



# DRUMHELLER

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## ADMINISTRATION POLICY

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### **ADMINISTRATION POLICY #A-05-19**

Supersedes # A-07-17

#### **INCIDENT/ACCIDENT/NEAR MISS/INJURY/ILLNESS/WORK REFUSAL**

##### **THE PURPOSE OF THIS POLICY IS TO:**

As a part of the Town of Drumheller's commitment to safety the Incident/Accident/Near Miss/Injury/Illness/Work Refusal Form has been developed to insure accurate tracking of all incidents, accidents, near misses, injury, illness and work refusal. Data will be tracked and analyzed on an annual basis to provide information for corrective actions.

##### **BACKGROUND:**

When an incident, accident, near miss, injury or work refusal occurs, the employee involved must complete an Incident/Accident/Near Miss/Injury/Illness/Work Refusal Form

The completed report form should be signed by the employee involved and then forwarded to their supervisor. The supervisor should also sign the completed report form and is then responsible for forwarding a copy to the Health and Safety Office and up to the Department Director.

##### **POLICY STATEMENT:**

The Town of Drumheller shall maintain procedures herein contained in order to be consistent throughout the organization. All employees, when appropriate, complete and forward the above mentioned form. The reporting of incidents, accidents, near misses, injury, illness and work refusal, is one step toward the prevention of future accidents in the work place.

PROCEDURE:

1. All forms will be forwarded to the Health and Safety Officer for review of all documentation. Investigations must be conducted on all incidents, accidents, near misses, injury, illness and work refusal by supervisors and/or the Department Head prior to sending the form to the Health and Safety Officer.
2. If necessary, further investigations will be carried out with direction from the Health and Safety Officer.
3. Work memos that include the type of hazard control, the priority of work and the responsible party will be administered if necessary
4. Work memos will be in duplicate
5. One copy will be held by the Health and Safety Office and a second copy will be forwarded to the Department Head for action. Target dates for completion will depend on the level of hazard, as well as the type of hazard control (elimination, engineering, administrative or PPE)
6. As the work is completed the work memo will be signed off by the Department Head and returned to Health and Safety Officer to match up with the original to ensure completion
7. All incidents by regulation, must be reported to O.H. & S., WCB, or other regulatory agencies, by the Health and Safety Officer.

For complete details and guidelines on investigating incidents, accidents, near misses, injury, illness or work refusal please refer to Policy #A-04-19 Incident Investigation Policy.

Adopted by Health and Safety Committee

Date: November 18/19

  
\_\_\_\_\_  
Chief Administrative Officer

Attachments:

Incident/Accident/Near Miss/Injury/Illness/Work Refusal Report Form  
Incident/Accident/Near Miss/Injury/Illness/Work Refusal Form Process  
Incident/Accident/Near Miss/Injury/Illness/Work Refusal Work order



# DRUMHELLER



## INCIDENT - ACCIDENT – NEAR MISS INJURY - ILLNESS – WORK REFUSAL FORM

**INCIDENT:** An unplanned, undesired event that hinders completion of a task and may cause injury, illness, or property damage.

**ACCIDENT** is something which happens unexpectedly and unintentionally and which often damages something or injures someone

**NEAR MISS** is an unplanned event that did not result in injury, illness, or damage but had the potential to do so.

**INJURY** is damage to the body. This may be caused by accidents, falls, hits, and other causes.

**ILLNESS** is a condition of being unhealthy in your body or mind.

**UNDERLYING CAUSE** refers to something lying beneath or the basic root cause of something.

Date & Time of Occurrence: \_\_\_\_\_

Date & Time of Report: \_\_\_\_\_

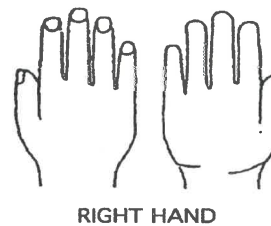
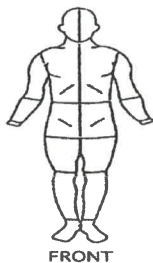
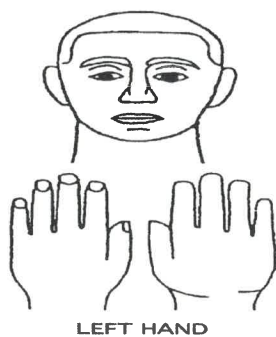
*\*USE & ATTACH ADDITIONAL PAPER AS REQUIRED.*

Employee's Information
Name:
Driver's License and/or Phone #:
Unit #:

Witnesses	Phone Number
1.	
2.	
3.	

