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## ACCIDENT INVESTIGATION REPORT

| **Employee Information** | | |
|---|---|---|
| Last Name: Marko | First Name: Cain | Middle Initial(s): NM |
| Work Phone Number: 555-888-9999 | Home Phone Number: 333-444-3333 | |
| **Employment Information** | | |
| Site Location: Shop | Employee #: N/A | |
| Date of Hire: May 03, 2018 | Language (If other than English): | |
| Occupation / Job at Time of Incident: | Length of Time in Occupation / Job: _____Years 4 Months 10 Days | |
| Type of Employment (check all which apply): ☒ Full Time ☐ Part Time ☐ Hourly ☐ Salary ☐ Casual | | |
| **Contractor** ☐ Name of Company: | | |
| **Details of Investigation** | | |
| Site: South of Crossfield | Department: Service | Exact Location of Incident on the Premises: Immediately south of pumpjack |
| Immediate Supervisor: | | |
| Incident Date: Month: Sept Day: 13 Year: 2018 Time: 10:50 am [ X ] pm [ ] | | |
| Date Reported: Month: Sept Day: 13 Year: 2018 Time: 11:00 am [ X ] pm [ ] | | |
| Date of Investigation: Month: Sept Day: 25 Year: 2018 Time: 2:30 am [ ] pm [ X ] | | |
| **TYPE**: ☐ Incident ☐ Near Miss ☒ Property Damage ☐ Spill / Release<br>WCB Report required: ☐ Yes ☒ No WCB Report Completed: ☐ Yes ☐ No | | |
| **INJURY / ILLNESS**: ☐ None ☐ First Aid ☐ Medical Aid ☐ Hospital ☐ Fatality | | ☐ No Lost Time ☐ Lost Time |
| Part of Body Injured: (Provide a detailed description and specify left or right, front or back) | | |
| Has the injured worker had a previous similar injury? ☐ Yes ☐ No (If yes, describe in detail) | | |

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| **Medical Treatment Information** | |
|---|---|
| Name of First Aid Attendant: | Injury Recorded in First Aid Log? ☐ Yes ☐ No |
| Type of First Aid Administered: | |
| Clinic / Hospital sent to: | |
| Attending Physician / Paramedic (if known): | |
| Attending Police Officer (if known): | |
| **(B) – Property** | |
| Property Damaged: Widget, outrigger | Estimated Cost of Damage: $25,000 |
| Description of Damaged Property: Widget was damaged, driver-side outrigger failed and knuckle boom required certification after failure. | |
| **(C) – Witness Information** | |
| Number of Witnesses: _____ **ATTACH WITNESS STATEMENT(S) FOR EACH WITNESS** | |
| **Investigation Information** | |
| **Type of Incident:** ☐ Assault ☐ Break ☐ Caught In ☐ Caught On Caught ☐ Between ☐ Cut On ☐ Exposure ☐ Fall ☐ Over Exertion ☐ Strain ☐ Struck By ☐ Struck Against ☐ Trip ☒ Other (specify): equipment failure | |
| **Contact With:** ☐ Cold ☐ Heat ☐ Electricity ☐ Fire ☐ Noise ☐ Pressure ☐ Equipment ☐ Caustic Chemical (specify):_____ ☐ Toxic Chemical (specify):_____ ☐ Other (specify):_____ | |
| Describe in detail the **SEQUENCE OF EVENTS** leading up to the incident. (ie. Where the incident occurred; what the employee was doing at the time; the size, type and weight of equipment or materials involved; weather conditions, etc.). Use additional pages if required and provide diagrams, photographs and reports.<br><br>*No pre-job assessment was conducted and so, failed to identify soft terrain.*<br>*Driver was in process of installing a new widget into the pump jack when the truck fell over onto its side, damaging both the outrigger and the widget.*<br>*The pads had not been deployed and the outrigger sunk in the soft earth.* | |
| Diagram / Photographs attached ☐ Yes ☐ No<br>**ALL EVIDENCE / INFORMATION GATHERED FOR INVESTIGATION TEAM ONLY** | |

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| Identify all UNSAFE ACTS which contributed to the incident: (check off as many as necessary) | | |
|---|---|---|
| ☐ Operating Without Authority | ☐ Horseplay | ☐ Servicing Operating Equipment |
| ☒ Unsafe Loading / Unloading | ☐ Inadequate Lighting | ☐ Using Defective Tools |
| ☐ Unsafe Mixing / Combining | ☐ Working at Unsafe Speed | ☐ Using Defective Equipment |
| ☐ Failure to Wear Proper PPE | ☐ Distracting | ☐ Working on Moving Equipment |
| ☐ Failure to Warn Properly | ☐ Teasing | ☒ Improper Lifting |
| ☐ Failure to Secure Properly | ☐ Harassment | ☐ Unfit for Duty (possible impairment) |
| ☐ Unsafe Position or Posture | ☐ Hazardous Personal Attire | ☐ Making Safety Device Inoperable |
| ☐ Other (specify): | | |

