



**Occupational Health and Safety (OHS)
Incident Reporting and Investigation
(IRI) Policy**

Section: PS 818

Date issued: 2012 02 01
Revision date: 2014 04 01

Preamble

Executive government is responsible for setting standards and developing corporate processes that support permanent heads in ensuring healthy and safe workplaces.

A standardized procedure for incident reporting and investigation captures information for the employer to identify trends and issues in order to be proactive in preventing incidents and reoccurrence of incidents.

Application

This policy applies to all employees of Executive government including individuals hired as employees under contract.

This policy applies to all workplaces of Executive government where any person is injured or could be injured.

Policy

Executive government employees shall report, investigate and implement corrective measures for all incidents occurring in an Executive government workplace in accordance with this policy.

Key Principles

- Permanent heads are ultimately responsible to ensure workplace health, safety and welfare.
- Every employee is responsible for health and safety in the workplace within their level of authority.
- Incident reporting to the permanent head and appropriate supervisors will occur, investigations will be completed and corrective action(s) will be implemented in accordance with this policy.

Definitions

Central Incident Resource

An employee designated by the permanent head to coordinate and manage the required collection and distribution of incident information.



Section: PS 818

<i>Dangerous Occurrence</i>	Any incident that does not result in, but could have resulted in, a fatality or serious bodily injury, as outlined in <i>The Occupational Health and Safety Regulations, 1996</i> (OHS Regulations), section 9.
<i>First Aid</i>	First Aid means immediate treatment received by someone in the workplace after an incident [OHS Regulations, section 2(y)].
<i>First Aid Register</i>	A First Aid Register (OHS Regulations, Part V) is a written log book required by every workplace for recording every first aid treatment received by someone in the workplace.
<i>Injury</i>	Injury includes any disease or impairment of physical or mental condition [OHS Regulations, section 2(2)] caused by exposure to factors associated with employment. Injuries can occur immediately from an incident, or develop over time after ongoing exposure, such as to hazardous materials leading to illness, repetitive movements leading to strain, etc.
<i>Incident</i>	An event that results in, or may result in, injury to persons. Types of incidents include: Injury; Serious Bodily Injury/Hospitalization (OHS Regulations, section 8); Near Miss; Dangerous Occurrence (OHS Regulations, section 9); and Fatality.
<i>Incident Causes</i>	Causes of an incident are identified during an investigation. There are often multiple causes at different levels including: <ul style="list-style-type: none">• Direct cause of an incident is what occurred immediately before the incident to cause or potentially cause the incident.• Indirect causes of an incident are the sub-standard acts and/or conditions that lead to the incident occurring and answer “how” the incident happened.• Root cause is the broader or systemic underlying causes that lead to the incident. These are usually expressed as a deficiency in the safety system and answers “why” the incident happened.
<i>Incident Investigation Team</i>	Employees or external resources that are designated by a Director/ Manager to investigate incidents. Examples include employer and employee Occupational Health Committee (OHC) co-chairs or other OHC members; the Occupational Health Representative (OHR) and the supervisor; ministry safety professionals; external specialists; and/or employees with technical or operational expertise pertinent to the incident.



Section: PS 818

<i>Near Miss</i>	An unplanned event that did not result in an injury or damage but had the potential to do so. Another familiar term is “close call”. A near miss is not as severe as a Dangerous Occurrence.
<i>Reasonably Possible</i>	Performed promptly without delay at the first possible opportunity.
<i>Supervisor</i>	A person who is authorized by the employer to oversee and/or direct the work of others. There are varying levels of supervisory authority (e.g. Assistance Deputy Minister, Director, Manager, front-line, etc.)
<i>Safety Champion</i>	A ministry executive committee member designated by the permanent head to provide health and safety leadership and influence within his/her respective ministry.
<i>Time Loss and No Time Loss Injury</i>	<ul style="list-style-type: none">• Time Loss Injury requires an employee to be absent from work beyond the day of injury; an employee is unable to return by his/her next scheduled shift.• No Time Loss Injury requires no absenteeism or absenteeism for only the remaining portion of his/her shift at the time of injury.
<i>Workplace</i>	The physical location where work related responsibilities are authorized by the employer to be performed.

Roles and Responsibilities

Every employee is responsible for health and safety in the workplace within their level of authority.

