

Section 7 - Investigations

PURPOSE An investigation and follow-up procedure is an essential element of the Health and Safety Program. We shall prepare a written report detailing the entire situation in an attempt to determine appropriate conclusions and follow-up actions needed to prevent reoccurrence.

SCOPE An investigation and follow-up will be conducted relating to all incidents to determine the causes, contributing factors and subsequently implement corrective actions to prevent a reoccurrence.

RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Distribute investigation reports & Superintendent Investigation Kits to all Superintendents as required.
- Review all incident reports and follow up with Superintendents and Foreman as required.
- Ensure all required incidents are investigated and appropriate follow up actions are completed.
- Participate in the Investigation process and follow as required.
- Retain all investigation reports and follow up actions as required.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- Distribute and communicate information to the appropriate parties regarding any nonconformance or deficiencies reported.

Senior Management Responsibilities:

- Ensure all company employees receive the appropriate training and workplace specific overviews.
- Comply with all the requirements as defined under the Occupational Health and Safety Act and Regulations.
- The measures and procedures prescribed are carried out in the workplace.

Project Manager Responsibilities:

- Ensure all required incidents are investigated and appropriate follow up actions are completed.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

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Superintendent Responsibilities:

- Conduct the Workplace Investigation using the Superintendent Investigation Kit and complete all required reports required by the situation.
- Ensure accurate recording of Voluntary Witness Statements where required as part of the Superintendent Investigation Kit.
- Document and determine the causes, contributing factors and subsequently implement corrective actions to prevent a reoccurrence from the incident.
- Ensure each recommendation on the Investigation Report is implemented within the established timelines.
- Review findings with each Foreman to ensure that corrective measures are taken.
- Follow-up on the findings and implement recommendations for each unsafe condition.
- Ensure equipment, materials and protective devices are provided, maintained and used as required at site and office locations.
- Provide required protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations.

Foreman Responsibilities:

- Immediately report all incidents that require an investigation to be conducted to the Superintendent and Health and Safety Coordinator where required.
- Manage the accident scene and identify witnesses.
- Assist in the completion of the Workplace Investigation using the Superintendent Investigation Kit & incident reports as required.
- Ensure, where reasonably possible, that every Subcontractor, worker and visitor at the workplace complies with all Occupational Health and Safety Act and Regulations.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations;
- Advise a worker of the existence of any potential or actual danger to the health or safety of the worker of which they are aware of.
- Take every precaution reasonable in the circumstances for the protection of a worker.
- Where so prescribed, provide a worker with written instructions as to the measures and procedures to be taken for protection of the worker.

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Workers Responsibilities:

- Assist or participate in the workplace investigation as part of the Superintendent Investigation Kit & reports as required.
- Provide statements and incident summaries as requested by the Superintendent or Foreman.
- Advise Foreman if experiencing any difficulties with assigned tasks, or if assigned tasks are beyond perceived limitations or medically not capable of performing tasks.
- Works in the manner and with the protective devices, measures and procedures required by the Occupational Health and Safety Act and Regulations;
- Report to his or her Foreman any injuries, incidents, contravention of the Occupational Health and Safety Act and Regulations or the absence/defect in any equipment or protective device;

PROCEDURE

All employees and/or subcontractors must be instructed to report all incidents using the form 7-1 Initial Incident Notification Form to your supervisor immediately. A formal investigation will be conducted regarding incidents as following;

- Outside Medical Aid Required,
- Critical Injuries
- Property Damage
- Work Refusals
- Notices Required by Governing Authorities
- Fires
- Acts of Violence or Harassing Situations

The **Superintendent** will be required to immediately forward any and all Incident notification forms to the **Health and Safety Coordinator** for review. The Superintendent together with the Health and Safety Coordinator will complete the investigation and fill the Incident investigation Report.

The **Superintendent** will conduct the investigations with the assistance of the **Foreman** and where required the **Health and Safety Coordinator**. Members of the investigation team will be provided appropriate training in the investigation techniques through their Supervisory Awareness Training.

The investigation team will complete the investigation using the Superintendent Investigation Kit which outlines all company specific investigation techniques and detail all related information required to complete the forms within this kit. In addition to the Superintendent Investigation Kit one of the following forms must be used Initial Incident Notification Form (7-1 Form) and Incident Investigation Report (7-2 Form)

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It is the responsibility of the **Superintendent** to make recommendations and conclusions to identify contributing factors and conduct follow up actions to prevent reoccurrence.

Completed investigations reports must be documented with the purpose of coming to contributing factors and preventative actions to be communicated for ongoing proactive initiatives.

