**Instructions for Contracting Employer Incident Reporting:**

The Contracting Employer will notify the Owner / Employer and its Representatives immediately when an ***Alberta Occupational Health and Safety (OHS) Officer is on-site for any work being done for the Owner / Employer.***

The Contracting Employer will notify the Owner / Employer and its Representative immediately, or as soon as it is safe to do so, but no later than 24 hours after the occurrence, when the following types of incidents, near misses, and hazardous conditions occurs.

* Incidents that result in a fatality
* Injury or illness incidents including physical or psychological injury illness
* Exposure incidents, including chemical, biological, and physical agents that result in acute or chronic illness
* Incidents that result in damage to property and/or equipment
* Acts of violence, which may result in physical and/or psychological injury
* Near misses with the potential to result in one of the above outcomes
* Hazardous conditions with the potential to result in one of the above outcomes
* Utility contact

When a serious incident occurs, the site will not be disturbed, nor will any work be conducted at the site until the ***OHS Director of Inspections or an OHS officer provides approval for disturbance or work to proceed at the site.***

An incident investigation must be completed by the Prime Contractor, or an Owner / Employer, if there is no Prime Contractor, with the participation of the joint work site health and safety committee, if a joint health and safety committee was established for the project. The investigation may be done in conjunction with the Sub-contractor.

The Contracting Employer shall manage all reported incidents, injuries, or utility contacts as follows:

* The Contracting Employer shall contact the Owner / Employer and its Representative as soon as possible to provide ***notification of the incident.***
* ***Within 24 hours of the time of the incident, the Contracting Employer shall provide a written notification describing the Incident to the Owner / Employer and its Representatives. The Contracting Employer Incident Notification form*** should be completed and submitted by the Contracting Employer.
* Within 7 calendar days of the date of the incident, the Contracting Employer shall provide a written incident investigation.
* The Contracting Employer shall complete all investigations in a timely manner.
* The Contracting Employer shall submit to the Owner / Employer and its Representatives a written investigation report describing the incident, causal factors, root causes, and corrective actions taken to prevent a recurrence. The Contracting Employer Incident Investigation Report form shall be completed and submitted by the Contracting Employer with supporting documentation.

The Owner / Employer requires an investigation report from the Contracting Employer for all injuries, incidents, or utility contacts that involve Sub-contractors on the Owner / Employer projects. The Sub-contractor is responsible for creating its report within the timelines provided above.

All serious and non-serious incidents shall be reviewed during safety meetings and documented in the safety section of the site meeting minutes. A copy of the safety meeting minutes shall be emailed to the Owner / Employer’s Project / Contract Manager. All site meetings shall show appropriate follow-up of safety concerns, issues, or investigations including corrective actions.

The Owner / Employer will conduct follow-up safety tours or inspections on work sites where incidents have occurred to monitor the due diligence of the Contracting Employer. Follow-up documentation will be completed if further actions or recommendations are needed and forwarded to the Project Manager to be addressed with the Contracting Employer.

**Instructions for Contracting Employer Incident Investigation Report:**

Lead investigators are to complete the detailed investigation form for incidents reported and if needed, may complete it for minor or potentially serious incidents.

Investigation team members may include Contracting Employers, Prime Contractor and Sub-contractor, Municipal Representatives, Health and Safety Committee Co-chairs, or Health and Safety Representatives.

All incidents investigated the completed form is sent to the Owner / Employer and Representative for final review and sign-off on the investigation, identification of root causes, and confirmation of corrective actions implemented.

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| **Section i – injured worker information** | | | | | | | |
| **Name of Injured Person, Job Title, and Department:** | | | | **Date Incident Reported:** | | | |
| **Description of Incident and Incident Type:** | | | | **Date Incident Investigated:** | | | |
| **Required to Report to WCB? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_** | | | | **Date Reported To Wcb:** | | | |
| **Required to Report to OHS? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_** | | | | **Date Reported to OHS:** | | | |
| **Section ii – Injury Description (Indicate details on injuries of injured worker)** | | | | | | | |
| Injury: | A Cut H Bruise  B Abrasion I Concussion  C Heat burn J Crushing  D Chemical burn K Puncture/entry  E Fracture/break L Electrical Burn  F Sprain/Strain M Other  G Amputation | | | | Body parts affected: | A Head H Fingers  B Face I Legs  C Eyes J Ankle  D Back K Feet  E Trunk L Toes  F Arms M Knee  G Hand/Wrist | |
| **Section iii – direct causes and immediate causes** | | | | | | | |
| **Contact/**  **Exposure** | | o Struck against o Caught between o Fall on same level  o Fell to lower-level o Overstrain/exertion o Caught on  o Caught in o Struck by o Contact with | | | | | |
| **(Unsafe) Practices** | | * Operating equip w/o authority * Improper placement * Operating at an improper speed * Failure to warn * Improper lifting * Safety devices inoperable * Failure to secure | * Failure to use PPE properly * Lack of sleep * Improper loading * Using defective equipment * Removing safety devices * Improper position for the task | | | | * Servicing equips in operation * Horseplay * Poor control of Contracting Employer * Under influence of alcohol/drugs * Non-Applicable * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **(Unsafe) Conditions** | | o Inadequate guards or barriers o Pressure exposure  o Fire & explosion hazards o Inadequate/improper protect equip  o Slippery surface o Noise exposure  o Defective tools, equip or mat o Improper storage/removable media  o Temperature extremes o Inadequate ventilation  o Congestion or restricted action o Improper physical security/network  o Inadequate warning system o Radiation exposure  o Poor housekeeping/disorder o Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  o Poor control of Contracting Employer Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **Section IV – BASIC (ROOT) CAUSES (Which of the following Personal and/or Job Factors were the Basic Causes of this incident?)** | | | | | | | |
| **Personal Factors** | | **Job Factors** | | | | | |
| * Lack of Knowledge * Lack of Skills * Inadequate capability * Stress * Fatigue * Substance Abuse * Improper motivation * Not Following Procedures * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | * Inadequate leadership/ Supervision * Inadequate tools, materials * Wear and tear * Inadequate engineering * Organization rules * Inadequate purchasing * Inadequate work standards * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | * Weather conditions * Conflicting goals/ objectives * Abuse or misuse * Inadequate maintenance * Equipment not used for its purpose * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **SECTION V - Additional comments** | | | | | | | |
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| **Section VI – Recommended Corrective Action Plan** | | | | | | | |
| **Responsibility** | **Task** | | | **Target Date** | | **Completion Date** | |
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| **Section VII – sign-offs (please print and sign and date, confirming the investigation is completed)** | | | | | | | |
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| **Lead Investigator (Print Name)** | | | Signature | | | | Date |
|  | | | | | | | |
| **Health & Safety Committee/Representative** | | | Signature | | | | Date |
|  | | | | | | | |
| **Prime Contractor, if required (Print Name)** | | | Signature | | | | Date |
|  | | | | | | | |
| **Owner / Employer Representative (Print Name)** | | | Signature | | | | Date |
|  | | | | | | | |
| **CAO (Print Name)** | | | Signature | | | | Date |

*The Town of Grey Goose is committed to keeping personal information that it collects from its visitors, volunteers, customers, employees, and Contracting Employers accurate, confidential and secure. The Town of Grey Goose will disclose information in connection with a legal proceeding. Only the information specifically requested by legitimate authorities will be disclosed, questions regarding the collection of personal information may be made to 999-999-9999. This information is collected per the FOIP Act, Section 33(c).*