

Exhibit 24
Incident / Accident Report and Investigation Form

Contractor/Employer Name: _____

Incident Information			
<input type="checkbox"/> Property Damage	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Lost Time
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Restricted Work	<input type="checkbox"/> Fatality
Worker's Name:		Date of incident:	
Occupation:		Time of incident:	
Age:		Reported by:	
Years experience in this job		Report to:	
Total years of service:		Date reported:	
Location of incident:		Time reported:	
Weather Conditions at time of incident:			

Witnesses – NOTE – Record witness statements where appropriate (e.g. major accidents/medical treatments)

Full Name	Address	Telephone
1)		
2)		
3)		

NOTE: Certain incidents require immediate reporting to WorkSafeBC others require reporting within three days. See page 7 for information and a contact number. Also see Section F of the H&S Manual for other reporting requirements.

Has incident/accident been reported to WorkSafeBC? Yes N/A

Has incident/accident been reported to applicable external agency, licensee and/or client? Yes N/A

Category of Incident

<input type="checkbox"/> Traveling to & from work	<input type="checkbox"/> Log Hauling	<input type="checkbox"/> Silviculture	<input type="checkbox"/> Shop
<input type="checkbox"/> Forestry Field Activities	<input type="checkbox"/> Mechanical Harvesting	<input type="checkbox"/> Manual Tree Falling	<input type="checkbox"/> Chip & Sawdust Pile
<input type="checkbox"/> Other (please specify)			

Were Seatbelts and PPE Worn? Yes No N/A

Injury Detail:

<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Fracture	<input type="checkbox"/> Abrasion/Scratch
<input type="checkbox"/> Puncture	<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> N/A (no injury)
<input type="checkbox"/> Other (please specify)		

Nature of Injury/Illness:

Description of Body Part Injured:

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Object/Equipment/Work Task:

Substance Inflicting Injury/Illness:

Treatment Required

<input type="checkbox"/> None	<input type="checkbox"/> First Aid	<input type="checkbox"/> Went to Doctor	<input type="checkbox"/> Went to Hospital	<input type="checkbox"/> Went to Clinic
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Name and address of attending physician (if applicable):

Description of activities/sequence of events immediately prior to the accident: _____

Description of Incident/Accident/Near Miss (include individuals involved and attach photos or drawings as needed, list any unsafe conditions, acts or procedures that contributed to the accident):

<p>Incident/Accident/Near Miss sketch</p> <p>NORTH</p>

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Description of emergency response measures carried out (if any). Include names and timelines:

Was the emergency response appropriate? (if not address through corrective actions and include attach additional description if needed)

Property/Equipment Damage:

Item(s) Damaged and Nature of Damage:

Estimated and/or Actual Cost:

Other/Equipment/Substance Inflicting Damage:

Person(s) in Control of Above Item(s):

Estimated Production Loss as a Result of Incident:

Hazard Priority Ranking (This section provides an estimate of the risk associated with the incident/accident.)

Potential for Consequence: The first ranking estimates the severity of the problem if the potential accident/incident were to occur.

- 1 **Imminent Danger** (e.g., causing death, widespread illness, loss of facilities)
- 2 **Serious** (e.g., severe injury, serious illness, property and equipment damage)
- 3 **Minor** (e.g., non-serious injury, illness, or damage)
- 4 **Negligible/Okay** (e.g., minor injury, requiring first aid or less)

Frequency to Exposure: The second ranking estimates the probability (think in terms of risk assessment) of the accident/incident occurring.

- A **Probable** – likely to occur immediately or soon
- B **Reasonably probable** – likely to occur eventually
- C **Remote** – could occur at some point
- D **Extremely remote** – unlikely to occur