DISTRIBUTION

The Investigation documents will be kept on file at the site location and provided to the **Health and Safety Coordinator** after completion of each Investigation.

RECORDS

All records will be maintained on site and copies to the **Health and Safety Coordinator** as required. These records are to be reviewed to determine the need for ongoing file maintenance. All Investigation reports will be maintained for minimum three (3) years.

Superintendent Investigation Kit

Investigation: Re - _____

Date: _____

Performed By: _____

Provided to: _____

Date: _____

Emergency Numbers

Fire/Ambulance/Police:
Ministry Of Labour:
GTAA Emergency Call Out:

911(where applicable)
1 (877) 202-0008
416-776-3033

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Investigation Policy

Note: The following are procedures to be followed in the event of a workplace incident / accident / work-refusal or notification of an unsafe condition.

1. When required, arrange for injured workers to be taken to the Medical Clinic or the Hospital depending on the severity.

Follow the appropriate steps listed for;

- Incidents/Accidents involving our employees
- Incidents/Accidents involving Subcontractors

2. **Secure the accident scene and ensure that it is not disturbed.**
3. Do not allow similar work to continue on the site unless steps to prevent a recurrence are in place and authorization has been given by the **Superintendent** and/or the Ministry of Labour (where applicable).
4. Notify **Senior Management** and the **Health and Safety Coordinator** immediately.
5. Begin the Investigation (if authorized by the **Superintendent** and when required by the **Ministry of Labour**) using the enclosed Investigation Report Forms & Investigation Statement Forms.
 - A – Assessment of the Scene: inspect equipment/material that was involved in the incident. Ensure you use drawings, sketches and take photographs of the incident scene indicating sizes, distances, and weights of objects. Identify any contributing factors to determine the root cause(s) of the incident.
 - B – Interviewing: ensure to interview eyewitnesses, people involved. Interviewing should be conducted as soon as possible by the person conducting the investigation and shall be conducted in a private place, away from any commotion.
6. Provide all the Investigation & Reporting Forms and/or other information to the **Health and Safety Coordinator** for review and distribution.

NEVER DISTRIBUTE INFORMATION TO OTHERS WITHOUT PERMISSION FROM SENIOR MANAGEMENT.

The following information has been provided;

- Ministry of Labour - Reportable Incidents/ Accidents
- Accident Procedures – Our Employees
- Incidents/Accidents – Involving Subcontractors
- Work Refusal

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The following forms have been included;

- (1) Investigation Report form
- (3) Investigation Statement forms
- (1) Ministry of Labour – Notice Of Occurrence **(Must be reviewed by Senior Management prior to being sent)**

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Ministry of Labour Reportable Incident/Accidents

The following reporting requirements are only a summary of reporting requirements from the Occupational Health and Safety Act (OHSA) and Regulations for Construction Projects (Reg. 213/91). For a complete listing of the reporting requirements refer to the OHSA & Reg. 213/91.

Section 51 of the Occupational Health and Safety Act requires the **Constructor** and the **Employer** report "Critical Injuries" immediately to the Ministry of Labour.

"CRITICAL INJURY" (Regulation 834)

For the purposes of the Act and Regulations, "critical Injury" means an injury of a serious nature that;

- a) places life in jeopardy
- b) produces unconsciousness
- c) results in substantial loss of blood
- d) involves the fracture of a leg or arm but not a finger or toe;
- e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- f) consists of burns to major portion of the body, or
- g) causes loss of sight in an eye

Section 52 of the Occupational Health and Safety Act requires the **employer** provide notice of accident, explosion, fire, or incident of workplace violence which does not result in a critical injury to the worker, however, disables the worker from performing regular duties or requires medical attention. This also includes the onset of an Occupational Illness

Section 53 of the Occupational Health and Safety Act requires that the **Constructor** provides notice in writing in the event of an accident, premature or unexpected explosion, fire, flood or inrush of water, failure of any equipment, machine device article or thing, cave-in, subsidence or other incident as prescribed

Prescribed reportable incidents --- section 11 reg. 213/91;

1. A worker falling a vertical distance of three metres or more
2. A worker who falls and whose fall is arrested by a fall arrest system
3. A worker becoming unconscious for any reason
4. Accidental contact by a worker or by a worker's tool or equipment with energized electrical equipment, installations or conductors.
5. Accidental contact by a crane, similar hoisting device, backhoe, power shovel or other vehicle or equipment or its load with an energized electrical conductor rated at more than 750 volts.
6. Structural failure of all or part of falsework designed by, or required by the regulation to be designed by, a professional engineer
7. Structural failure of a principal supporting member, including a column, beam, wall or truss, of a structure
8. Failure of all or part of the structural supports of a scaffold
9. Structural failure of all or part of an earth or water retaining structure, including a failure of the temporary or permanent supports for a shaft, tunnel, caisson, cofferdam or trench
10. Failure of a wall of an excavation or of similar earthwork with respect to which a professional engineer has given a written opinion that the stability of the wall is such that no worker will be endangered by it
11. Overturning or the structural failure of all or part of a crane or similar hoisting device

