

Employee Information		
Last Name: <b>Marko</b>	First Name: <b>Cain</b>	Middle Initial(s): <b>nm</b>
Work Phone Number: <b>555-888-9999</b>	Home Phone Number: <b>333-444-3333</b>	
Employment Information		
Site Location: <b>Shop</b>	Employee #: <b>n/a</b>	
Date of Hire: <b>May 3rd, 2012</b>	Language (If other than English):	
Occupation / Job at Time of Incident: <b>Field Service Tech</b>	Length of Time in Occupation / Job: _____ Years <u><b>4</b></u> Months _____ Days	
Type of Employment (check all which apply): <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Casual		
<b>Contractor</b> <input type="checkbox"/> Name of Company:		
Details of Investigation		
Site: <b>South of Crossfield</b>	Department: <b>Service</b>	Exact Location of Incident on the Premises: <b>Immediately south of pumpjack</b>
Immediate Supervisor:		
Incident Date:	Month: <b>sept</b> Day: <b>21</b> Year: <b>2012</b>	Time: <b>10:50</b> am [ <input checked="" type="checkbox"/> ] pm [ <input type="checkbox"/> ]
Date Reported:	Month: <b>Sept</b> Day: <b>21</b> Year: <b>2012</b>	Time: <b>11:00</b> am [ <input checked="" type="checkbox"/> ] pm [ <input type="checkbox"/> ]
Date of Investigation:	Month: <b>Sept</b> Day: <b>25</b> Year: <b>2012</b>	Time: <b>2:30</b> am [ <input type="checkbox"/> ] pm [ <input checked="" type="checkbox"/> ]
<b>TYPE:</b> <input type="checkbox"/> Incident <input type="checkbox"/> Near Miss <input checked="" type="checkbox"/> Property Damage <input type="checkbox"/> Spill / Release		
WCB Report required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      WCB Report Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>INJURY / ILLNESS:</b> <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Hospital <input type="checkbox"/> Fatality		<input type="checkbox"/> No Lost Time <input type="checkbox"/> Lost Time
Part of Body Injured: (Provide a detailed description and specify left or right, front or back)		
Has the injured worker had a previous similar injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, describe in detail)		

**Medical Treatment Information**

Name of First Aid Attendant:	Injury Recorded in First Aid Log? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of First Aid Administered:	
Clinic / Hospital sent to:	
Attending Physician / Paramedic (if known):	
Attending Police Officer (if known):	

**(B) – Property**

Property Damaged: <i>Widget, outrigger</i>	Estimated Cost of Damage: \$ <i>25,000</i>
Description of Damaged Property: <i>Widget was damaged, driver-side outrigger failed and knuckle boom required certification after failure.</i>	

**(C) – Witness Information**

Number of Witnesses: \_\_\_\_\_ **ATTACH WITNESS STATEMENT(S) FOR EACH WITNESS**

**Investigation Information**

**Type of Incident:**  Assault  Break  Caught In  Caught On Caught  Between  Cut On  Exposure  
 Fall  Over Exertion  Strain  Struck By  Struck Against  Trip  Other (specify): *equipment failure*

**Contact With:**  Cold  Heat  Electricity  Fire  Noise  Pressure  Equipment  
 Caustic Chemical (specify): \_\_\_\_\_  Toxic Chemical (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

Describe in detail the **SEQUENCE OF EVENTS** leading up to the incident. (ie. Where the incident occurred; what the employee was doing at the time; the size, type and weight of equipment or materials involved; weather conditions, etc.). Use additional pages if required and provide diagrams, photographs and reports.

*No pre-job assessment was conducted and so, failed to identify soft terrain.*

*Driver was in process of installing a new widget into the pumpjack when the truck fell over onto its side, damaging both the outrigger and the widget.*

*The pads had not been deployed and the outrigger sunk in the soft earth.*

Diagram / Photographs attached  Yes  No  
**ALL EVIDENCE / INFORMATION GATHERED FOR INVESTIGATION TEAM ONLY**

**Identify all UNSAFE ACTS which contributed to the incident: (check off as many as necessary)**

<input type="checkbox"/> Operating Without Authority	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Servicing Operating Equipment
<input checked="" type="checkbox"/> Unsafe Loading / Unloading	<input type="checkbox"/> Inadequate Lighting	<input type="checkbox"/> Using Defective Tools
<input type="checkbox"/> Unsafe Mixing / Combining	<input type="checkbox"/> Working at Unsafe Speed	<input type="checkbox"/> Using Defective Equipment
<input type="checkbox"/> Failure to Wear Proper PPE	<input type="checkbox"/> Distracting	<input type="checkbox"/> Working on Moving Equipment
<input type="checkbox"/> Failure to Warn Properly	<input type="checkbox"/> Teasing	<input checked="" type="checkbox"/> Improper Lifting
<input type="checkbox"/> Failure to Secure Properly	<input type="checkbox"/> Harassment	<input type="checkbox"/> Unfit for Duty (possible impairment)
<input type="checkbox"/> Unsafe Position or Posture	<input type="checkbox"/> Hazardous Personal Attire	<input type="checkbox"/> Making Safety Device Inoperable
<input type="checkbox"/> Other (specify):		

**Identify all UNSAFE CONDITIONS which contributed to the incident: (check off as many as necessary)**

<input type="checkbox"/> Inadequate Guards / Barriers	<input type="checkbox"/> Gases	<input type="checkbox"/> Hazardous Environmental Conditions
<input type="checkbox"/> Improper or Inadequate PPE	<input type="checkbox"/> Dusts	<input type="checkbox"/> Extreme Weather Conditions
<input type="checkbox"/> Inadequate Lighting	<input type="checkbox"/> Fumes	<input type="checkbox"/> Extreme Temperature(s)
<input type="checkbox"/> Unsafe Job Design	<input type="checkbox"/> Vapours	<input type="checkbox"/> Noise Exposure
<input type="checkbox"/> Congested Work Area	<input type="checkbox"/> Smoke	<input type="checkbox"/> Unsafe Mobile Equipment
<input type="checkbox"/> Inadequate Warning Systems	<input type="checkbox"/> Explosion Hazard	<input type="checkbox"/> Defective Tools or Equipment
<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Fire Hazard	<input type="checkbox"/> Defective Materials
<input checked="" type="checkbox"/> Other (specify): Soft terrain		

**Identify all INDIRECT CAUSES which contributed to the incident: (check off as many as necessary)**

Personal Factors	Job Factors
<input type="checkbox"/> Inadequate Physical Capability	<input type="checkbox"/> Inadequate Leadership or Supervision
<input checked="" type="checkbox"/> Abuse or Misuse of Equipment	<input type="checkbox"/> Inadequate Engineering Controls
<input type="checkbox"/> Physical Stress	<input type="checkbox"/> Inadequate Purchasing
<input type="checkbox"/> Mental Stress	<input type="checkbox"/> Inadequate Maintenance (scheduled or preventative)
<input checked="" type="checkbox"/> Lack of Knowledge	<input type="checkbox"/> Inadequate Tools or Equipment
<input type="checkbox"/> Lack of Skill	<input type="checkbox"/> Inadequate Work Standards
<input type="checkbox"/> Improper Motivation	<input type="checkbox"/> Wear and Tear

**Identify all ROOT CAUSES which contributed to the incident: (check off as many as necessary)**

<input type="checkbox"/> Management Commitment & Administration	<input type="checkbox"/> Emergency Preparedness and Response
<input type="checkbox"/> Leadership Training	<input type="checkbox"/> Company Safety Rules and Work Permitting
<input type="checkbox"/> Planned Inspections	<input checked="" type="checkbox"/> Worker Knowledge & Skill Training
<input type="checkbox"/> Preventive Maintenance	<input type="checkbox"/> Personal Protective Equipment (PPE)
<input checked="" type="checkbox"/> Hazard Identification	<input type="checkbox"/> Personal or Group Communications
<input checked="" type="checkbox"/> Safe Work Practices and/or Procedures	<input type="checkbox"/> Hygiene and Sanitation
<input type="checkbox"/> Inadequate Previous Incident Investigation	<input type="checkbox"/> Hiring & Placement Standards
<input type="checkbox"/> Purchasing Controls	<input type="checkbox"/> Other(s);

**(E) - Prevention**

(Number those actions required to **Prevent Recurrence** of a similar incident, 1 being most critical in order of priority)

<input checked="" type="checkbox"/> Training / Retraining of Involved Worker(s)	<input type="checkbox"/> Improve Safety Inspection Process
<input type="checkbox"/> Job Procedure / Design Changes	<input type="checkbox"/> Reassignment of Involved Worker
<input type="checkbox"/> Equipment Repair or Replacement	<input type="checkbox"/> Liaison with Manufacture of Equipment / Tool
<input type="checkbox"/> Perform in-depth Hazard Identification and Analysis	<input type="checkbox"/> Facilities Layout Review and Redesign
<input type="checkbox"/> Improved Hazard Controls (Engineering / Admin. / PPE)	<input type="checkbox"/> Installation of Safety Guards / Barriers
<input type="checkbox"/> Supervisory Communication	<input type="checkbox"/> Other (specify):

**Describe Action(s) Taken to Prevent Recurrence (short term and long term)**

Discuss the importance of pre-job site assessments prior to work, especially prior to operating knuckle-boom. Review SOP for using crane with all field service techs as using pads is mandatory for every deployment.

**Assignment of Action Item(s)**

Action item;	Responsible;	Date of completion;	Sign-off;
Safety Meeting discussion	Brett Spears	Dec 21, 2012	BSpears
SOP review with employee	Tony Stark	Oct 13, 12	TonyS
Action item;	Responsible;	Date of completion;	Sign-off;

Investigation Team (First & Last Names)		
<b>Lead Investigator</b> Derek Spiller	<b>Position &amp; Department</b> Safety Advisor, corporate	
<b>Investigator</b> Michelle Ryte	<b>Position &amp; Department</b> Field Tech Supervisor	
<b>Investigator</b>	<b>Position &amp; Department</b>	
<b>Lead Investigator Comments:</b> <p>The driver is relatively new but was deemed competent by supervisor in early June. The tech's failure to recognize the soft ground as a hazard was possible because of their lack of experience and by the lack of a pre-job assessment.</p> <p>By not using the outrigger pads, the FST made the problem worse</p>		
<b>Lead Investigator Name (print):</b> Derek Spiller	<b>Signature:</b> <i>Derek Spiller</i>	<b>Date:</b> June 30, 12
<b>Involved Worker(s) Comments</b> <p>I feel like I was thrown out by myself too soon</p>		
<input type="checkbox"/> <b>Employee Statement Attached</b> <p>n/a</p>		
<b>Employee Name (print):</b> Marko Cain	<b>Signature:</b> <i>MarkoCain</i>	<b>Date:</b> June 30.2012
<b>Additional Management Comments</b>		
<b>Manager Name (print):</b>	<b>Signature:</b>	<b>Date:</b>
<b>Investigation Number:</b> 2012 F01		

**Send Completed Report To:**

- Department Manager
- Internal Health & Safety Advisor
- xyz@abcwidget.ca