Permanent heads have the ultimate accountability for ensuring workplace health and safety legislated requirements and excellence within their respective ministry and are responsible for:

- Achieving and maintaining an injury free workplace;
- Ensuring knowledge transfer of this policy to all employees;
- Designating a Safety Champion and Central Incident Resource;
- Reviewing page one of completed *Incident Reporting and Investigation Form 101*;
- Ensuring decisions and follow up actions are implemented effectively; and
- Holding supervisors accountable for carrying out their responsibilities and adherence to this policy.



Section: PS 818

Safety Champions are responsible for:

- Gaining a depth of expertise on this policy and related procedures to fulfill this leadership role at the executive level and throughout their respective ministry; and
- Working with employees to ensure effective policy implementation within their respective ministry.

Supervisors are responsible for:

- Ensuring the health and safety of employees and others within their level of authority and area of operational responsibility;
- Ensuring employees receive training to this policy and holding employees and others accountable for carrying out their responsibilities and adherence to this policy;
- Ensuring the scene has been secured after an incident (see Appendices A and B);
- Ensuring completion and distribution of the Incident Reporting and Investigation Form 101 (see Appendix C) and follow-up actions in the required time frames (see Appendices A and B);
- Mobilizing and collaborating with the Incident Investigation Team as required (Director/Manager level) (see Appendices A and B) then completing Formal Corrective Action Plan (see Appendix E);
- Obtaining Supervision and Safety training and Incident Investigation training if responsible for performing incident investigations and reporting requirements; and
- Completing the Employer (E1) form as required by Workers Compensation Board (WCB) and forwarding the E1 form to the Employee Service Centre (ESC) if the injury results in Time Loss (see Appendices A and B).

Employees are responsible for:

- Ensuring personal and workplace health and safety;
- Participating in training and adhering to this policy;
- Ensuring the appropriate supervisor is notified of all incidents immediately;
- If first on the incident scene, securing the scene and performing follow up actions as required (see Appendices A and B);
- Collaborating with those investigating an incident; and
- Completing the Worker (W1) form as required by WCB (see Appendices A and B).



Section: PS 818

Incident Investigation Teams are responsible for:

- Mobilizing as requested;
- Investigating incidents and completing and distributing a report as per the *Investigation and Reporting Guide* (see Appendix D) in the required timeframes (see Appendices A and B); and
- Obtaining incident investigation training.

Central Incident Resources are responsible for:

- Coordinating and supporting ministry incident reporting and investigation processes and statistical reporting.

NOTE: Ministries may determine additional roles and responsibilities.

Incident Reporting

All incidents shall be documented on *Incident Reporting and Investigation Form 101* (see Appendix C) and distributed as required.

The Ministry of Labour Relations and Workplace Safety (LRWS), Occupational Health and Safety Division, shall be notified of incidents as prescribed in the OHS Regulations: section 8, Accidents causing serious bodily injury; and section 9, Dangerous occurrences.

Employees and supervisors shall complete the Worker (W1) and Employer (E1) forms as required by (WCB) (see Appendices A and B).

Incident Investigations

All incidents must be initially investigated by the supervisor who is operationally responsible for the area where the incident occurred. Utilize Appendix F to identify possible incident causes that may have contributed to the occurrence of the incident.

Incident Investigation Teams will perform investigations as per the Formal Incident Investigation Report Guide (see Appendix D) when:

- A serious bodily injury/dangerous occurrence incident occurred that causes or could have caused the death of a worker or that requires a worker to be admitted to a hospital as an in-patient (refer to OHS Regulations, sections 8, 9, 29 and 31).

NOTE: Ministries may conduct other investigations.



Section: PS 818

Forms and Statistics

Statistics and records shall be safeguarded, maintained and communicated as per applicable privacy legislation.

The Central Incident Resource will collate and report incident statistics to the permanent head of their respective ministry and for Executive government roll-up.

First Aid Register entries do not require the completion of Incident Reporting and Investigation Form 101. Supervisors shall ensure employees complete First Aid Registers as required by OHS Regulations, section 57, and ensure a list of the entries are maintained/received by OHC co-chairs on a quarterly basis.

Training

All employees shall participate in *Incident Reporting and Investigation* policy training. Policy training is knowledge transfer at a level appropriate to an employee's level of authority and responsibility in order to effectively comply with this policy.

All supervisors shall participate in *Supervision and Safety* training or equivalent.

All employees who perform incident investigations shall obtain *Incident Investigation* training.

NOTE: Participation in Occupational Health Committee Level II or equivalent training meets the requirement for Incident Investigation training.