Description of incident/accident/near miss or if injury/illness, or work refusal -include description (who, when, what, where, why and how should be answered)

**Please indicate where injury occurred by placing an 'X' on DIAGRAM below.**



<b>Underlying Causes</b> <i>(Describe why this incident/accident happened)</i>

<b>Corrective Actions</b> <i>(Describe how this accident could have been prevented)</i>

<b>First Aid Performed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>First Aider:</b>
<b>First Aider's Qualifications?</b>	
<b>Describe First Aid Provided.</b>	
<b>Action after incident/accident:</b> <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Back to Work	

<b>Copy Offered to Employees?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employees Signature:</b> _____
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<b>Other Vehicle/Property Information</b>
Name:
Driver's License #:
Vehicle Make/Model:
License Plate #:
Name of Insurer:
Insurance Policy #:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Risk Manager: \_\_\_\_\_

<b>For Supervisor's use only:</b>
<input type="checkbox"/> <b>Lost Time</b> <input type="checkbox"/> <b>No Lost Time</b> <input type="checkbox"/> <b>Modified Duties</b> <input type="checkbox"/> <b>Near Miss</b>

**\*\*\*Please forward copies of this report to the Department Manager/Director and Health & Safety Office.  
 \*\*\*Keep this Record confidential and retain for at least 3 years if this is an injury or illness.**



# DRUMHELLER



INCIDENT - ACCIDENT - NEAR MISS - INJURY  
ILLNESS FORM - WORK REFUSAL

## Form Process

Employee fills out an Incident—Accident—Near Miss—First Aid - Work Refusal Form after any and all incidents, accidents or near misses occurring as a result of work duties. Forms are to be completed and forwarded to supervisors.

Supervisor reviews Incident—Accident—Near Miss—First Aid - Work Refusal Form and signs-off, if it has been correctly completed.

All Incident/Accident/First Aid Forms—Incident—Accident—Near Miss—First Aid - Work Refusal Form are to be forwarded to the HSO.

### Investigation:

Investigations will be conducted on the following conditions:

- failure of employee to use PPE
- Immediate causes could have been controlled or eliminated
- Corrective actions request future safety controls
- Or, any other reasons requested by supervisors department head or HSO

Work orders and disciplinary action arising from investigations will be issued from Health & Safety Office in conjunction with Department Head.

### No Investigation:

Form is filed for documentation and reference. No controls to generate work memos arising from immediate causes or corrective actions.

### Work Memos

The work memos will be in duplicate. One copy will be held by the HSO and a second copy will be forwarded to the Department Head for action. Target dates for completion will depend on the level of hazards as well as the type of hazard control.

As the work is completed the work memo will be signed off by the Supervisor or Department Head and returned to the HSO to match up with the original to ensure Completion.

### Disciplinary Action

See attached  
HR Policy No. 5.02.10.06

Identified hazards and disciplinary actions are reviewed before filing for documentation and review purposes.



# DRUMHELLER



## INCIDENT/ACCIDENT/NEAR MISS INJURY/ILLNESS/WORK REFUSAL WORK ORDER

Date:

Issued By:

Issued To:

**WORK ORDER #:**

Report Date |

Reported By |

Location |

### WORK ORDER DETAILS

WO#	Priority	Description	Corrective Action	Completion	
				Individual	Date

### WORK ORDER COMPLETION

WO#	Individual	Completion		Signature of Individual
		Date		

**Manager's Signature**

**Date**

*To be completed by Risk Management Office only:*

Target Date for Completion:

Date Work Order Completed: