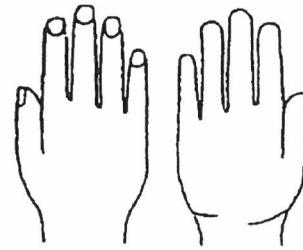
LEFT HAND



FRONT



BACK



RIGHT HAND

Underlying Causes <i>(Describe why this incident/accident happened)</i>

Corrective Actions <i>(Describe how this accident could have been prevented)</i>

First Aid Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aider: _____
First Aider's Qualifications?	_____
Describe First Aid Provided.	

Copy Offered to Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employees Signature: _____
Action after incident/accident: <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Back to Work	

Other Vehicle/Property Information
Name: _____
Driver's License #: _____
Vehicle Make/Model: _____
License Plate #: _____
Name of Insurer: _____
Insurance Policy #: _____

Employee: _____ Date: _____

Manager: _____ Risk Manager: _____

For Supervisor's use only:
<input type="checkbox"/> Lost Time <input type="checkbox"/> No Lost Time <input type="checkbox"/> Modified Duties <input type="checkbox"/> Near Miss

****Please forward copies of this report to the Department Director and Risk Management Office.
 ***Keep this Record confidential and retain for at least 3 years if this is an injury or illness.*



DRUMHELLER



INCIDENT - ACCIDENT - NEAR MISS
INJURY - ILLNESS FORM

Form Process

Employee fills out an **Incident/Accident/First Aid Form** after any and all incidents, accidents or near misses occurring as a result of work duties. Forms are to be completed and forwarded to supervisors

Supervisor reviews **Incident/Accident/First Aid Form** and signs-off, if it has been correctly completed

All **Incident/Accident/First Aid Forms** are to be forwarded to the Risk Management Office

Investigation:

Investigations will be conducted on the following conditions:

- failure of employee to use PPE
- Immediate causes could have been controlled or eliminated
- Corrective actions request future safety controls
- Or, any other reasons requested by supervisors or Risk Management office

Work orders and disciplinary action arising from investigations will be issued from Risk Management Office in conjunction with Department Head

No Investigation:

Form is filed for documentation and reference. No controls to generate work memos arising from immediate causes or correction actions.

Work Memos

The work memos will be in duplicate. One copy will be held by the RMO and a second copy will be forwarded to the Department Head for action. Target dates for completion will depend on the level of hazards as well as the type of hazard control

As the work is completed the work memo will be signed off by the Department Head and returned to the RMO to match up with the original to ensure completion

Disciplinary Action

See attached
HR Policy No. 5.02.10.06

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



DRUMHELLER



INCIDENT/ACCIDENT/NEAR MISS/INJURY/ILLNESS WORK ORDER

Date:

Issued By:

Issued To:

WORK ORDER #:

Report Date |

Reported By |

Location |

WORK ORDER DETAILS

WO#	Priority	Description	Corrective Action	Completion	
				Individual	Date

WORK ORDER COMPLETION

WO#	Completion		Signature of Individual
	Individual	Date	

Manager's Signature

Date

To be completed by Risk Management Office only:

Target Date for Completion:

Date Work Order Completed: