



ADMINISTRATION POLICY

NAME INCIDENT / ACCIDENT/ NEAR MISS / INJURY POLICY	POLICY NUMBER HS - A-01-22
DEPARTMENT: Occupational Health and Safety	
SUPERSEDES: A-05-19	RELATED POLICIES A-06-21 – Incident Investigation Policy

1. PURPOSE

As a part of the Town of Drumheller's commitment to safety, the incident/accident/near miss/injury form has been developed to insure accurate tracking of all incidents, accidents, near misses and Injury.

2. POLICY STATEMENT

To report, record and investigate all work-related injuries or near misses, accidents, near miss or dangerous occurrence on the premises, or any other significant incident

To provide a process for reported incidents/accidents to be risk-assessed and where necessary, investigated to determine root cause

To provide a process for monitoring of planned corrective actions to prevent or reduce the risk of reoccurrence of reported incidents/accidents

3. DEFINITIONS

3.1 For the purpose of this policy, the following definitions apply:

- (a) "accident" is an unplanned event that causes injury to persons, damage to property or a combination to both.
- (b) "employee" a person employed with the Town of Drumheller
- (c) "incident" is a unplanned event that hinders the completion of a task and may cause injury or property damage.
- (d) "management" shall include all employees with the occupation classification of Director, Manager or Chief Administrative Officer.
- (e) "near miss" is an unplanned event that does not cause injury or damage, but could do so.

4. RESPONSIBILITIES

- 4.1 Pertaining to this policy, the responsibilities of Management include but are not limited to:
- (a) Providing all necessary medical care for the injured worker/person.
 - (b) Conducting accident prevention and investigation training for supervisors.
 - (c) Ensuring all accidents and injuries are investigated in a timely fashion, immediately if serious
 - (d) Ensuring immediate and long-term corrective actions are taken to prevent reoccurrence
 - (e) Maintaining accident reports permanently on file
- 4.2 Pertaining to this policy, the responsibilities of all Employees include but are not limited to:
- (a) Reporting all work injuries immediately to your supervisor promptly when safe to do so. Remember to include: who, what, where, when, why, and how.
 - (b) Reporting all unsafe acts, unsafe conditions, or near misses to their supervisor or manager.
 - (c) Assisting as requested in all accident investigations

4. PROCEDURE

- 3.1 The incident reporting system apply to all incidents involving company employees, on-site vendors, contractor employees and visitors (public) which results in (or might have resulted in) personal injury and/or property or vehicle damage.

All accidents, incidents or reported injuries shall be reported to establish a written record of factors causing the event, along with near misses for prompt investigation and to support corrective action to provide statistical information used for analyzing all phases of accidents, incidents and events.

- 3.2 The Process (*Form B*) for reporting is as follows:
- (a) When an incident, accident, near miss, injury occurs, the employee involved must complete an incident/accident/near miss/injury form. (*Form A*)
 - (b) The completed report form will be signed by the employee involved and then forwarded to their manager.
 - (c) All incidents by regulation, must be reported to O.H. & S., WCB, or other regulator agencies, by the manager.
 - (d) Investigations must be conducted on all incidents, accidents, near misses, injury by supervisors or manager prior to sending the form to the Health and Safety Officer.
 - (e) Once signed, the completed report and supporting documentation is forwarded to the Health and Safety Officer. If necessary, further investigations will be carried out with direction from the Health and Safety Officer.
 - (f) Work memos will be in duplicate and will include the type of hazard control, priority of work and the responsible party will be administered if necessary

- (g) One copy will be held by the Health and Safety Officer and a second copy will be forwarded to the manager of the department 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)
- (h) As the work is completed the Work Order (*Form C*) will be signed off by the manager and returned to Health and Safety Officer to match up with the original to ensure completion.

5. REFERENCES AND RELATED POLICIES

For complete details and guidelines on investigating incidents, accidents, near misses, injuries, please refer to Policy #A-06-21 Incident Investigation Policy.

Adopted by Health and Safety Committee



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

ATTACHMENTS FORM A: Incident/Accident/Near Miss/Injury Report FORM B: Incident/Accident/Near Miss/Injury Form Process FORM C: Incident/Accident/Near Miss/Injury Work order	
DATE REVIEWED: March 25, 2022	NEXT REVIEW: On or Before March 25, 2025



FORM A - INCIDENT – ACCIDENT – NEAR MISS – INJURY REPORT

INCIDENT: an unplanned, undesired event that hinders completion of a task and may cause injury 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 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: _____

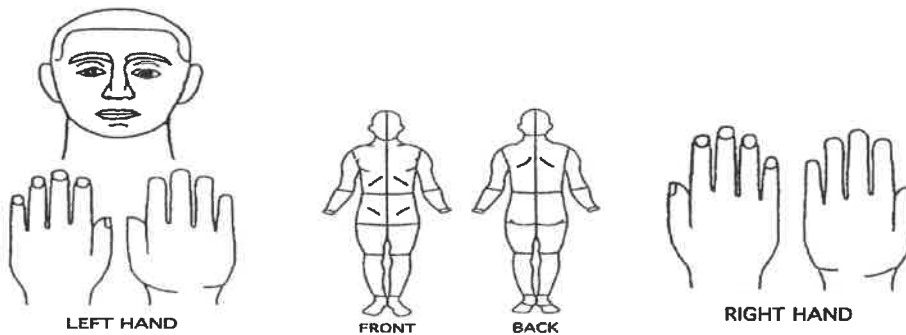
***USE & ATTACH ADDITIONAL PAPER AS REQUIRED*.**

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

Witnesses	Phone Number
1.	
2.	
3.	

Please include description of incident-accident-near miss or injury. <i>(who, when, what, where, why and how should be answered)</i>

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



Root Cause - Procedures	Root Cause - Communication
Developed – Not Followed/Enforced	Insufficient Planning for Tasks
Developed and Communicated	Lack of Worker Communication
Developed – Not Communicated	Lack of Supervisor Instructions

Root Cause - Training	Root Cause - Environment
Deficient Orientation Training	Weather/Temperature Factors
Deficient Job Specific Training	Poor House Keeping
Insufficient Training for New Process or Task	Lack of Visibility or no warning signs

Root Cause - Personal Protective Equipment (PPE)	Root Cause - Facilities/Equipment
Required PPE not Used/Worn	Poor Workstation Design
Not Trained on How to Use	Employee Lack of Knowledge
Poor Conditions	Equipment Failure

Other/Specify _____

Corrective Actions
(Describe how this accident could have been prevented: Include the Root Cause see examples above)

First Aid Performed: Yes No | First Aider: _____
 First Aider's Qualifications? _____
 Action after incident/accident: Home Hospital Back to Work

Copy Offered to Employees Yes No Employees Signature: _____

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

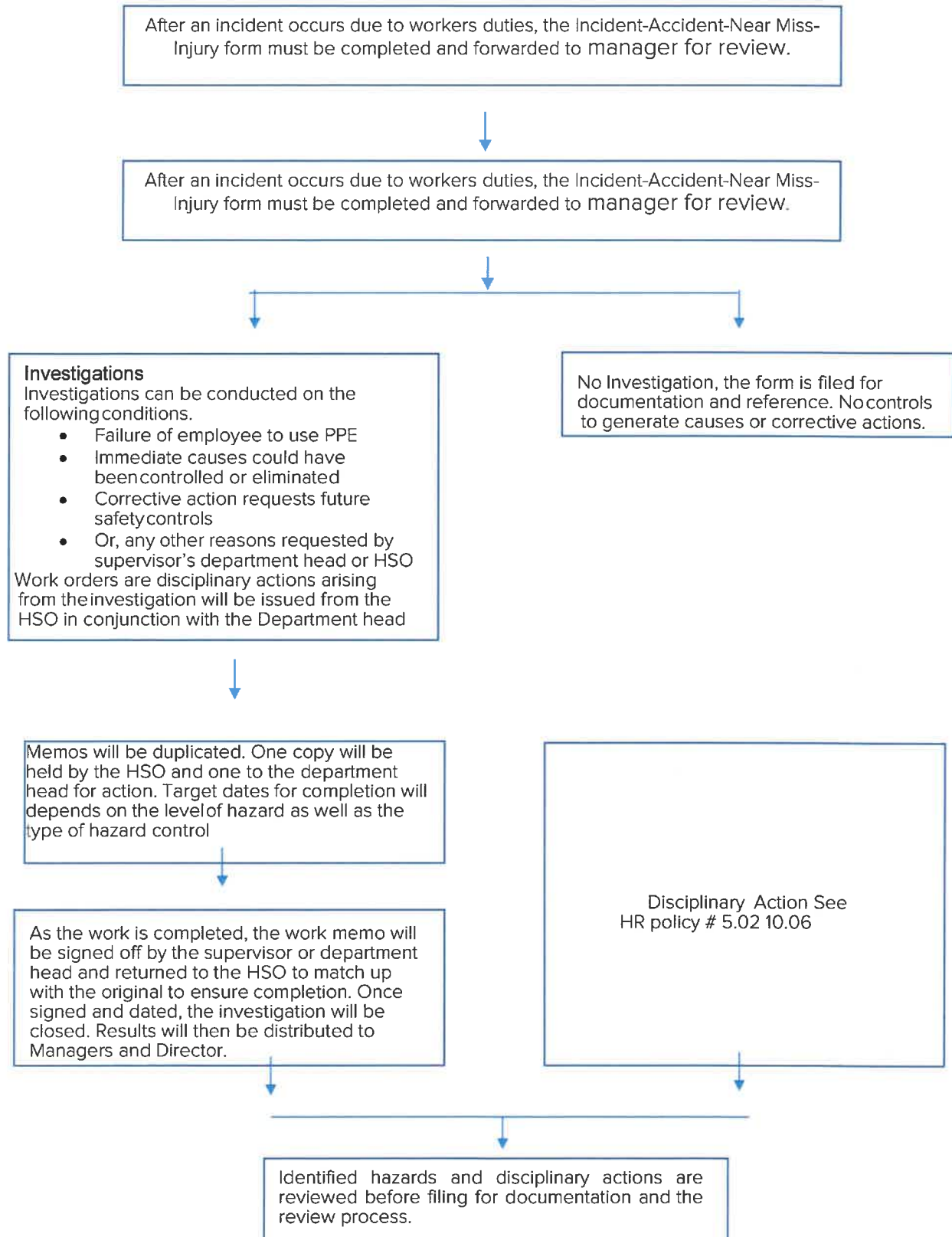
Employee: _____ Name: _____ Manager: _____ Name: _____

Date Investigation Closed: _____ Health & Safety Officer: _____

For Managers use only:
 NO Lost Time **Lost Time** **Modified Duties** **Near Miss**

Please forward copies of this report to the Department Manager/Director and Health & Safety Office.
 Keep this Record confidential and retain for at least 3 years.

FORM B: INCIDENT-ACCIDENT-NEAR MISS- INJURY PROCESS



FORM C: INCIDENT/ACCIDENT/NEAR MISS/INJURY WORK ORDER

Date: _____

Issued By: _____

Issued to: _____

Report Date: _____

Reported By: _____

Location: _____

WORK ORDER #:

WORK ORDER DETAILS

Description	WO#	Corrective Action	Completion Individual	Date

WORK ORDER COMPLETION

WO#	Completion Individual	Date	Signature of Individual

Managers Signature: _____ Date: _____

<i>To be completed by Health & Safety Officer</i>	
Signature _____	_____ Date Closed