

## Incident L3 Major



**Major incident**

**Serious incident involving a fatality, disabling (lost time), property damage over \$10 000, Major fire and/or environmental spill**

Date:	Supervisor:
Plant:	File #:

Incident Type:	<input type="checkbox"/> Injury/illness <input type="checkbox"/> Fire <input type="checkbox"/> Spill <input type="checkbox"/> Property Damage <input type="checkbox"/> Other	Operation:
Incident Date:		Specific location:
Time:		Person(s) involved:

### Incident Details

Summary of events:

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Detailed description†:

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\* What job was being done, were activities normal operations or break down work, moving or unusual job etc. Describe activities immediately prior to the incident, what happened, and the results, e.g. injury, property damage, down time, spill, other.

† What equipment, tools, materials, and people etc. were involved? What job was being done? What happened? What was the nature of contact? Continue on another page if required

Conditions at time of incident<sup>‡</sup>:

### Injury details

No injury    First Aid    Medical Aid

Name of Injured:

Age:

Sex:

Job Title:

Crew/shift:

#### Worker's Experience

In this occupation:

In this industry:

With our firm:

Total work experience:

#### Treatment

Nature of the Injury:

First aid given by

Transported to medical aid by

Medical aid facility location:

Name of doctor:

Incident reported by:

Incident reported to:

Date reported:

Time reported:

### Supervisor Profile

Supervisor Name:

Age:

Sex:

Address:

Job Title:

Crew/shift:

#### Supervisor's Experience

In this occupation:

In this industry:

In this occupation with our firm:

<sup>‡</sup> Weather, status of job, housekeeping, etc.

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Certified trade qualifications / skill / profession: Yes:  No:   
If yes, describe:

Supervision and training

	Yes	No
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**At the time of the incident:**

Was a supervisor present at the scene and directing the work?	<input type="checkbox"/>	<input type="checkbox"/>
If no - was a secondary supervisor periodically checking the work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes - last contact with supervisor: Date: _____ Time: _____		
Were all those involved engaged in their normal activities?	<input type="checkbox"/>	<input type="checkbox"/>

**Prior to the incident:**

Was training / instruction provided for the specific tasks to be performed (attach copies)?	<input type="checkbox"/>	<input type="checkbox"/>
Had safe work procedures been reviewed (attach review)?	<input type="checkbox"/>	<input type="checkbox"/>
Were written procedures required (attach procedures)?	<input type="checkbox"/>	<input type="checkbox"/>
Were written procedures provided (attach procedures)?	<input type="checkbox"/>	<input type="checkbox"/>

Persons or parties directly involved in the incident:

Name	Employer	Phone

Witnesses to the incident:

Name	Employer	Phone

### Cause Analysis

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#### Immediate Cause(s):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Operating equipment without authority | <input type="checkbox"/> Horseplay  | <input type="checkbox"/> Inadequate Guards or barriers         |
| <input type="checkbox"/> Under the influence of a substance    | <input type="checkbox"/> Failure to secure                                | <input type="checkbox"/> By-passing or removing safety devices |
| <input type="checkbox"/> Operating at improper speed           | <input type="checkbox"/> Inadequate or improper PPE                       | <input type="checkbox"/> Inadequate warning system             |
| <input type="checkbox"/> Congestion or restricted work area    | <input type="checkbox"/> Using defective tools or equipment               | <input type="checkbox"/> Not using proper PPE                  |
| <input type="checkbox"/> Using equipment improperly            | <input type="checkbox"/> Fire and explosion hazards                       | <input type="checkbox"/> Improper position or lifting method   |
| <input type="checkbox"/> Poor housekeeping                     | <input type="checkbox"/> Improper loading or placement<br>Noise exposures | <input type="checkbox"/> High or low temperature exposures     |
| <input type="checkbox"/> Servicing equipment in operation      | <input type="checkbox"/> Failure to warn                                  |  |
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#### Basic Cause(s):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Inadequate capability; physical, mental | <input type="checkbox"/> Inadequate maintenance | <input type="checkbox"/> Wear and tear                            |
| <input type="checkbox"/> Lack of knowledge                       | <input type="checkbox"/> Inadequate engineering | <input type="checkbox"/> Inadequate leadership and/or supervision |
| <input type="checkbox"/> Improper motivation                     | <input type="checkbox"/> Inadequate purchasing  | <input type="checkbox"/> Inadequate tools, equipment, maintenance |
| <input type="checkbox"/> Stress; physical, mental                | <input type="checkbox"/> Lack of skill          | <input type="checkbox"/> Inadequate work standards                |
|  | <input type="checkbox"/> Inadequate training    |   |

Corrective Action(s)/Follow-up: (immediate, interim, final):

To be done	By whom	By When

Completion date: \_\_\_\_\_  
Verified by: \_\_\_\_\_

Estimated total cost(s): \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator 1:	Signature: _____
Investigator 2:	Signature: _____
Investigator 3:	Signature: _____

Management signature:	Supervisor signature:
Date:	Date:

## Appendix: Photos - Incident L3 Major

Included photographs of incident scene, aftermath and relevant influences, generally and specifically.