For a more concise listing refer to the most current edition of Occupational Health and Safety Act and Regulations for Construction Projects (O.Reg.213/91)

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Policy for Transportation of Injured Workers

The following Policy applies to the transportation of injured workers to a Hospital, Doctor's Office or Medical Walk-in-Clinic.

1. In cases of serious accidents, where the possible improper movement (transportation) of an injured worker could result in further injuries or unnecessary pain to the injured worker, an ambulance must be called (911 where applicable)
2. In cases when it is deemed necessary (after First-Aid has been administered) to have the injured worker seek further medical treatment and the transportation of the injured worker is not going to cause further injuries or pain to the worker, the Superintendent / Foreman will make arrangements for the injured worker to be transported immediately (i.e. the company will transport the worker or call a taxi service);

Notes:

- Under no circumstances is a Superintendent / Foreman to allow a worker who sustains a workplace injury to transport themselves to a medical facility or doctor's office.
- If the worker is transported to a medical facility either by a taxi or the company directly, a representative from the company shall accompany the injured worker (with the applicable forms) to the medical facility and stay with the worker at minimum until he/ she is admitted.
- If the injured worker has reservations about receiving Medical treatment, is nervous and/ or does not speak English fluently, a co-worker who speaks the injured workers native language and English must be sent with the injured worker to the medical facility.
- If the injured worker refuses the provided transportation, alternative arrangements shall be made, as necessary, and in conjunction with Senior Management, and other parties as applicable.

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Accidents Involving Our Workers

When one of our employees sustains a workplace injury, follow the procedures listed below;

Superintendent and/or Foreman must;

- ensure first aid is administered if required/possible and it is safe to do so
- make arrangements for transportation including calling 911 if applicable or using company vehicles to a Medical Clinic or Hospital (whichever is appropriate). All injured workers must be accompanied by another company representative when being transported to a Medical Clinic or Hospital
- initiate the emergency plan and secure the accident scene if required. (based on the circumstance take the necessary precautions for the safety of the injured worker and/or others)
- immediately notify the **Superintendent** and our Health and Safety Coordinator
- take names and phone numbers of any and all persons who witnessed or may have knowledge of the accident (statements will need to be taken during the investigation)
- take photographs and/or sketches of the incident scene;
- conduct an Investigation (when granted permission from the **Superintendent** and the Ministry of Labour where applicable)
- ensure corrective measures are implemented prior to allowing work to continue
- maintain contact with the injured worker and assist in the Early Safe Return To Work program for the injured worker when applicable

Critical Injury Accidents;

Take all steps listed above and furthermore ensure the following;

- the **Health and Safety Coordinator** notification to Ministry of Labour (MOL), Worker Health and Safety Representative, and where applicable, the union, to immediately when approved from Senior Management.
- the **Health and Safety Coordinator** prepare written notices to the MOL with the assistance of a Safety Consultant and/or legal counsel where required and review with the Senior Management Team prior to delivery
- cooperate with the Ministry of Labour (MOL) during their investigation

The Superintendent Will Ensure;

- the Management Team and Health and Safety Coordinator have been informed of the investigation
- in the event of a Critical Injury, provide assistance with the investigation, seek Legal Counsel (if required) and communicate with the Ministry of Labour (if required)
- review the accident investigation report(s) and any Notices to be sent to the Ministry of Labour as required
- take appropriate measures to implement corrective actions
- investigation reports are received by the Health and Safety Coordinator and reports are sent to WSIB as required. Where required make arrangements and assist in the Return to Work.