| Identify all UNSAFE CONDITIONS which contributed to the incident: (check off as many as necessary) | | |
|---|---|---|
| ☐ Inadequate Guards / Barriers | ☐ Gases | ☐ Hazardous Environmental Conditions |
| ☐ Improper or Inadequate PPE | ☐ Dusts | ☐ Extreme Weather Conditions |
| ☐ Inadequate Lighting | ☐ Fumes | ☐ Extreme Temperature(s) |
| ☐ Unsafe Job Design | ☐ Vapours | ☐ Noise Exposure |
| ☐ Congested Work Area | ☐ Smoke | ☐ Unsafe Mobile Equipment |
| ☐ Inadequate Warning Systems | ☐ Explosion Hazard | ☐ Defective Tools or Equipment |
| ☐ Poor Housekeeping | ☐ Fire Hazard | ☐ Defective Materials |
| ☒ Other (specify):<br>Soft Terrain | | |

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| Identify all INDIRECT CAUSES which contributed to the incident: (check off as many as necessary) | |
|---|---|
| **Personal Factors** | **Job Factors** |
| ☐ Inadequate Physical Capability | ☐ Inadequate Leadership or Supervision |
| ☒ Abuse or Misuse of Equipment | ☐ Inadequate Engineering Controls |
| ☐ Physical Stress | ☐ Inadequate Purchasing |
| ☐ Mental Stress | ☐ Inadequate Maintenance (scheduled or preventative) |
| ☒ Lack of Knowledge | ☐ Inadequate Tools or Equipment |
| ☐ Lack of Skill | ☐ Inadequate Work Standards |
| ☐ Improper Motivation | ☐ Wear and Tear |
| **Identify all ROOT CAUSES which contributed to the incident: (check off as many as necessary)** | |
| ☐ Management Commitment & Administration | ☐ Emergency Preparedness and Response |
| ☐ Leadership Training | ☐ Company Safety Rules and Work Permitting |
| ☐ Planned Inspections | ☒ Worker Knowledge & Skill Training |
| ☐ Preventive Maintenance | ☐ Personal Protective Equipment (PPE) |
| ☒ Hazard Identification | ☐ Personal or Group Communications |
| ☒ Safe Work Practices and/or Procedures | ☐ Hygiene and Sanitation |
| ☐ Inadequate Previous Incident Investigation | ☐ Hiring & Placement Standards |
| ☐ Purchasing Controls | ☐ Other(s); |

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| **(E) - Prevention**<br>(Number those actions required to **Prevent Recurrence** of a similar incident, 1 being most critical in order of priority) | |
|---|---|
| ☒ Training / Retraining of Involved Worker(s) | ☐ Improve Safety Inspection Process |
| ☐ Job Procedure / Design Changes | ☐ Reassignment of Involved Worker |
| ☐ Equipment Repair or Replacement | ☐ Liaison with Manufacture of Equipment / Tool |
| ☐ Perform in-depth Hazard Identification and Analysis | ☐ Facilities Layout Review and Redesign |
| ☐ Improved Hazard Controls (engineering / admin. / PPE) | ☐ Installation of Safety Guards / Barriers |
| ☐ Supervisory Communication | ☐ Other (specify): |

**Describe Action(s) Taken to Prevent Recurrence (short term and long term)**

Discuss the importance of pre-job site assessments prior to work, especially prior to operating knuckle-boom. Review SOP for using crane with all field service techs as using pads is mandatory for every deployment.

**Assignment of Action Item(s)**

| Action item; | Responsible; | Date of completion; | Sign-off; |
|---|---|---|---|
| Safety Meeting discussion | Brett Spears | Oct 01, 2018 | BSpears |
| Action item; | Responsible; | Date of completion; | Sign-off; |
| SOP review with employee | Tony Stark | Sep 30, 2018 | Tony S |
| Action item; | Responsible; | Date of completion; | Sign-off; |

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| **Investigation Team (First & Last Names)** | |
|---|---|
| **Lead Investigator**<br>Derek Spiller | **Position & Department:**<br>Safety Advisor, Corporate |
| **Investigator:** Michelle Ryte | **Position & Department:** Field Tech Supervisor |
| **Investigator** | **Position & Department** |

**Lead Investigator Comments:**

The driver is relatively new but was deemed competent by supervisor in early June. The tech's failure to recognize the soft ground as a hazard was possible because of their lack of experience and by the lack of a pre-job assessment.
By not using the outrigger pads, the FST made the problem worse

**Lead Investigator Name (print):** Derek Spiller **Signature:** Derek Spiller **Date:** 25-Sep-18

**Involved Worker(s) Comments**

I feel like I was thrown out by myself too soon

☐ **Employee Statement Attached**

N/A

**Employee Name (print):** Marko Cain **Signature:** Marko Cain **Date:** Sep 25, 2018

**Additional Management Comments**

**Manager Name (print):** **Signature:** **Date:**

**Investigation Number:** 2018 FO1

**Send Completed Report To**:

- Department Manager
- Internal Health & Safety Advisor
  xyz@abcwidget.ca