File #:

Add pages as required)

Photo #:	_____
Photo Date:	_____
Time of Day:	_____
Location:	_____
Brief Description:	_____ _____ _____ _____ _____ _____ _____ _____
Photographer:	_____
Notes, Dimensions, etc...	_____

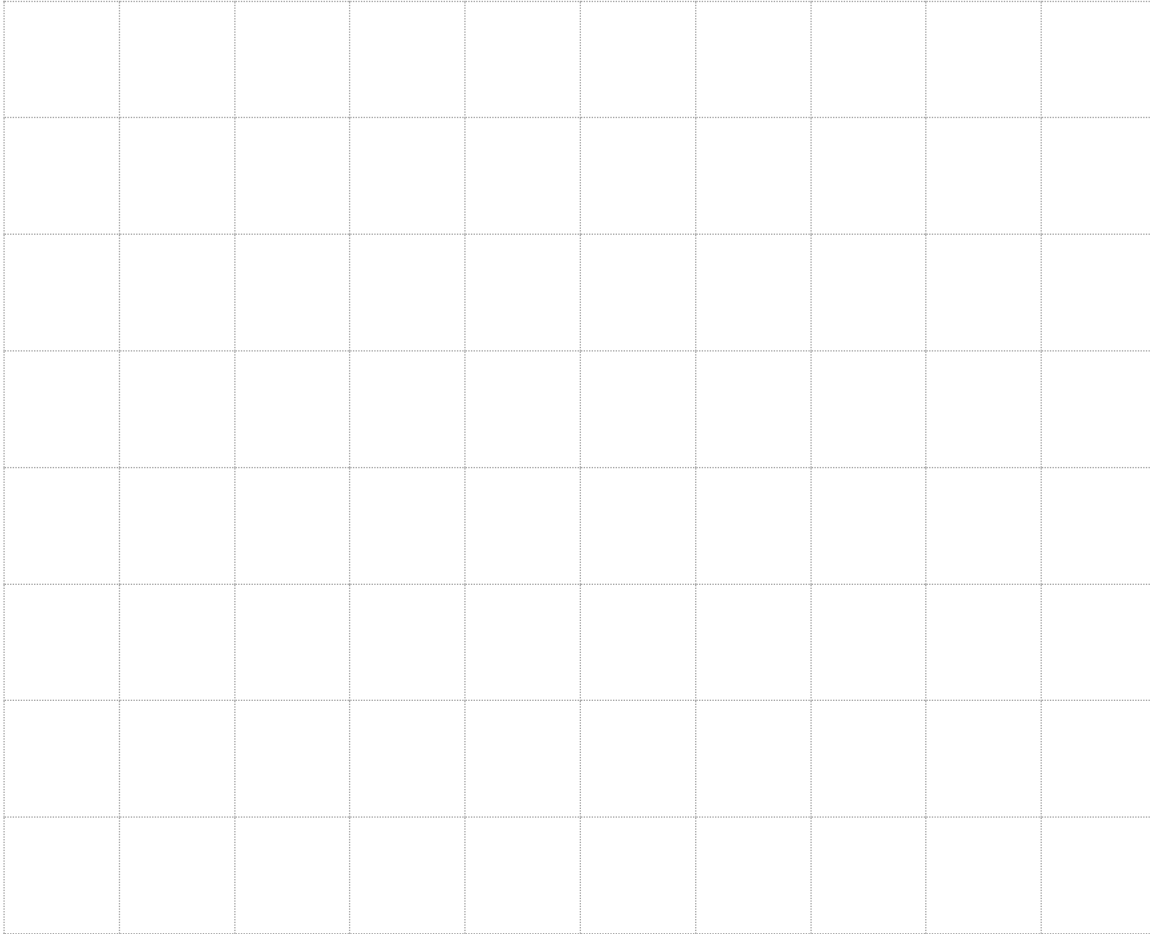
Photo #:	_____
Photo Date:	_____
Time of Day:	_____
Location:	_____
Brief Description:	_____ _____ _____ _____ _____ _____ _____ _____
Photographer:	_____
Notes, Dimensions, etc...	_____





## Appendix: Diagram of Scene - Incident L3 Major

File #:



Attachments:

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