

15.0 INCIDENT REPORTING AND INVESTIGATION

15.1 Incident Definition

For all PMC and PMC Subcontractor activities, an incident is defined as follows:

- A work-related injury or illness
- An exposure to a hazardous substance above the allowable exposure limit
- Property/vehicle/equipment damage
- An unplanned fire or explosion
- An unplanned spill or release (including air releases) to the environment
- A permit or permit equivalent exceedance
- Any unexpected contact with or damage to aboveground or belowground utilities
- Discovery of an unknown and potentially hazardous material, or anomaly
- Discovery of confirmed or potential OE or RCWM that may present a hazard
- A “near miss” or an unplanned event or workplace condition that has a reasonable probability of resulting in one of the outcomes described above had the circumstances been different, and for which modifications to management programs will reduce the probability of occurrence or the severity of the outcome (Figure 15-2, page 2 for a list of management programs.)

15.2 Employee Responsibility

All PMC and PMC Subcontractor personnel have the responsibility to immediately report any incident to their supervisor. Supervisors shall take appropriate corrective action and immediately report the incident to the PMC Health and Safety Manager or supervisor by phone.

15.3 Verbal (Oral) Notifications

In addition to immediate verbal (oral) reporting of all incidents to the PMC Health and Safety Manager, for serious incidents, the PMC or PMC Subcontractor shall immediately notify Central Dispatch (303-289-0187, or Extension 5187 on-site).

A “serious” incident includes the following:

- Imminent danger safety conditions
- Any incident (including near miss) involving the general public or visitors
- Discovery of confirmed or potential OE or RCWM that may present a hazard
- Work-related injury or illness requiring more than First Aid
- Spills or release of hazardous material or contaminated media in excess of 1 gallon, the Reportable Quantity*, or any spill or release to surface water. This includes unknown or potentially hazardous soils, debris, and containers discovered on roadways.
- Any unexpected contact with or damage to aboveground or belowground utilities
- Other unusual incidents of a serious nature

*Note: The Reportable Quantity for some substances may be very small (e.g., Mercury, polychlorinated biphenyls). If you are uncertain of the Reportable Quantity, **report the spill first**, then seek assistance in determining the Reportable Quantity.

15.4 Incident Reports

The PMC and PMC Subcontractors will prepare a written incident report for all incidents during the work shift when the incident occurred, except as noted in Sections 15.9 and 15.10. The report is to be prepared by the supervisor responsible for the PMC or PMC Subcontractor activity/area where the incident occurred.

The PMC incident report form shown in Figure 15-1 shall be used and is due to the PMC Health and Safety Manager as soon as reasonably possible and prior to leaving the site for the day. The PMC Health and Safety Manager shall provide the initial Incident Summary Report to the RVO Health and Safety Office no later than 24 hours after becoming aware of the incident.

15.5 Incident Investigations

An incident investigation shall be performed for all incidents for which a report is required, except as noted in Sections 15.9 and 15.10 or when not required as determined by the PMC Health and Safety Manager or designee. The supervisor, affected employee, and the designated HSS shall perform the investigation and shall include participation by others as necessary. The investigation is to be initiated as soon as possible after the incident.

The incident investigation report form shown in Figure 15-2 shall be used and is due to the PMC Health and Safety Manager within 48 hours of incident occurrence. Follow-up reports shall be provided as necessary if additional information regarding the incident is learned. Instructions for completing incident reports and investigations are shown in Figure 15-3.

15.6 Official Record of Incidents and Investigations

The PMC incident reports and investigations shall not be distributed outside the PMC organization without approval of the PMC Health and Safety Manager, to protect personal or confidential information. The official program record of incident reports and investigations is the PMC electronic Incident Summary Report. The Incident Summary Report consists of pertinent information about the incident, investigation, and lessons learned and meets requirements of RVO SOP ES&H 107 (RVO 2001c). The official project record consists of an Incident Summary Log (list of incidents) generated at the time of project file transfer to the RVO.

15.7 Investigation Follow-Up

The PMC and PMC Subcontractor shall establish a follow-up system for all investigation findings under their control. The system shall identify the corrective action(s) to be taken, the individual responsible for each corrective action, and the date the corrective action was implemented or verified.

15.8 Lessons Learned

The PMC will develop lessons learned reports for select incidents in accordance with the PMC Lessons Learned Procedure, Q-006-RMA (FWENC 2003f). As requested, the Subcontractor will assist the PMC in preparing Lessons Learned reports.

15.9 Discovery and/or Emergency Response to Anomalies and Confirmed or Potential OE or RWCM

Discovery of and/or emergency response to anomalies and confirmed or potential OE or RWCM that may present a hazard to personnel or to the environment does not require an Incident Report or Investigation unless requested by the Health and Safety or UXO Department Manager. All emergency response actions for confirmed or suspected OE or RWCM are documented and tracked on a log using UXO Department protocols. Response to or discovery of potentially hazardous OE or RWCM is reported to Central Dispatch for immediate notification to responsible RVO and PMC personnel. Follow-up written or electronic documentation is provided to the RVO Health and Safety Group within 24 hours by the PMC UXO Department. Any chemical agent or explosives incidents will be reported and investigated by the RVO in accordance with AR 385-40, Accident Reporting and Records (DA 1994). The PMC and PMC Subcontractors will assist in reporting and investigating chemical agent or explosives incidents as directed by the RVO. Explosive incidents which may require reporting in accordance with AR 385-40 include:

- Any unplanned explosion or functioning of a device containing explosives, propellants, pyrotechnics, or other similar substances associated with these items which present real or potential hazards to life or property
- Accidents involving explosive ordnance disposal
- The inadvertent actuation, jettisoning, release, or launching of explosive devices

15.10 Vehicle Fluid Spills

A spill or release involving not more than one gallon of a vehicle fluid (fuel, hydraulic fluid, brake fluid, or engine coolant) onto the ground that does not run into a stream or lake does not require an Incident Report or Investigation unless requested by the PMC Health and Safety Manager or Environmental Compliance Department Manager. A spill or release of any quantity that runs into a stream or lake (navigable body of water) or ditch leading to a stream or lake, requires completion of an Incident Report at a minimum. Regardless of quantity and location, a spill or release of any vehicle fluid requires proper cleanup and disposal.

15.11 Case Management of Potential Injuries or Illnesses

Each PMC Subcontractor is responsible for implementing and maintaining an effective case management program for their employees and lower-tier subcontractor employees that addresses potential injuries or illnesses related to work at RMA. The goal of the case management program is to ensure that workers receive the appropriate level of care, that injured or ill workers return to normal work duties as soon as possible, that injury or illness records are consistently and accurately maintained, that unnecessary or fraudulent injury or illness cases are avoided, and that the Subcontractor actively seeks to minimize the impact of any incident with respect to recordability, restricted duty, and lost time.

The Subcontractor case management program shall include the following elements:

Employee Information - Each site worker shall be informed of the PMC incident reporting and investigation requirements and their responsibilities in the event that an incident occurs, including the location and hours of operation for the designated local medical provider.

Employee Points of Contact - Each site worker shall be made aware of the primary person to report all incidents to, and what to do if that individual is unavailable. This includes whom to notify if a work-related condition develops or intensifies outside normal working hours.

Designation of a Local Medical Provider - Each Subcontractor (and/or lower-tier subcontractor) shall establish a relationship with a local medical provider to provide nonemergency medical care in the event of an injury or illness related to work at RMA. The Subcontractor shall establish a working relationship with provider personnel, provide site and potential hazard information to provider personnel, and develop a mutual expectation for effective case management. A provider shall be designated for normal work hours and outside normal work hours.

Subcontractor Representation at Clinic Visits - A knowledgeable Subcontractor representative shall accompany any worker seeking medical attention for any incident related to work at RMA. The Subcontractor representative shall be knowledgeable in the worker's normal job duties and potential safety and health hazards present at the worksite, and be able to discuss any limitation or modification of normal duties with the local medical provider staff. The representative shall also be knowledgeable (or have access to someone who is knowledgeable) of treatment options that provide equivalent medical attention while avoiding any impact to recordability, restricted duty, and lost time recordkeeping. Items that may affect the recording status of an injury or illness (such as prescription medications, limitations to normal job duties, and further treatment) shall be reviewed with the medical provider at the time of the visit to ensure that appropriate medical attention is provided with a minimum of impact.

Coordination with FES – The PMC or PMC subcontractor organization shall inform FES prior to transporting any employee off-site for unplanned medical attention due to an incident related to work at RMA. This coordination will help to ensure that appropriate transportation and/or emergency medical support is provided to employees.

Status Reporting to PMC - The Subcontractor shall keep the PMC Project Manager informed of case management status, progress, and issues for the duration of any evaluation or treatment provided. The Subcontractor shall provide updated information to the PMC Project Manager regarding injury or illness status as soon as practicable. Written follow-up information affecting the information contained in the incident report or investigation is due to the PMC within 24 hours of each visit or change in status regarding recordability, restricted duty, or lost time.

Figure 15-1 Incident Report Form

	Program Management Contractor Rocky Mountain Arsenal	INCIDENT REPORT PAGE 1
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PMC Report No: _____ Date of Report: _____ FW Report No: _____

TYPE OF INCIDENT – (check all that apply)

<input type="checkbox"/> INJURY/ILLNESS	<input type="checkbox"/> VEHICLE DAMAGE	<input type="checkbox"/> HIGH LOSS POTENTIAL (NEAR MISS)	<input type="checkbox"/> FIRE
<input type="checkbox"/> SPILL/RELEASE	<input type="checkbox"/> PROPERTY LOSS/DAMAGE	<input type="checkbox"/> PERMIT OR EQUIV. EXCEEDANCE	<input type="checkbox"/> OTHER

GENERAL INFORMATION

IMPLEMENTATION PROJECT: _____ TASK: _____

COMPANY OR SUBCONTRACTOR NAME(S): _____

DATE OF INCIDENT: _____ DAY OF WEEK: _____ MILITARY TIME: _____

SUPERVISOR ON DUTY: _____ PHONE: _____ SUPV ON SCENE? YES NO

TTFW SUPERVISOR ON DUTY: _____

LOCATION OF INCIDENT: _____

WEATHER/LIGHTING CONDITIONS: _____

DESCRIBE WHAT HAPPENED (step by step, use additional pages if necessary)

1. What was the employee doing, or what was happening, just before the incident occurred? Describe the activity, as well as the equipment, tools, or materials in use. *Be specific, e.g. "climbing a ladder while carrying tools" or "driving westbound on Main St."*

2. What happened? What was the contact or event and how did it occur? e.g. "When the ladder slipped on the wet floor, employee fell 20 feet" or "was distracted by bee, swerved off right side of road and struck the stop sign"

IMMEDIATE CORRECTIVE ACTIONS (use additional pages if necessary)

AFFECTED EMPLOYEE INFORMATION (Include injured person or employees whose activities resulted in incident) N/A

NAME: _____ MALE FEMALE COMPANY: _____

HOME ADDRESS: _____ HOME PHONE #: _____

JOB CLASSIFICATION: _____ YEARS IN JOB CLASSIFICATION: _____

TIME EMPLOYEE BEGAN WORK: _____ DATE OF HIRE: _____ AGE: _____

DID INCIDENT RELATE TO ROUTINE TASK FOR JOB CLASSIFICATION?: YES NO

INJURY/ILLNESS INFORMATION N/A

NATURE OF INJURY OR ILLNESS (Body part affected and how it was affected, e.g. strained back): _____

OBJECT/EQUIPMENT/SUBSTANCE CAUSING HARM: _____

FIRST AID PROVIDED: YES NO IF YES, WHERE: ON SITE OFF SITE

IF YES, WHO PROVIDED FIRST AID?: _____

WILL THE INJURY/ILLNESS RESULT IN: RESTRICTED DUTY LOST TIME UNKNOWN

TREATMENT OR EVALUATION INFORMATION (Attach Provider's Report/Statement)			<input type="checkbox"/> N/A
WAS TREATMENT OR EVALUATION PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> FIRST AID <input type="checkbox"/> EVALUATION <input type="checkbox"/> MEDICAL TREATMENT			
IF YES, WHERE? <input type="checkbox"/> ON SITE <input type="checkbox"/> DR'S OFFICE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER:			
NAME OF PERSON(S) PROVIDING TREATMENT OR EVALUATION:			
ADDRESS WHERE TREATMENT OR EVALUATION WAS PROVIDED:			
TYPE OF TREATMENT OR EVALUATION:			
PROPERTY LOSS OR DAMAGE INFORMATION			<input type="checkbox"/> N/A
PROPERTY OR VEHICLE INVOLVED:			
DESCRIPTION OF LOSS OR DAMAGE:		ESTIMATED \$ LOST:	
SPILL OR RELEASE INFORMATION			<input type="checkbox"/> N/A
SUBSTANCE SPILLED OR RELEASED:	FROM WHERE:	TO WHERE:	
ESTIMATED QUANTITY/DURATION:			
REPORTABLE QUANTITY (RQ): <small>(25 gals for petroleum products)</small>	RQ EXCEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RELEASED TO WATERS OF STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CERCLA HAZARDOUS SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
RESPONSE ACTIONS TAKEN:			
PERMIT OR EQUIVALENT EXCEEDANCE			<input type="checkbox"/> N/A
TYPE OF PERMIT:	PERMIT #:		
DATE OF EXCEEDANCE:	DATE FIRST KNOWLEDGE OF EXCEEDANCE:		
PERMITTED LEVEL OR CRITERIA (e.g., Water quality, Air Quality):			
EXCEEDANCE LEVEL OR CRITERIA:	EXCEEDANCE DURATION:		
RESPONSE ACTIONS TAKEN:			
PERSONS PREPARING REPORT (Employee and Supervisor to Complete Report)			
EMPLOYEE'S NAME (PRINT):	SIGN:	DATE:	
EMPLOYEE'S NAME (PRINT):	SIGN:	DATE:	
SUPERVISOR'S NAME (PRINT):	SIGN:	DATE:	
PERSONNEL NOTIFIED (Notify PMC Health and Safety Manager Immediately)			
ORGANIZATION	NAME(S)	DATE/TIME	
<input type="checkbox"/> CENTRAL DISPATCH			
<input type="checkbox"/> PMC HEALTH AND SAFETY MANAGER			
<input type="checkbox"/> PMC ENV. COMPLIANCE MANAGER			
<input type="checkbox"/> OTHER PERSONNEL NOTIFIED			
RECEIVED BY PMC EH&S REP (NAME):		DATE/TIME:	
<i>Serious Incidents require immediate notification to RMA Central Dispatch and the PMC Health and Safety Manager. Completed Incident Report due to the PMC Health and Safety Manager by the end of the workshift or prior to leaving site for the day. All spills and releases also require immediate notification of the PMC Environmental Compliance Manager.</i>			

Figure 15-2 Investigation Report Form

 TETRA TECH Pw, INC.	Program Management Contractor Rocky Mountain Arsenal	INCIDENT INVESTIGATION REPORT PAGE 1
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Refer to PMC Incident Report No: _____