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Accidents Involving Subcontractors

In the event of an incident/accident caused by a subcontractor or accident causing an injury to a sub-contractor's worker, follow the procedures below as a minimum;

Superintendent and/or Foreman must;

- ensure first aid is administered if required/possible and it is safe to do so
- assist in make arrangements for transportation to a Medical Facility if necessary
- initiate the emergency plan and secure the accident scene if require. (based on the circumstance take the necessary precautions for the safety of the injured worker and/or others)
- immediately notify the **Subcontractors Management**
- take names and phone numbers of any and all persons who witnessed or may have knowledge of the accident (statements will need to be taken during the investigation)
- assist in conducting an Investigation when granted permission from the **Superintendent** (and the Ministry of Labour where applicable)
- request that the subcontractor conducts an investigation into the matter and provides a copy of the investigation report, photographs and statements to our company
- ensure that the subcontractor provides appropriate notification to the governing authorities such as the Ministry of Labour and provide written copies of notices.
- only allow the subcontractor to continue with the work if acceptable measures have been taken to prevent a recurrence

Critical Injury Accidents;

Follow all steps as above and furthermore ensure the following;

- notification to Ministry of Labour (MOL) and the union immediately
- prepare written notices to the MOL with the assistance of the Health and Safety Coordinator and/or legal counsel where required and review with the Management Team prior to sending
- cooperate with the Ministry of Labour (MOL) during their investigation

THE SUPERINTENDENT WILL ENSURE;

- the Management Team and Health and Safety Coordinator has been informed of the accident
- in the event of a Critical Injury, provide assistance with the investigation, seek Legal Counsel (if required) and communicate with the Ministry of Labour
- assist the Supervisor in the event of a MOL reportable incident/accident and obtain copies of any orders or charges given to the subcontractor(s) and/or the Constructor
- review the accident investigation report(s) and any Notices to be sent to the Ministry of Labour
- review the accident investigation report(s) and take appropriate measures to implement corrective measures
- ensure updates and reports are provided to Senior Management

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Refusal to Work

DEFINITION: A worker may refuse to work or do particular work where he or she has reason to believe that;

- A) Any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker;
- B) The physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself;
- B1) Workplace violence is likely to endanger himself or herself; or
- C) Any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger himself, herself or another worker. R.S.O. 1990, c. O.1, s. 43 (3); 2009, c. 23, s. 4 (2).

** That person may refuse to use or operate the machine device or other thing, or to work in that place.

Steps to be Taken

- 1) Worker refuses to work and immediately notifies employer or supervisor of the reasons.
- 2) Supervisor investigates, in the presence of the worker and Joint Health And Safety Committee worker representative. Involve the Supervisor in the investigation stage of the Work Refusal. Notify the Management Team.
- 3) Worker remains in a safe place near work-station and be available for questioning, all attempts are made to resolve the perceived problem to the satisfaction of all parties.
- 4) If problem is resolved to the workers' satisfaction, he/she returns to work.
- 5) If not resolved and worker continues to refuse work, NOTIFY THE MINISTRY OF LABOUR.

NOTE: Another worker may be asked to perform the job, only if that worker is advised of the refusal to work and the surrounding circumstances, in the presence of the worker Health & Safety Representative.

- 6) A Ministry of Labour Inspector investigates the refusal in consultation with the worker, employer and the worker representative of the J.H.& S.C..
- 7) Pending the outcome of the investigation, the worker may stand by or be assigned other work. The worker may NOT be sent home or disciplined for his/her actions.
- 8) A decision will be made in writing and provided to all parties. This decision must be adhered to whether in favour of the worker or employer.
- 9) An Investigation report must be completed by the supervisor or contractor employing the worker refusing work and the worker representative present during the investigation. This report must be provided to the Senior Management Team and the JHSC.

All attempts should be made to resolve the problem internally before it requires Ministry of Labour involvement.

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Incident Reporting and Investigation Procedure

Incident reporting

Initial Notification

Employees shall notify their immediate Supervisor or Health and Safety Team of all incidents as soon as possible, and before the end of the workday on which the incident took place. The Supervisor will contact a member of the Health and Safety Team to provide notification of the incident. Upon notification of an incident, the Health and Safety Team shall assume responsibility for notifying all other appropriate employees and/or regulatory agencies based on the event and severity.

Incident Reports

After an incident has occurred, the Supervisor will open a file to collect all information relevant to the incident is gathered during the investigation process. This will include information such as:

- Copies of any Job Hazard Assessment completed or reviewed prior to the incident;
- Voluntary Witness statements;
- Incident Form with photographs and/or sketches of the incident scene;
- Copies of hot work or confined space permits and isolation certificates (if applicable);
- Copies of Toolbox Talks;
- Copies of any relevant certification, such as lifting equipment;
- Copies of any incident-related correspondence.

If at any point in the investigation an enforcement authority or external agency becomes involved, the Health and Safety Team will obtain a copy of their report for the incident file.

Reporting Timelines:

➤ **Initial Incident Notification Form**

The initial incident notification form shall be submitted by the Supervisor /Health and Safety Team to the Health and Safety Coordinator. The report is to be initiated within 24 hours after incident notification and should include, at a minimum:

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- Names and occupation of employees involved in the incident;
- Date and time of the actual incident;
- Date and time of when the incident was reported;
- Location of the incident on the project;
- A brief incident description.