OHS Legislation

Key sections of the OHS Regulations related to incident investigation and reporting include:

- Section 8 Accidents (incidents) causing serious bodily injury
- Section 9 Dangerous occurrences
- Section 29 Investigation of certain accidents (incidents)
- Section 31 Investigation of dangerous occurrences

Refer to the OHS Regulations for specific requirements

There are additional sections in the OHS Regulations where an investigation may be required. Consult your supervisor, local OHC, ministry safety professional or the OHS Division of LRWS for clarification.



Section: PS 818

Additional Legislation

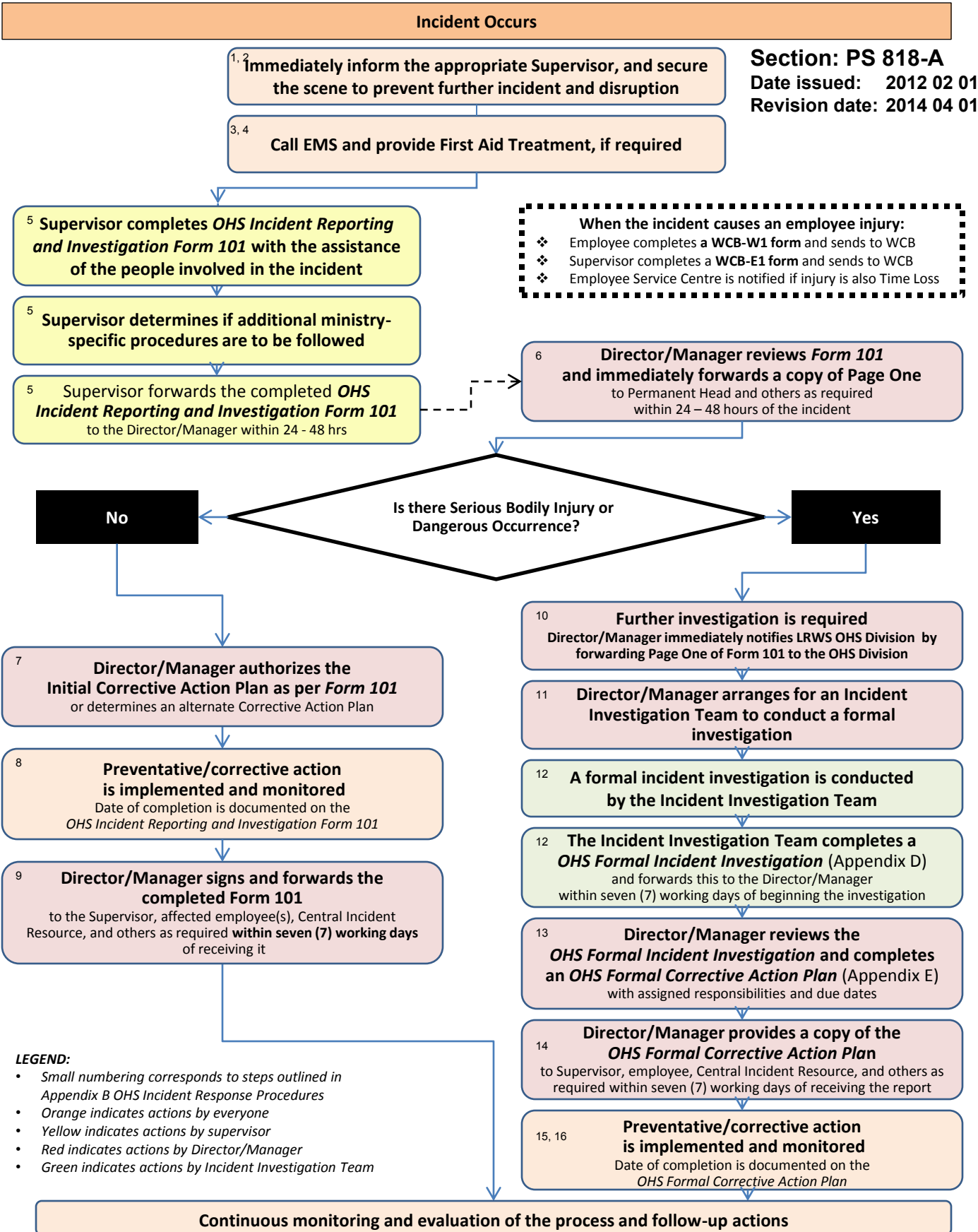
The Occupational Health and Safety Act, 1993
The Public Service Act, 1998
The Health Information Protection Act
The Freedom of Information and Protection of Privacy Act
The Saskatchewan Human Rights Code