1. GENERAL INFORMATION				
COMPANY:	DATE OF INCIDENT:	DATE OF INVESTIGATION REPORT:		
DIRECT INCIDENT COST: \$ <small>(See page 2)</small>	INDIRECT INCIDENT COST: \$			
OSHA RECORDABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO		# RESTRICTED DAYS: _____		
		# DAYS AWAY FROM WORK: _____		
WAS THE ACTIVITY ADDRESSED IN AN AHA?: <input type="checkbox"/> YES (Attach a copy) <input type="checkbox"/> NO				
2. CAUSE ANALYSIS				
SUMMARY – Based on information gathered during the incident investigation process, describe how this incident occurred.				
IMMEDIATE CAUSES – List substandard acts or conditions that contributed to this event (See examples on next page. List the specific acts or conditions, and describe)				
BASIC CAUSES – List the personal or job factors that contributed to this event (See examples on next page. List the specific factors and describe.)				
3. ACTION PLAN				
REMEDIAL ACTIONS - WHAT HAS BEEN AND/OR SHOULD BE DONE TO CONTROL THE CAUSES LISTED? INCLUDE MANAGEMENT PROGRAMS (SEE ATTACHED LIST) FOR CONTROL OF INCIDENTS IF APPLICABLE. ASK WHAT COULD HAVE BEEN DONE TO PREVENT THIS INCIDENT?				
ACTION	PERSON RESPONSIBLE	TARGET DATE	DATE COMPLETE	VERIFIED BY
4. PERSONNEL PERFORMING INVESTIGATION (Supervisor and Employee should be involved)				
NAME: (PRINT)	SIGN:	DATE:		
NAME: (PRINT)	SIGN:	DATE:		
NAME: (PRINT)	SIGN:	DATE:		
NOTE: Attach additional information as necessary. Subcontractor Project Manager to forward copy of Investigation Report to the TTFW Project EH&S Representative as soon as possible, but no later than 48 hours after the incident. Fatalities or hospitalization (admittance) of three or more individuals requires notification to OSHA within 8 hours. Contact the PMC Health and Safety Manager to make notification. If unavailable, contact the PMC Program Manager to make notification.				

5. REVIEW		
SUBCONTRACTOR PROJECT MANAGER (PRINT)	SIGN:	DATE:
COMMENTS:		
TTFW PROJECT MANAGER (PRINT)	SIGN:	DATE:
COMMENTS:		
TTFW EH&S MANAGER (PRINT)	SIGN:	DATE:
COMMENTS:		
EXAMPLES OF DIRECT COSTS	EXAMPLES OF INDIRECT COSTS	
Out of pocket costs Actual property damage or repair costs Material or facility replacement costs Injured worker salary costs Medical treatment costs Worker's compensation costs	Lost wages due to lost productivity Salary cost for time spent reporting/investigating Salary cost of other personnel affected Emergency response costs Cost for hiring/training replacement worker Loss of business/goodwill	
EXAMPLES OF IMMEDIATE CAUSES		
SUBSTANDARD ACTIONS 1. Operating Equipment without Authority 2. Failure to Warn 3. Failure to Secure 4. Operating at Improper Speed 5. Making Safety Devices Inoperable 6. Using Defective Equipment 7. Failure to Use PPE Properly 8. Improper Loading 9. Improper Placement 10. Improper Lifting 11. Improper Position for Task 12. Servicing Equipment in Operation 13. Horseplay 14. Under Influence of Alcohol/Drugs 15. Using Equipment Improperly 16. Failure to Follow Procedure	SUBSTANDARD CONDITIONS 1. Inadequate Guards or Barriers 2. Inadequate or Improper Protective Equipment 3. Defective Tools, Equipment, or Materials 4. Congestion or Restricted Action 5. Inadequate Warning System 6. Fire and Explosion Hazards 7. Poor Housekeeping/Disorder 8. Noise Exposure 9. Exposure to Radiation/Hazardous Materials 10. Exposure to Temperature Extremes 11. Inadequate Illumination 12. Inadequate Ventilation 13. Hazardous Environmental Conditions	
EXAMPLES OF BASIC CAUSES		
PERSONAL FACTORS 1. Inadequate Physical/Physiological Capability 2. Inadequate Mental/Psychological Capability Knowledge 3. Physical or Psychological Stress 4. Mental or Psychological Stress 5. Lack of Knowledge 6. Lack of Skill 7. Improper Motivation	JOB FACTORS 1. Inadequate Leadership/Supervision 2. Inadequate Engineering 3. Inadequate Purchasing 4. Inadequate Maintenance 5. Inadequate Tools/Equipment 6. Inadequate Work Standards 7. Excessive Wear and Tear 8. Abuse or Misuse	
MANAGEMENT PROGRAMS FOR CONTROL OF INCIDENTS		
1. Leadership and Administration 2. Management Training 3. Planned Inspections and Maintenance 4. Task Analysis and Procedures 5. Task Observation 6. Emergency Preparedness 7. Rules and Work Permits 8. Accident/Incident Analysis 9. Personal Protective Equipment	10. Health Control 11. Program Audits 12. Engineering and Change Management 13. Personal Communications 14. Group Communications 15. General Promotion/Awareness 16. Hiring and Placement 17. Purchasing Controls 18. Off-the-Job Safety	