Upon receipt of the initial incident notification form, the Health and Safety Team, supported by the Health and Safety Coordinator, will review the report and will determine the investigation requirements based on the evidence available.

➤ **Final Report**

The Health and Safety Coordinator will review the completed report and may request further amendments be made by the reporting Supervisor/ Health and Safety Team member to any aspect of the report prior to final approval.

Major and severe incidents may be provided additional time to complete the final report due to a variety of factors which could extend the length of the investigation including, but not limited to:

- Complexity of the incident;
- Equipment or machinery involved;
- Number of employees involved and witnesses to the incident;
- Size of environmental spill and cleanup; or
- Additional research required (including subject matter experts) to assist in providing understanding of the incident and appropriate corrective actions.

Extensions will be considered and approved by the Health and Safety Coordinator on a case by case basis upon request from the reporting Supervisor/Health and Safety Team. An extension may only be considered for the final report.

Incident investigation Procedure

The Investigation Team will be required to:

- Determine the events leading up to the incident,
- Formulate conclusions as to the likely cause of the incident,
- Recommend action to prevent a reoccurrence of the same or similar incident.

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An investigation will begin as soon as the incident notification is made to a Supervisor, Health and Safety Team, or, any first aid treatment or medical care has been provided. The Supervisor will perform an incident investigation with the assistance of witnesses, the injured or ill employee (if applicable), and the Health and Safety Team and/or any other subject-matter specialist who may be contacted throughout the duration of the investigation. All documents, including photographs, collected during the investigation will be included in the final report.

While investigating, the following questions shall be considered by the investigator or investigation team:

- Where and when did the incident occur?
- What happened?
- Who was involved?
- Who, if anyone, witnessed the incident?
- What were the actual injuries or damage?
- What was the risk of injury or damage?
- Were all those involved trained, competent, and fully briefed?
- Who was in control of the activity?
- Was a suitable and sufficient risk assessment in place?
- What training or instructions had been given?
- How should the work have been carried out?
- Why were things planned as they were?
- What changed; that is, were there deviations from plans or norms?
- Have root causes been identified?

Finding the facts shall include:

- Inspection of the site;
- Gathering physical evidence;
- Gathering technical evidence;
- Testing or reconstruction;
- Collecting documentation, including:
 - Safety Management System documentation;
 - Interface arrangements;
 - Permit to work and written instructions;
 - Witness evidence and interviews.

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Root cause analysis

Root cause analysis is:

- A process for analysing incidents.
- A means of providing objective results.
- A means that allows appropriate corrective actions to be identified which, if implemented, will prevent similar incidents happening in the future.
- A means to provide a link between root cause and performance standards.

There are two sets of causes which investigators will need to identify during the investigation:

1. The immediate cause of the incident (root cause): unsafe practices or conditions which caused the incident, e.g. employees working, equipment, material, environment and processes; and
2. The contributing causes: the factors that enabled the unsafe practices or conditions to occur e.g. lack of monitoring, lack of enforcement, etc.

All major and severe incident investigations will include a review to determine the immediate causes and the system causes of the incident. Identification of system causes of an incident will usually reveal or lead to underlying management system failures that contributed to the incident happening. The contributing causes shall be identified determine recommendations to prevent recurrence.

Recommendations

The investigation will identify the causes of the incident and assist in identifying the recommendations to correct the unsafe conditions. The recommendations shall be practical and realistic to increase the credibility of the investigation procedure.

All actions taken will be communicated to employees using bulletin boards, meetings, signs and relevant training. Any changes made will be at one, or a combination of, the following locations:

1. At the source of the hazard (e.g. install permanent guard on machinery);
2. Along the path of the hazard to the employee (e.g. setting up barriers);
3. At the employee (e.g. using PPE).

Follow up

The implemented controls shall meet the following criteria:

1. Eliminate danger to the employee;
2. Does not make work more stressful or uncomfortable;
3. Protects all employees likely to be exposed;
4. Does not create external environmental hazards;
5. Does not create new hazards.

These characteristics can be used by the Supervisor as a tool to measure the effectiveness of the changes.

Supervisors will continually monitor the changes and the performance of employees related to the changes to ensure there are no additional hazards. Members of the incident investigation team shall be qualified and competent individuals. The employer shall provide training on the investigation techniques used during an incident investigation.