Appendices

[Appendix A – OHS Incident Reporting and Investigation Flowchart](#)
[Appendix B – OHS Incident Response Procedures](#)
[Appendix C – OHS Incident Reporting and Investigation Form 101](#)
[Appendix D – OHS Formal Incident Investigation](#)
[Appendix E – OHS Formal Corrective Action Plan](#)
[Appendix F – OHS Incident Cause Reference](#)

Inquiries

Public Service Commission, Occupational Health and Safety
Corporate Health and Safety Program Manager





Section: PS 818-B

APPENDIX B
OHS INCIDENT RESPONSE PROCEDURES

Date issued: 2012 02 01
Revision date: 2014 04 01

Procedure

In the event of an incident, **Supervisors** will:

1. Be advised immediately that an incident has occurred.
2. Ensure the scene is secured to prevent further incident and disruption.
3. Ensure Emergency Medical Services have been called (ambulance, fire, police), if required.
4. Ensure first aid treatment has been provided by those who are certified/capable, as necessary.
5. Complete both sides of the *OHS Incident Reporting and Investigation Form 101* with input from the people involved in the incident [utilize OHS Incident Cause Reference (Appendix F) to assist in cause identification] and forward it to the Director/Manager **within 24-48 hours** of the incident. If unforeseen circumstances prevent Form 101 from being completed within the required timeframe, complete Form 101 as soon as possible with explanation for the delay.

NOTE: Determine if additional ministry-specific procedures are to be followed (e.g. violence, environmental, motor vehicle incidents, infectious disease exposure, etc).

Director/Manager will:

6. Review *OHS Incident Reporting and Investigation Form 101* and **forward a copy of Page One** to the permanent head, the Central Incident Resource, and others, as required, **within 24-48 hours** of the incident (Page One notifies the permanent head that an incident has occurred).
7. If no further investigation is required, ensure Form 101 is thoroughly completed and authorize corrective action via the section of the form titled "Initial Corrective Action Plan" (found at the end of Form 101) or determine an alternate Corrective Action Plan.
8. Ensure the Initial Corrective Action Plan is implemented and monitored for effectiveness. Indicate the date that corrective action was/will be completed on the *OHS Incident Reporting and Investigation Form 101*.
9. Sign the completed *Incident Reporting and Investigation Form 101* and forward a copy to the supervisor, affected employee(s), Central Incident Resource, and others, as required, **within seven days** of receiving it.¹

¹ All completed forms must be filed and distributed in accordance with privacy requirements.



Section: PS 818-B

Further Investigation is required when:

- A Serious Bodily Injury or Dangerous Occurrence incident occurs – an incident that causes or could have caused the death of a worker or that requires a worker to be admitted to a hospital as an in-patient (refer to OHS Regulations, sections 8, 9, 29 and 31).

NOTE: Further investigation is not restricted to this. Ministries may conduct investigations for additional incidents.

If further investigation is required:

10. As per OHS Regulations, sections 8 and 9, the Director/Manager shall ensure the OHS Division of LRWS receives notification of the incident, as soon as reasonably possible, by **e-mailing/faxing the completed Page One** of *OHS Incident Reporting and Investigation Form 101* to the OHS Division.
11. The Director/Manager will mobilize an Incident Investigation Team as soon as reasonably possible and ensure appropriate time and resources are allocated to complete the investigation.²
12. The Incident Investigation Team will investigate and compile a report as per the *OHS Formal Incident Investigation Report* (Appendix D) and forward a copy to the Director/Manager as soon as reasonably possible but **within seven days** of beginning the investigation of the incident.³
13. The Director/Manager reviews the Incident Investigation Team's *OHS Formal Incident Investigation Report*, then completes an *OHS Formal Corrective Action Plan* (Appendix E) form and includes assigned responsibilities and targeted completion dates.
14. The Director/Manager provides a copy of the *OHS Formal Corrective Action Plan* to the Incident Investigation Team, affected supervisor(s), affected employee(s) Central Incident Resource and others as required **within seven days** of receiving the Incident Investigation Team's report.
15. The *OHS Formal Corrective Action Plan* is implemented and monitored for effectiveness by the Director/Manager.
16. The Director/Manager indicates the date of completion on the *OHS Formal Corrective Action Plan*.

