

## Risk and Accident Report

Report #
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Accident      
 Incident      
 Near Miss

Description of Actual or Potential Loss				Date		Time			
Classification		Category (check box that applies)							
Accident / Failure		Personnel		Automotive		Environment		Other	
<input type="checkbox"/>	Catastrophic	<input type="checkbox"/>	Health	<input type="checkbox"/>	Light	<input type="checkbox"/>	Spill / Leak	<input type="checkbox"/>	Reputation
<input type="checkbox"/>	Major	<input type="checkbox"/>	Injury	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	Disposal	<input type="checkbox"/>	Assets
<input type="checkbox"/>	Serious	<input type="checkbox"/>	Fatality			<input type="checkbox"/>	Air Emission	<input type="checkbox"/>	
<input type="checkbox"/>	Light								
<input type="checkbox"/>	Near Accident								
<input type="checkbox"/>	Hazardous situation								
<input type="checkbox"/>	CorSafety.ca Involved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Industry Recognised	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Reg. recordable	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Brief description**

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**Detailed description of facts: i) What happened ii) Attach sketch or photos if applicable**

Hazard Category (Check one only)			Risk Classification				
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Toxic	Exposure			
<input type="checkbox"/>	Fire / flammable	<input type="checkbox"/>	Noise				
<input type="checkbox"/>	Pressure	<input type="checkbox"/>	Corrosive				
<input type="checkbox"/>	Potential energy	<input type="checkbox"/>	Equipment				
<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Hand tools				
<input type="checkbox"/>	Human	<input type="checkbox"/>	Vibration				
				Very High ( <i>More than weekly occurrence</i> ) ● High ( <i>More than annual occurrence</i> ) ● Medium ( <i>May occur annually at location</i> ) ● Low ( <i>Known to have occurred</i> ) ● Very Low ( <i>Not known to have occurred</i> ) ●			
				Light ● Serious ● Major ● Catas.			

Corrective Action					
(For cases where no investigation is required, enter any necessary actions below)					
Item #	Action Item	By whom	Target Date	Completion. Date	Remarks
1					
2					
3					
4					

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Written by: BM	Reviewed by:	Approved by:	

## Loss Report

### Injury or Illness Information

(For each person injured)

	Name(s)	Age	Start date	Job function	Hrs since last sleep	Hrs on duty	Hrs slept last time	Fatality (Y / N)
1								
2								
3								
4								

*Indicate details of injuries for each person above*

Injury	A - Cut B - Heat burn C - Fracture/break D - Amputation E - Concussion F - Puncture/entry G - Abrasion	H - Chemical burn I - Sprain/strain J - Bruise K - Crushing L - Electrical burn M - Other	Body Parts affected	A - Head B - Face C - Eyes D - Back E - Trunk F - Arms G - Hand	H - Fingers I - Legs J - Ankle K - Feet L - Toes M - Other	Days lost
1						
2						
3						
4						

### Automotive Accident Information

# Of occupants including driver		Company vehicle	Yes	No	Other vehicle	Yes	No	
Weather Conditions	Road type	Accident type	On Company Business		Yes	No		
Dry	Paved	Hit vehicle in front	Alcohol /drugs involved					
Wet / Slick	Gravel	Hit from behind	Seatbelts worn					
Clear	Narrow	Backed into	Charged by Police					
Fog	Poor surface	Hit stationary object	Speed when accident occurred		kph			
Snow / Ice	Highway	Hit pedestrian	Direction of travel		N	S	E	W
Sleet	Down grade	Hit animal	Time of day					
High Sun	Up grade	Multiple accident	Traffic volume		High	Medium	Light	

### Environmental Accident Information

Vegetation Damage		Release to waterway	Released to air	Soil contamination
Amount spilled or discharged	Unit	Material name or code		

### Other Loss Information

(Equipment, property, products, inventory, revenue, other)

Type	Description	Ref: # / Product code etc	Quantity

### Accident Cost Estimate

Injury / Illness cost	\$	Automotive cost	\$	Environmental cost	\$	Other cost	\$
Lost work days		Replacements		Lost products		Replacements	
Temp staff		Repairs		Remediation		Repairs	
Medical cost		3 <sup>rd</sup> Party repairs		Litigation		Lost products	
Litigation / other		Litigation / other		Other		Lost revenue	
<b>Total</b>		<b>Total</b>		<b>Total</b>		<b>Total</b>	

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## Loss Investigation Report

Person conducting investigation:				
Others involved:				
<b>Investigation Section 1 – Contact and Immediate Causes</b>				
Contact and / or Exposure		Struck against	Caught between	Fall to same level
		Fell to lower level	Exertion	Caught on
		Caught in	Struck by	Contact with
Substandard practices		Operating at improper speed	Under influence of drugs / alcohol	Horseplay
		Safety devices inoperable	Failure to warn	Lack of sleep
		Failure to use PPE	Failure to secure	Poor control
		Removal of safety devices	Improper loading	Improper lifting
		Improper position for task	Use of defective equipment	Operating equipment W/O authority
		Servicing equipment in operation	Improper placement	
Substandard Conditions		Inadequate guards	Fire / explosion hazard	Inadequate ventilation
		Inadequate protective equipment	Slippery surface	Inadequate illumination
		Defective tools, equip, material	Improper storage	Temperature extremes
		Congestion or restricted action	Poor housekeeping	Noise exposure
		Inadequate warning system	Pressure exposure	Inadequate use of equipment
<b>Investigation Section 2 – Basic Causes</b>				
Which of the following Personal and / or Job factors were the basic causes of this accident				
<b>Personal Factors</b>		<b>Job Factors</b>		
Lack of knowledge	Fatigue	Inadequate leadership	Inadequate work standards	
Stress	Lack of skills	Inadequate engineering	Inadequate purchasing	
Substance abuse	Improper motivation	Inadequate maintenance	Abuse or misuse	
Inadequate capability	Incorrect judgement	Inadequate tools / equipment	Wear & tear	
<b>Investigation Section 3 – Lack of Control</b>				
Commitment & Leadership	Organization & Resources	Contractor & Supplier Management	Assessment & Improvement	
Policies & Objectives	Design & Planning	Implementation & Planning	Risk Management	



**Comments by reviewing Manager**

**Endorsements**

We accept accountability for implementing the items of this action plan under our responsibility.

Name of Foreman	Signature	Date
Name of reviewing Manager	Signature	Date

**Diagram or Sketch**

(If applicable)

**Safety Committee Member Review**

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Completed by:

Name:		Signed:	
Date:			

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Written by: BM	Reviewed by: BM	by	