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Investigation – Voluntary Statement Form

Re: _____

OCCURRENCE INFORMATION

Location of Occurrence: _____
Date & Time of Occurrence: _____
Date & Time Reported: _____
Project Name/Number: _____
Weather Conditions: _____

STATEMENT GIVEN BY

Injured Worker Witness Other _____

Name: _____
Occupation: _____
Address: _____
Phone: _____

STATEMENT

I, _____ declare this to be a true statement of my recollection of the above incident, to the best of my ability.

Signature

Investigators Signature

Translated by

Date of Statement

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Investigation – Voluntary Statement Form

Re: _____

OCCURRENCE INFORMATION

Location of Occurrence: _____
Date & Time of Occurrence: _____
Date & Time Reported: _____
Project Name/Number: _____
Weather Conditions: _____

STATEMENT GIVEN BY

Injured Worker Witness Other _____

Name: _____
Occupation: _____
Address: _____
Phone: _____

STATEMENT

I, _____ declare this to be a true statement of my recollection of the above incident, to the best of my ability.

Signature

Investigators Signature

Translated by

Date of Statement

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Investigation – Voluntary Statement Form

Re: _____

OCCURRENCE INFORMATION

Location of Occurrence: _____
Date & Time of Occurrence: _____
Date & Time Reported: _____
Project Name/Number: _____
Weather Conditions: _____

STATEMENT GIVEN BY

Injured Worker Witness Other _____

Name: _____
Occupation: _____
Address: _____
Phone: _____

STATEMENT

I, _____ declare this to be a true statement of my recollection of the above incident, to the best of my ability.

Signature

Investigators Signature

Translated by Date of Statement

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Notice of Occurrence (page 1 of 2)

_____ Health & Safety Officer
Construction Health & Safety Branch
Ministry of Labour

Address: _____

"Notice of Occurrence" as required under The Occupational Health & Safety Act and Construction Projects Regulations.

COMPANY ADDRESS _____

The nature and the circumstances of the occurrence:

Body Injuries Sustained:

Description of Equipment/Machinery Involved in the incident/accident:

Date, Time & Place of Occurrence:

Date : _____ **Time :** _____

Location: _____

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Notice Of Occurrence (page 2 of 2)

Injured Worker's Name & Address

Name : _____ Position: _____

Address : _____ Telephone: _____

Names and addresses of Witnesses or "Persons Having Knowledge":

1.Name : _____ Position: _____

Address : _____ Telephone: _____

2. Name : _____ Position: _____

Address : _____ Telephone: _____

3.Name : _____ Position: _____

Address : _____ Telephone: _____

Address & name of Attending Physician

Attending Physician: _____

Address: _____

Telephone: _____

Steps taken to prevent recurrence

Information Provided by: _____



INITIAL INCIDENT NOTIFICATION

Date and Time of Incident:		Date and time Reported:			
Job No./ Exact Location Are:					
Contractor/Sub-contractor <input type="checkbox"/> Yes If yes, Company's Name: /Third Party Involved: <input type="checkbox"/> No					
Incident Severity: <input type="checkbox"/> Minor <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical					
Incident Classification: <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Work Refusal <input type="checkbox"/> Fatality					
<input type="checkbox"/> Motor Vehicle Incident		<input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Security Related			
<input type="checkbox"/> Property or Equipment Damage		<input type="checkbox"/> Clinic visit, No Treatment (FA Assess)			
<input type="checkbox"/> Other (please describe)					
<input type="checkbox"/> Spill or Release		Volume (Litres)	Product/Material		
Name of persons involved		Employer		Parts of the body injured (If applicable)	
				<input type="checkbox"/> Head	<input type="checkbox"/> Elbow
				<input type="checkbox"/> Eye	<input type="checkbox"/> Wrist
				<input type="checkbox"/> Neck	<input type="checkbox"/> Hand/Fingers
				<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hip
				<input type="checkbox"/> Back	<input type="checkbox"/> Leg
				<input type="checkbox"/> Arm	<input type="checkbox"/> Knee
				<input type="checkbox"/> Ankle/Foot	<input type="checkbox"/> Other(describe)
Description of Incident: (As appropriate, include chronology, summary or injury or illness – if any)					
Immediate Response Measures Taken: (for injury/illness, include details of initial treatment provided)					
Description of Machinery/Equipment/Vehicle Involved:					
Reported Submitted by:			Signature:		
Reported Submitted to:			Signature:		



Incident Investigation Report

INCIDENT DETAILS																
Job Name:				Job Number:												
Site Supervisor:				Incident Exact Location:												
Date of Incident:				Date Reported:												
Time of Incident:				Time Reported:												
TYPE OF OCCURRENCE						INJURY CLASSIFICATION										
<input type="checkbox"/> Occupational Illness		<input type="checkbox"/> Property Damage		<input type="checkbox"/> Critical Injury		<input type="checkbox"/> Lost Time										
<input type="checkbox"/> Near Miss		<input type="checkbox"/> Equipment Damage		<input type="checkbox"/> First Aid		# Days Away: _____										
<input type="checkbox"/> Personal Injury		<input type="checkbox"/> Motor Vehicle Incident		<input type="checkbox"/> Medical Aid		<input type="checkbox"/> Other										
<input type="checkbox"/> Other (specify)				<input type="checkbox"/> Modified Work												
Severity <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Critical																
PERSONAL INFORMATION																
Person Injured:						Age:										
Occupation:						Phone:										
Medical Treatment Sought: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name & address of Medical Facility: _____																
Name of Physician:						Phone:										
PERSONNEL CLASSIFICATION																
<input type="checkbox"/> GAZZOLA Employee			<input type="checkbox"/> Consultant			<input type="checkbox"/> Subcontractor			<input type="checkbox"/> Third Party/Other							
Name Of Employer if other than Gazzola:																
NATURE OF INJURY (check all that apply)																
<input type="checkbox"/>	Abrasion			<input type="checkbox"/>	Contusion or Bruise			<input type="checkbox"/>	Heat Exhaustion/Stroke			<input type="checkbox"/>	Puncture			
<input type="checkbox"/>	Allergic Reaction			<input type="checkbox"/>	Dermatitis/Skin Irritation			<input type="checkbox"/>	Hernia			<input type="checkbox"/>	Sprain			
<input type="checkbox"/>	Amputation			<input type="checkbox"/>	Dislocation			<input type="checkbox"/>	Inhalation			<input type="checkbox"/>	Strain			
<input type="checkbox"/>	Bite or Sting			<input type="checkbox"/>	Foreign Body			<input type="checkbox"/>	Laceration or Cut			<input type="checkbox"/>	Unconscious			
<input type="checkbox"/>	Burn			<input type="checkbox"/>	Fracture			<input type="checkbox"/>	Pinched Nerve			<input type="checkbox"/>	Other (specify)			
<input type="checkbox"/>	Carpal Tunnel			<input type="checkbox"/>	Frostbite/Hypothermia			<input type="checkbox"/>	Poisoning			<input type="checkbox"/>				
BODY PART																
<input type="checkbox"/>	Abdomen			<input type="checkbox"/>	Face/Jaw			<input type="checkbox"/>	Mouth/Teeth							
<input type="checkbox"/>	Ankle	L	R	<input type="checkbox"/>	Foot	L	R	<input type="checkbox"/>	Neck							
<input type="checkbox"/>	Arms	L	R	<input type="checkbox"/>	Fingers (specify)			<input type="checkbox"/>	Scalp							
<input type="checkbox"/>	Back			<input type="checkbox"/>	Groin			<input type="checkbox"/>	Shoulder							
<input type="checkbox"/>	Chest			<input type="checkbox"/>	Hands	L	R	<input type="checkbox"/>	Toes (specify)							
<input type="checkbox"/>	Ears	L	R	<input type="checkbox"/>	Hips	L	R	<input type="checkbox"/>	Wrist	L	R					
<input type="checkbox"/>	Elbow	L	R	<input type="checkbox"/>	Knee	L	R	<input type="checkbox"/> Other (specify)								
<input type="checkbox"/>	Eye	L	R	<input type="checkbox"/>	Leg	L	R									
															Front	Back



Incident Investigation Report

TYPE OF INCIDENT OR EVENT

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Airborne Particles | <input type="checkbox"/> Exposure to | <input type="checkbox"/> Overexertion | <input type="checkbox"/> Struck By |
| <input type="checkbox"/> Caught Between, In/On | <input type="checkbox"/> Fall on same level | <input type="checkbox"/> Overpressure | <input type="checkbox"/> Struck Against |
| <input type="checkbox"/> Chemical Exposure | <input type="checkbox"/> Fall to Lower Level | <input type="checkbox"/> Radiation | <input type="checkbox"/> Welding Flash |
| <input type="checkbox"/> Electric shock | <input type="checkbox"/> Fire/Explosion | <input type="checkbox"/> Slip or Trip | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Ergonomic | <input type="checkbox"/> Noise | <input type="checkbox"/> Smoke or Gas | |

INCIDENT DESCRIPTION

Briefly describe how the incident happened; tools, equipment or objects involved, including circumstances that led to the incident

(Attach photographs, diagrams, additional information if required)

Witness Statement Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Witness Name:
Other Attachments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Witness Contact Info:

EQUIPMENT INVOLVED

- | | | | |
|-------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Hand tools | <input type="checkbox"/> Scaffolds | <input type="checkbox"/> Elevated Work Platforms | <input type="checkbox"/> Excavator |
| <input type="checkbox"/> Power tool | <input type="checkbox"/> Hoists | <input type="checkbox"/> Telehandler | <input type="checkbox"/> Cutting |
| <input type="checkbox"/> Cranes | <input type="checkbox"/> Skid Steer/ Wheel Loader | <input type="checkbox"/> Welding | <input type="checkbox"/> Other: _____ |

HAZARDOUS MATERIALS

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Toxic/Poisonous | <input type="checkbox"/> Biohazard |
| <input type="checkbox"/> Flammable/Combustible | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Reactive Materials | <input type="checkbox"/> Designated Substances * |
| <input type="checkbox"/> Other: _____ | | | |

(* Acrylonitrile, arsenic, asbestos, benzene, coke oven emissions, ethylene oxide, isocyanates, lead, mercury, silica, vinyl chloride)

EQUIPMENT OR PROPERTY DAMAGE

Was there damage to equipment or property (Gazzola's or Others)?

If yes, to whom did the property belong:

Describe damages:

IMMEDIATE/DIRECT CAUSES (check all that apply)



Incident Investigation Report

SUBSTANDARD ACTS	SUBSTANDARD CONDITIONS
What action happened immediately prior to incident?	What conditions were present that contributed to the accident?
<input type="checkbox"/> Displaying symptoms of alcohol or drugs <input type="checkbox"/> Failure to check/monitor <input type="checkbox"/> Failure to follow rules or procedures <input type="checkbox"/> Failure to communicate/coordinate <input type="checkbox"/> Failure to use protective equipment properly <input type="checkbox"/> Failure to identify hazard or risk <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to react or correct <input type="checkbox"/> Failure to secure <input type="checkbox"/> Horseplay <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement for task <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Other: _____	<input type="checkbox"/> Congestion or restricted movement <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Inadequate support or assistance <input type="checkbox"/> Inadequate preparation/planning <input type="checkbox"/> Inadequate instructions/procedures <input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Inadequate communications hardware or software <input type="checkbox"/> Inadequate information data <input type="checkbox"/> Noise exposures <input type="checkbox"/> Poor housekeeping or disorder <input type="checkbox"/> Presence of harmful materials <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Road conditions <input type="checkbox"/> Temperature exposure <input type="checkbox"/> Weather conditions <input type="checkbox"/> Other: _____
Supporting Comments	Supporting Comments

BASIC/ROOT CAUSES	
PERSONAL FACTORS	JOB/SYSTEM FACTORS
<input type="checkbox"/> Improper motivation <input type="checkbox"/> Inadequate decision-making capabilities <input type="checkbox"/> Inadequate physical capabilities <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Physical stress <input type="checkbox"/> Mental stress Abuse or misuse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Inadequate <input type="checkbox"/> communication <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate leadership and/or supervision <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate tools/equipment/materials <input type="checkbox"/> Inadequate work standards/procedures <input type="checkbox"/> Excessive wear and tear <input type="checkbox"/> Other: _____
Supporting Comments:	Supporting Comments:
ANALYSIS OF INCIDENT	



Incident Investigation Report

Preventative Action: Recommendations to prevent reoccurrence

AREAS FOR CORRECTIVE ACTION (check all that apply)
--

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Leadership & Administration | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> System Evaluation | <input type="checkbox"/> Materials & Services Management |
| <input type="checkbox"/> Leadership & Training | <input type="checkbox"/> Rules & Work Permits | <input type="checkbox"/> Engineering & Change Management | <input type="checkbox"/> Off-the-Job Safety |
| <input type="checkbox"/> Planned Inspections & Maintenance | <input type="checkbox"/> Incident Analysis | <input type="checkbox"/> Personal Communications | <input type="checkbox"/> Environmental Management |
| <input type="checkbox"/> Critical Task Analysis & Procedure | <input type="checkbox"/> Knowledge & Skill Training | <input type="checkbox"/> Group Communications | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Incident Investigation | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> General Promotion | |
| <input type="checkbox"/> Task Observation | <input type="checkbox"/> Health & Hygiene Control | <input type="checkbox"/> Hiring & Placement | |

Supporting comments for choices:

ACTION ITEMS	ASSIGNED TO	COMPLETION DATE
1		
2		
3		

Name (Safety Department)	Signature	Date
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