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Cause Analysis

Type of Event (check all that are applicable)		
<input type="checkbox"/> Struck Against (running, bumping into)	<input type="checkbox"/> Caught In Pinch (pinch & nip points)	<input type="checkbox"/> Abnormal Operation
<input type="checkbox"/> Struck By (hit by moving object)	<input type="checkbox"/> Caught On (snagged, hung)	<input type="checkbox"/> Product Contamination
<input type="checkbox"/> Fall From Elevation to Lower Level	<input type="checkbox"/> Caught Between/Under (crushed or amputated)	<input type="checkbox"/> Equipment Failure
<input type="checkbox"/> Fall From Same Level (slips & fall, trip)	<input type="checkbox"/> Environmental Release	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Contact With (electricity, heat, cold, radiation, caustics, toxics, biological, noise)	<input type="checkbox"/> Overstress, Overpressure, Overexertion, Ergonomic	<input type="checkbox"/> Other
Direct or Immediate Causes (check all that are applicable)		
<input type="checkbox"/> Operating at Improper Speed	<input type="checkbox"/> Failure to Follow Procedure/Policy/Practice	<input type="checkbox"/> Failure to Secure
<input type="checkbox"/> Using Defective Equipment	<input type="checkbox"/> Failure to Identify Hazards and Risk	<input type="checkbox"/> Road Conditions
<input type="checkbox"/> Failing to Use Proper PPE	<input type="checkbox"/> Failure to Communicate / Coordinate	<input type="checkbox"/> Failure to Warn
<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Inadequate / Improper Protective Equipment	<input type="checkbox"/> Failure to Check/Monitor
<input type="checkbox"/> Under Influence of Alcohol and/or Drugs	<input type="checkbox"/> Poor Housekeeping / Disorder	<input type="checkbox"/> Weather Conditions
<input type="checkbox"/> Using Equipment Improperly	<input type="checkbox"/> Inadequate Instructions / Procedures	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Inadequate Communication / Process	<input type="checkbox"/> Poor ergonomic conditions	<input type="checkbox"/> Other
Basic / Root Cause (check all that are applicable)		
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Improper attempt to save time / effort	<input type="checkbox"/> Drugs
<input type="checkbox"/> Inability to Comprehend	<input type="checkbox"/> Improper Supervisory Example	<input type="checkbox"/> Frustration
<input type="checkbox"/> Fatigue Due to Lack of Rest	<input type="checkbox"/> Inadequate Performance Feedback	<input type="checkbox"/> Lack of Experience
<input type="checkbox"/> Improper Conduct that is Condoned	<input type="checkbox"/> Inadequate or Improper Controls	<input type="checkbox"/> Lack of Coaching
<input type="checkbox"/> Preoccupation with Problems	<input type="checkbox"/> Inadequate Work Planning or Programming	<input type="checkbox"/> Inadequate Discipline
<input type="checkbox"/> Lack of Situation Awareness	<input type="checkbox"/> Confusing Directions / Demands	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Improper Handling of Materials	<input type="checkbox"/> Inadequate Communication of Standards	<input type="checkbox"/> Inadequate Update Training
<input type="checkbox"/> Inadequate Inspection and/or Monitoring	<input type="checkbox"/> Inadequate Communication Between Shifts	<input type="checkbox"/> Exposure to Health Hazards
<input type="checkbox"/> Inadequate Performance is Tolerated	<input type="checkbox"/> Inadequate Development of Standards	<input type="checkbox"/> Inadequate Preventative Maintenance
<input type="checkbox"/> Giving Inadequate Policy, Procedures, Practices, or Guidelines	<input type="checkbox"/> Inadequate Verbal Communication Between Supervisor and Personnel	<input type="checkbox"/> Inadequate Human Factors / Ergonomics
<input type="checkbox"/> Inadequate Instructions, Orientation, and/or Training	<input type="checkbox"/> Inadequate Assessment of Needs, Risks, and/or Hazards including Ergonomic Considerations	<input type="checkbox"/> Other

Description of Root Causes

HAVE APPLICABLE SAFE WORK PRACTICES OR PROCEDURES BEEN REVIEWED? YES NO
 ARE REVISIONS NECESSARY AS A RESULT OF THIS INVESTIGATION? YES NO
Ensure that an appropriate corrective action item is created for SWP revisions.

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Corrective Actions to prevent reoccurrence (include corrective action, responsibility, and required completion date – add extra sheet if necessary)	
Corrective Action #1:	
Responsibility:	Date Due:

Corrective Action #2:	
Responsibility:	Date Due:

Corrective Action #3:	
Responsibility:	Date Due:

Are any of the above recommendations anticipated to create potential future risks? (address each risk if so)	

Submission of investigation report (or summary) required by client/licensee/prime contractor? Yes No

Name client/licensee: _____

Investigation Sign Off (print, sign and date)
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Investigated By:	Signature:	Date:
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	Signature:	Date:
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	Signature:	Date:
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Duz Cho Logging Supervisor:	Signature:	Date:
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Duz Cho Logging Manager:	Signature:	Date:
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Witness Statement Form

Witness Name: _____ Incident Date: _____

Please provide an account of the incident or near miss in your own words listing the details of what you witnessed and avoid speculation of what occurred.

Witness Signature: _____ Date: _____

Investigator Signature: _____ Date: _____

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Reporting Incidents/Accidents to the Worker's Compensation Board

The following will be reported to the Board (s.54(1) and (2) of the Act) by the Duz Cho Logging Manager:

- every injury to a worker that is or is claimed to be one arising out of and in the course of employment within three days of its occurrence, and
- every disabling occupational disease or claim for or allegation of an occupational disease within three days of being notified by the worker

using WSBC Form 7, "Employer's Report of Injury or Occupational Disease".

A reportable injury is one where one of the following conditions is present or subsequently occurs:

- The worker loses consciousness following the injury.
- The worker is transported or directed by a first aid attendant or other employer representative to a hospital or other place of medical treatment, or is recommended by such persons to go to such place.
- The injury is one that obviously requires medical treatment.
- The worker has received medical treatment for the injury.
- The worker is unable or claims to be unable by reason of the injury to return to his or her usual job function on any working day subsequent to the day of the injury.
- The injury or accident resulted or is claimed to have resulted in the breakage of an artificial member, eyeglasses, dentures or a hearing aid.
- The worker of WorkSafeBC has requested that an employer's report be sent.

The following will immediately be reported to the Board (s. 172(1) of the Act):

Any accident that:

- results in serious injury to or the death of a worker,
- involved a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation,
- involved the major release of a hazardous substance, or
- was an incident required by regulation to be reported.

FOR IMMEDIATE REPORTING

WorkSafeBC (Worker's Compensation Board) Prevention Emergency Line 1-888-621-7233.

Investigating Incidents/Accidents

An incident/accident investigation must be completed for each incident listed above. Furthermore Duz Cho Logging will also complete this process for any reported incident or accident that did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing a serious injury to a worker.

Copies of completed investigations must be provided to (s. 175 of the Act)

1. Safety Committee
2. Worker's Compensation Board

Finally, as a follow up to the investigation, Duz Cho Logging will prepare a report of the actions taken as a result of the investigation (report on the status of outstanding corrective actions identified) and provide this report to the joint Safety Committee. (s. 176 of the Act)