² Incident investigation may require collaboration with other ministries.

³ An incident investigation may require more time than seven days. In these instances, the Director/Manager can authorize an agreed upon additional time requirement.



Section: PS 818-B

Workers Compensation Board (WCB)

WCB requires the submission of a completed *Workers Initial Report of Injury (W1)* form and an *Employer's Initial Report of Injury (E1)* form for all incidents that occur at the workplace:

- Where an employee requires medical treatment from a healthcare professional (which may or may not require time away from work);
 - That results in time away from work; or
 - That does not result in time away from work but has the potential to result in a future claim (e.g. asbestos exposure, needle stick injury, etc.).
1. The employee shall complete and submit a WCB *Workers Initial Report of Injury (W1)* form and provide a copy of it to or notify their immediate supervisor of the submission.
 2. The employee's supervisor shall complete a WCB *Employer's Initial Report of Injury (E1)* form and submit it to WCB **within five days** from the date of notification of the injury.

Worker WCB forms can be found on-line at

<http://www.wcbask.com/workers/worker-resources/>

Employer WCB forms can be found online at

<http://www.wcbask.com/employers/employer-resources/>

Employee Service Centre (ESC)

ESC requires notification of employee injury if Time Loss occurs. Forward a copy of the completed E1 form to ESC if the claim is Time Loss or if it is possible the claim could become a Time Loss.

Incident #:

APPENDIX C
OHS INCIDENT REPORTING AND INVESTIGATION FORM 101

Section: PS 818-C
Date issued: 2012 02 01
Date updated: 2014 04 01

IDENTIFICATION INFORMATION: (Name of person involved – complete a separate form for each person)

Last Name: _____		First Name: _____		Phone Numbers: (home) _____	
Age: <input type="checkbox"/> 16-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> 55+		Male <input type="checkbox"/> Female <input type="checkbox"/>		(work) _____ (cell) _____	
Supervisor Name: _____		Supervisor Contact: (work) _____ (cell) _____		(fax) _____	
Complete this section if a government employee:		Ministry: _____		Division: _____	
Branch: _____		Region: _____		Unit: _____	
Work Address: _____		City/Town: _____		Employee #: _____	
Employee Occupation: (job title/class) _____		Orientation/training for position: (course dates) _____		Years/Months in position: _____	
Date of shift: (dd/mm/yyyy) _____		Start time of shift: (am/pm) _____			

INCIDENT INFORMATION:

Date of Incident: (dd/mm/yyyy) _____	Time of Incident: (am/pm) _____	Location of Incident: _____	Reported by: _____	Date: _____
Other parties involved: (e.g. contractor, public, client, volunteer) _____			Reported to: _____	Time: _____
Others notified: (e.g. 911, police/RCMP, OHS Division) _____				

TYPE OF INCIDENT: (Check one)

<input type="checkbox"/> Near Miss (no injury)	<input type="checkbox"/> Injury/Illness	<input type="checkbox"/> Serious Bodily Injury/Hospitalization (OH&S Reg, section 8)
<input type="checkbox"/> Dangerous Occurrence (OH&S Reg, section 9)	<input type="checkbox"/> Fatality	

INCIDENT CATEGORY: (Check one)

