Incident Investigation Policy

Incident investigations are an integral component of our company safety program and shall be conducted to determine the cause of an incident in order to implement corrective action to prevent future occurrences.

All incidents and near miss are to be reported immediately to your supervisor, with an initial investigation report completed within 24 hours. Depending on the severity of the incident, a detailed investigation by the supervisor and the worker safety representative will be completed within 3 working days. The completed investigation will be forwarded to management for review and recommendation, immediately upon completion.

Reported immediately to supervisor, initial investigation report within 24 hours:

* Incidents that result in injuries that will require time lost from work;
* Incidents that result in injuries that require medical assistance;
* Incidents that result in damage to equipment, materials, or property with the potential loss of $1000 or more;
* Near misses that could have caused or resulted in personal injury or property loss.

By regulation, all serious personal injuries, collapse of structure or explosion must be immediately reported to the WSH Division 954-3446

All incidents and the corrective action shall be discussed with the workforce as soon as practicable, at minimum within one week of the incident.

Bristal Hauling Inc. management stresses that the reason for incident investigation is prevention and to identify areas of improvement of the safety program. Incidents are investigated to create a safer workplace, and not to assign blame. Each investigation should have a follow up meeting and include recommendations that solve identified problems in a realistic and workable manner.

The investigation procedure is as follows:

1. Look after the injured first including contacting EMS;
2. Secure the incident scene and equipment and ensure no further damage or injury can occur;
3. Contact your supervisor/management/safety coordinator and WSH Division if required;
4. Determine what took place and how the incident occurred;
5. Examine the equipment, activities, or materials involved;
6. Collect any physical evidence, take pictures, make a sketch of the incident;
7. Conduct interviews with workers and witnesses and keep notes;
8. Identify any hazardous conditions or unsafe acts and the underlying causes that lead to the incident;
9. Make recommendations to prevent a reoccurrence;
10. Take action that will prevent a recurrence of the incidence.

Serious Accidents Policy

Manitoba Safety and Health Regulation 217/2006 parts 2.6 to 2.9 require employers to contact the Workplace safety and health division immediately in the event of a fatal or serious incident occurs.

Manitoba Workplace Safety and Health Division 24 hour emergency response:

 Winnipeg 204-945-3446

 Brandon 204-726-6361

 The Pas 204-623-6411 ext. 285

 Environmental 204-945-4888

Examples of incidents that require contacting WSH Division are:

* Death or critical condition with risk of death to any person;
* A major structural failure or collapse of a building, tower, crane, hoist, excavation or any temporary construction support;
* Major release of a controlled product;
* An explosion, flood or fire;
* Injuries such as fracture of a major bone, skull, spine, pelvis, femur, humerous;
* An amputation, serious crush, or loss of sight;
* Poisoning;
* Third degree burns;
* Unconsciousness due to concussion, asphyxiation or shock;
* Any injury resulting in paralysis or that may result in permanent disability.

**Policy Implemented: June 1, 2016**



**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: June 1, 2016**

 **Willy Toews – Company Owner**

 **NEAR MISS REPORT**

DATE:

NEAR MISS DESCRIPTION:

FUTURE PREVENTION DESCRIPTION:

Employee: Signature:

Safety Rep: Signature:

Manager: Signature:

**Corrective Action Report**

Reporting Person: Date:

Order: Date of Original Order:

Summary of the Incident/Safety Program Non-compliance:

Recommendations/Corrective Action Plan:

**Person Reporting: Date:**

**Safety Coordinator: Date:**

The personal safety, health and well-being of every employee at Bristal Hauling Inc. is considered to be one of our most important responsibilities and as such is an area of major concern to management. I understand that Bristal Hauling Inc. is in violation of our internal safety program and therefore also in violation of the Manitoba Workplace Safety and Health Act. I will ensure that this compliance order is followed no later than(Date order will be met)**.**

**Signature: Date:**

Manager

**Corrective Action Completed: Date:**

Safety Coordinator

**Incident Investigation Report**

Who was involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: Date/Time:

Describe the Incident:

What was the immediate cause?

What were the underlying causes?

What training, instruction, caution, was given the incident?

How can similar incidents be prevented in the future?

Recommendations:

**Person Reporting: Date:**

**Reported to: Date:**

**Follow up: Date:**