

Tier 3
ORC-3SD-820-F-01
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Environmental Management System

System Documentation Incident Report Form



Instruction: This form must be completed by Obishikokaang Resources whenever an accident/incident occurs. The Supervisor or a designated individual will be responsible for completing this and must ensure a copy of the completed report is forwarded to ORC.

Check all that apply:

Accident/incident resulted in: injury illness property damage near miss first aid medical aid recurrence other

Location Road:	Company:	
Location Block:	Date of incident: Time _____ am or pm	Date reported:

ACCIDENT/INCIDENT INFORMATION

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Supervisor: _____

Individual (s) involved in incident: _____

Object/equipment/substance inflicting damage/injury: _____

Nature of injury: _____

Body parts affected: _____

EMPLOYEE INFORMATION

Name (last name first – please print) _____

Home phone number: _____

Home Address: _____ Age: _____ Sex: M / F

Occupation/Position: _____

Experience (time) in job: _____

Evaluation of loss :

Loss severity potential: Major Serious Minor

Probability of occurrence if not corrected: High Moderate Low

Describe how the event occurred:

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Immediate causes: What substandard acts/practices and conditions caused or could cause the event? See end of form.

Basic causes: What specific personal or job/system factors caused or could cause this event? See end of form.

Remedial actions: What has and/or should be done to control the causes listed?

Prevention of Accident/Incident Recurrence. Describe what action is planned or has been taken to prevent a recurrence of the accident, based on the key contributing factors:

(immediate)

(long term)

Signed by Supervisor: _____

Signed by Person Involved: _____

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REPORT FORM DEFINITIONS
<p>INJURY – physical harm or damaged to a person.</p> <p>ILLNESS – unhealthy condition in mind or body.</p> <p>FIRST AID INJURY – a minor injury requiring only first aid treatment.</p> <p>MEDICAL AID INJURY – an injury requiring treatment by a health care professional.</p> <p>LOST TIME INJURY – a disabling injury where the injured person is unable to report for the next regular shift.</p> <p>RECURRENCE – an accident or incident which has occurred more than once.</p> <p>PROPERTY DAMAGE ACCIDENT – accidental loss to equipment, material, and/or the environment.</p> <p>INCIDENT (NEAR-MISS) – an undesired event that, under slightly different circumstances, could have resulted in personal injury, property damage or loss.</p>

IMMEDIATE CAUSES – check all as appropriate	
<p>Substandard Acts/Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other substances 	<p>Substandard Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Hazardous environmental conditions, gases, smoke, dusts, fumes <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation

BASIC CAUSES – check all as appropriate	
<p>Personal Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge/training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation 	<p>Job Factors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Abuse and/or misuse

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References

Document / Form	I.D.#

Revisions

#	Purpose	Prepared by	Approved by	Date
N/A	Original version	Chantal Alkins, Certification Coordinator	EMS Team	October 21, 2016
A				
B				
C				
D				
E				