<p>VIOLENCE</p> <p><input type="checkbox"/> Assault/Violence (e.g. Actual hit/contact)</p> <p><input type="checkbox"/> Attempted Violence (e.g. Attempted, miss)</p> <p><input type="checkbox"/> Aggression (e.g. Threatened, verbal)</p> <p>PHYSICAL EXERTIONS/STRAINS</p> <p><input type="checkbox"/> Lifting (e.g. weight of object/person)</p> <p><input type="checkbox"/> Overexertion/bodily motion (e.g. bending, climbing, crawling, overreaching, twisting)</p> <p><input type="checkbox"/> Pushing/Pulling (e.g. object stays in contact with surface and is pulled, pushed or turned)</p> <p><input type="checkbox"/> Reflex Motion (e.g. catch a falling object/person)</p> <p><input type="checkbox"/> Repetitive Motion</p> <p>CONTACT WITH OBJECT/EQUIPMENT</p> <p><input type="checkbox"/> Caught In/On/Between (e.g. caught in, under, between, crushed, pinched)</p> <p><input type="checkbox"/> Contact with Hot/Cold</p> <p><input type="checkbox"/> Contact with Object/Equipment (e.g. struck by or against, stepped on, cut, hit by)</p>	<p>EXPOSURE TO HARMFUL SUBSTANCES AND/OR ENVIRONMENTS</p> <p><input type="checkbox"/> Animal/Insect</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Biological/Infectious (e.g. needle-stick, blood/body fluids, hantavirus, hepatitis, HIV, other biohazards)</p> <p><input type="checkbox"/> Chemical (e.g. smoke, fumes, dust, vapors, acid, gases, liquids, corrosives)</p> <p><input type="checkbox"/> Electric Shock/Electricity/Arc</p> <p><input type="checkbox"/> Heat/Cold</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Light/glare</p> <p><input type="checkbox"/> Radiation</p> <p><input type="checkbox"/> Water</p> <p>FIRES, EXPLOSIONS</p> <p><input type="checkbox"/> Explosion</p> <p><input type="checkbox"/> Fire</p>	<p>SLIPS, TRIPS, FALLS</p> <p><input type="checkbox"/> From Elevation (e.g. stairs, chairs, heights, ladder, into hole)</p> <p><input type="checkbox"/> On Ice</p> <p><input type="checkbox"/> On Same level (e.g. uneven surface, stumble)</p> <p><input type="checkbox"/> On Slippery Surface (e.g. water, grease, oil)</p> <p>TRANSPORTATION</p> <p><input type="checkbox"/> Aviation (e.g. planes, helicopters)</p> <p><input type="checkbox"/> Licensed Motor Vehicle (e.g. boat, bus, car, truck, van)</p> <p>Unit(s) Type: _____</p> <p>Unit(s) #: _____</p> <p>License Plate #: _____</p> <p><input type="checkbox"/> Powered Mobile Equipment (e.g. ATV's, construction vehicles, forklifts, lawn mowers, snow-blowers, snowmobile, tractors)</p> <p>Unit Type: _____</p> <p>OTHER (describe) _____</p> <p><input type="checkbox"/> Psychological</p>
Nature of Injury/Area Affected: (Left or Right) _____	Treatment Administered: <input type="checkbox"/> None <input type="checkbox"/> Medical Clinic/Emergency Visit <input type="checkbox"/> First-aid <input type="checkbox"/> Hospital stay	Lost Time: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure First work day missed: (dd/mm/yyyy)

Employee's Description of Incident: (Include details of the activity at the time of the incident. Add attachments if necessary).

Date: _____ (dd/mm/yyyy) Employee Signature: _____
 Yes, a WCB W1 form was completed

IMMEDIATE DISTRIBUTION
OF PAGE 1 ONLY:

By Supervisor to Director/Manager
By Director to: Permanent Head Central Incident Resource Other _____

NOTE: If Dangerous Occurrence/Serious Bodily Injury as per OHS Regs, also submit Page 1 to the OHS Division

TO BE COMPLETED BY THE SUPERVISOR:

INITIAL INVESTIGATION FINDINGS: (Refer to Appendix F- Incident Cause Reference Guide or ministry-specific investigation tools)

ANALYSIS: Fill in each level of causes below. There may be more than one cause under each level. Identify as many as possible.

What is the direct cause(s) of this incident? (What event occurred immediately before the incident?)

What is the indirect cause(s) of this incident? (Sub-standard acts and/or conditions. Refer to Appendix F – OHS Incident Cause Reference for a list of potential indirect causes.)

What is the root cause(s)? (The broader or systemic underlying causes that lead to the incident. Refer to Appendix F – OHS Incident Cause Reference for a list of potential root causes.)

INITIAL CORRECTIVE ACTION PLAN: (Actions that will be taken to correct the root causes)

	Responsible Person	Target Date	Completed Date
1.			
2.			
3.			

If incident is a Dangerous Occurrence/Serious Bodily Injury, Fatality, or significant property/equipment/environmental damage, further investigation is required. The Director/Manager will mobilize an Incident Investigation Team.
 Attach additional Ministry-specific forms when required (e.g. Violence follow-up, Spill, MVA, Investigation checklists or tools, etc.)

Supervisor Comments:

Yes, a WCB E1 form was completed
 Yes, other documentation was completed (describe)

Date: _____ **Signature:** _____
 (dd/mm/yyyy) Supervisor

Director/Manager Comments:

Yes, the Director/Manager has spoken with the affected employee(s) to discuss this incident

Date: _____ **Signature:** _____
 (dd/mm/yyyy) Director/Manager

UPON COMPLETION, DISTRIBUTE BOTH PAGE 1 & 2:

By Supervisor to: Director/Manager
By Director to: Central Incident Resource
 Supervisor Employee Other (list): _____



Incident #:

**APPENDIX D
OHS FORMAL INCIDENT INVESTIGATION**

Section: PS 818-D

Date issued: 2012 02 01

Revision date: 2014 04 01

To be completed by an Investigation Team when a formal investigation is required.

**FORMAL
INCIDENT INVESTIGATION
REPORT**

INCIDENT TITLE

Date of Incident

Location of Incident

Investigating Team Members:

Name (Lead)/Title:

Name/Job Title :

Name/Job Title :

Name/Job Title :

Name/Job Title :

Report Date: *Date of completion*

FORMAL INCIDENT INVESTIGATION REPORT

Ministry Name

1. SUMMARY OF INCIDENT:

[Provide a high level summary of the incident and what occurred].

2. WHO WAS INVOLVED:

[List the individuals who were directly involved in the incident].

NAME	ROLE IN INCIDENT	PHONE #

3. INTERVIEWS:

[Identify who was interviewed and when].

DATE	TIME	WHO

4. NATURE OF INJURIES:

[Describe the nature, type and severity of any injuries].

5. PHYSICAL LAYOUT:

[Include a layout map, floor plan or drawing indicating the approximate location and distance of the elements involved in the incident].

6. FACTUAL CHRONOLOGY OF EVENTS:

[Provide a step by step of date/time and what occurred leading up to the incident].

DATE/TIME	WHAT OCCURRED

7. PHYSICAL EVIDENCE:

[List any physical evidence gathered during the investigation. Include measurements taken, photographs, samples, etc.]

8. DOCUMENTARY EVIDENCE:

[List any documentary evidence gathered during the investigation.(eg. policies, procedures, preventive maintenance documentation, training records, etc.)]

9. INCIDENT CAUSATION FACTORS:

[Identify specific causative factors that contributed to the incident. Refer to Appendix F - Reference Guide – Possible Indirect/Root Causes].

a. Task/Procedure

-
-
-
-

b. Material/Equipment

-
-
-
-

c. Environment

-
-
-
-

d. People

-
-
-
-

e. Administrative

-
-
-
-

10. CONTRIBUTING FACTORS:

[Following an analysis of the facts of the incident, determine the contributing factors. Refer to Appendix F - Reference Guide – Possible Indirect/Root Causes].

-
-
-
-

11. ROOT CAUSES:

[Following further analysis of the incident, determine the root causes. Refer to Appendix F - Reference Guide – Possible Indirect/Root Causes].

-
-
-
-

12. RECOMMENDATIONS:

[Determine possible corrective actions that will address the deficiencies noted as contributing factors and root causes].

	Recommended Action	Complete by: (date)
1.		
2.		
3.		
4.		
5.		
6.		

Lead Investigator's Signature

Date

Copies distributed by Director/Manager to: Supervisor Employee(s) Central Incident Resource OHC Co-chairs (if exist)
 Incident Investigation Team Other (list): _____



Incident #:

**APPENDIX E
OHS FORMAL CORRECTIVE ACTION PLAN**

Section: PS 818-E

Date issued: 2014 04 01

This form outlines the Director/Manager's corrective actions that will be taken after a Formal Incident Investigation Report has been completed and submitted.

Ministry:		Division/Branch:	
Region:		Headquarters: <i>(City/Town)</i>	
Incident Date/Time:			
Incident Summary:			

Corrective Actions To Be Taken	Responsible Person	Target Date	Completion Status/Date
1.			
2.			
3.			
4. -			
5.			
6.			
7.			
8.			

Follow-up Review is scheduled for (Date): _____ **Responsible Person:** _____

Date: _____ **Signature:** _____ **Job Title/Role:** _____

Copies distributed by Director/Manager to:

- Supervisor
 Employee(s)
 Central Incident Resource
 OHC Co-chairs (if exist)
 Incident Investigation Team
 Other (list): _____

