

This form must be completed by the site superintendent or site supervisor whenever an accident/incident occurs. An authorized designate for CPP will be responsible for completing this form in the absence of the superintendent and/or supervisor. The site superintendent and/or supervisor must ensure a copy of the completed report is forwarded to the Human Resources Manager.

Accident/Incident resulted in (check all that apply):

- Injury Illness Property Damage Near Miss
 First-Aid Medical Aid Lost Time Reoccurrence

Site Location	Task being performed:	
Location of Incident (Be specific - area involved)	Date of incident Time _____ am Time _____ pm	Date reported accident/incident

ACCIDENT/INCIDENT INFORMATION

Supervisor: _____ Date of first missed shift: _____ No. of days lost _____

Approximate date of onset, if no specific date of injury: _____

Object/equipment/substance inflicting damage/injury: _____

Nature of injury: _____ Body parts affected: _____

EMPLOYEE INFORMATION

Name (last name first - please print) _____ Home phone number: _____

Home Address: _____ Age: _____ Sex: M / F

Date of employment: _____ Occupation/Position: _____

Experience (time) in job: _____

Evaluation of loss potential if not corrected: _____

- Loss severity potential: Major Minor
- Probability of occurrence: Low Moderate High

Describe how the event occurred:

Immediate causes *(What substandard acts/practices and conditions caused or could cause the event? See end of form) :*

Basic causes *(What specific personal or system factors caused or could cause this event? See end of form) :*

Remedial actions *(What action plan has and/or should be done to prevent a recurrence of the incident in question) :*

Supervisor's Name (print): _____ (signed): _____

Investigator's Name (print) : _____ (signed): _____

Date: _____ Time: _____

IMMEDIATE CAUSES – check all as appropriate	
<p>Substandard Acts/Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other substances 	<p>Substandard Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Hazardous environmental conditions, gases, smoke, dusts, fumes <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation

BASIC CAUSES – check all as appropriate	
<p>Personal Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge/training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation 	<p>Job Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Abuse and/or misuse