APPENDIX F
OHS INCIDENT CAUSE REFERENCE

Section: PS 818-F

Date issued: 2014 04 01

1. INDIRECT CAUSES:		
<p>Substandard Actions:</p> <ul style="list-style-type: none"> ➤ Client behavior ➤ Improper lifting ➤ Improper loading or placement ➤ Inadequately secured ➤ Inadequate warning ➤ Misbehavior/horseplay ➤ Making safety devices inoperable or removing safety devices ➤ Not using PPE or using it improperly ➤ Operating at improper speed ➤ Operating equipment without training ➤ Safe Operating Procedure/Guideline or Safety Policy not followed ➤ Servicing equipment in operation ➤ Unnecessary haste ➤ Using defective equipment ➤ Using equipment improperly 	<p>Substandard Conditions:</p> <ul style="list-style-type: none"> ➤ Congested or restricted area ➤ Defective tools, equipment or materials ➤ Dust, smoke ➤ Fire and explosion hazards ➤ Gases, fumes, vapor ➤ Hazardous substances (<i>WHMIS</i>) ➤ High/low temperature ➤ Improper storage ➤ Inadequate guards or barriers ➤ Inadequate ventilation ➤ Inadequate warning system ➤ Inadequate/excessive lighting ➤ Infectious substances ➤ Noise exposure ➤ Poor housekeeping/disorder ➤ Radiation exposure ➤ Slippery, wet, icy ➤ Weather 	<p>Substandard Vehicle, Machinery, Equipment and Tools, Material:</p> <ul style="list-style-type: none"> ➤ Improper or inadequate Personal Protective Equipment (PPE) ➤ Inadequate fall protection ➤ Inadequate guards or barriers ➤ Inadequate maintenance ➤ Inadequate tools or equipment ➤ Not in good working condition ➤ Not used according to operating instructions ➤ Safety devices not operating ➤ Wrong vehicle, machinery, equipment, tools or material used
		<p>Personal Factors:</p> <ul style="list-style-type: none"> ➤ Distractions ➤ Fatigue ➤ Improper motivation ➤ Inadequate experience ➤ Inadequate training ➤ Medications/drugs/ alcohol ➤ Physical limitations ➤ Stress <p>Job Factors:</p> <ul style="list-style-type: none"> ➤ Abuse or misuse ➤ Inadequate oversight/direction ➤ Inadequate safe operating procedures/guidelines ➤ Inadequate tools or equipment ➤ Inadequate work standards ➤ Inadequate maintenance ➤ Inadequate resources ➤ Inadequate supervision ➤ Wear and tear
2. ROOT CAUSES:		
<p>System Design:</p> <ul style="list-style-type: none"> ➤ Inadequate hazard and risk identification process ➤ Inadequate or lack of safe operating procedures, guidelines or safety policy ➤ Lack of a training program <p>System Implementation:</p> <ul style="list-style-type: none"> ➤ Allowing unsafe behaviours ➤ Failure to report incident ➤ Inadequate processes ➤ Inadequate supervision ➤ Inadequate workplace inspections ➤ Insufficient supervisor training ➤ Insufficient worker orientation ➤ Insufficient worker training ➤ Lack of accountability for safety infractions ➤ Lack of an Incident analysis process ➤ Lack of communication plan ➤ Lack of emergency response plan ➤ Lack of tool box/safety meetings ➤ No action taken on recommended corrective actions ➤ Safe operating procedures not enforced 	<p>Management Controls:</p> <ul style="list-style-type: none"> ➤ Emergency preparedness ➤ General promotion ➤ Health control ➤ Hiring and job placement ➤ Incident analysis ➤ Incident investigations ➤ Leadership and administration ➤ Management training ➤ Organizational rules ➤ Personal communications ➤ Planned inspections ➤ Personal Protective Equipment (PPE) ➤ Program evaluation systems/audits ➤ Safety/Toolbox meeting(s) ➤ Task analysis and procedures ➤ Task observation ➤ Worker orientation ➤ Worker training 	<p>FISHBONE INCIDENT CAUSATION MODEL</p> <p>The diagram illustrates the Fishbone Incident Causation Model. It features three main categories: ENVIRONMENT, PEOPLE, and ADMINISTRATIVE. Each category has several contributing factors listed below it. Arrows from these factors point towards a central incident point, which is highlighted with a yellow starburst. 'Why?' labels are placed above several of the arrows, indicating the root cause of the incident.</p> <p>Environment:</p> <ul style="list-style-type: none"> Weather Lighting Obstacles <p>People:</p> <ul style="list-style-type: none"> Skills Ability Health <p>Administrative:</p> <ul style="list-style-type: none"> Policy Training Supervision <p>Task/Procedure:</p> <ul style="list-style-type: none"> Ergonomics Procedures Nature of task <p>Materials/Equip:</p> <ul style="list-style-type: none"> Tools Equipment