Figure 15-3 Incident Report and Investigation Instructions

 <p>TETRA TECH P.A. INC.</p>	<p>Program Management Contractor Rockv Mountain Arsenal</p>	<p>INCIDENT REPORT AND INVESTIGATION INSTRUCTIONS PAGE 1</p>
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General: The incident report (pages 1 and 2) must be completed before the end of the workshift or prior to leaving site for the day. Do not delay the report if any information is unknown. It can be provided later by revising the Report. Complete all applicable sections of the form. If a section does not apply, indicate this by using "N/A". Names, dates, and signatures should be complete.

Type of Incident: Check all that apply. A Near Miss (High Loss Potential) incident is one that does not result in loss, but under slightly different circumstances, could have resulted in an OSHA Recordable injury, spill, release, permit exceedance, fire, or vehicle/property damage in excess of \$500. All Near Miss (High Loss Potential) incidents are to be investigated.

General Information

Implementation Project/Task: Give the Project Name, such as Sanitary Landfills and Task such as Section 4.

PMC Report No.: Number is assigned by the PMC Health and Safety Department.

Supervisor on Duty: The Supervisor on Duty responsible for the work effort involving the incident.

Location of Incident: The specific location on the project. The Section Number and Building number should be identified where applicable.

Weather/Lighting Conditions: Temperature, precipitation, approximate wind speed and direction, lighting conditions, cloud cover, relative humidity. This information may be included in the description section, and must be given in detail whenever it is a factor in the cause or impact, e.g., spill, release, heat stress, windblown material.

Describe What Happened: This section must be completed in sufficient detail to adequately describe the events and conditions leading up to and resulting from the incident. Try to answer the questions who, what, where, when, and how. This information is then used to determine why (cause). Provide details such as work objective, procedure being used, body position, and PPE. Include diagrams or sketches for all incidents involving vehicles/equipment and other incidents where they aid in providing detail or perspective. Consider attaching photographs. Follow the guidelines in Practical Loss Control Leadership, and consider the impact of each of the following:

- P - People
- E - Equipment
- M – Material
- E – Environment

To do an effective job, a visual inspection of the scene is usually necessary along with private interviews of affected employees and witnesses.

Where appropriate, use terms indicating the type of contact, e.g., struck by; struck against; fall from elevation; fall on same level; caught in; caught between or under; caught on; contact with; overstress; equipment failure; environmental release; fire.

Immediate Corrective Actions

List what corrective actions were taken immediately as a result of the incident such as containing spills, first aid, temporary barriers, work stoppage and similar actions.

Affected Employee Information

Employee: Direct hire, whether professional, administrative, or craft; full-time or part-time; permanent or temporary and/or Subcontractor employee.

Hours Worked on Shift Prior to the Incident: Only include the amount of time the employee worked that shift or day prior to the incident.

Years with Company: Give the number of years employed with the current company. If the employee has worked for the current company for less than a year, do not write <1. Give the answer in fraction of year, or specify the number of months, e.g., 0.1 or 1 month.

Injury/Illness Information

Nature of Injury or Illness: If the incident resulted in an injury or illness, give a brief description of the body part affected and type of injury or illness, e.g., fractured thumb, left hand; carpal tunnel syndrome, right hand.

First Aid Provided: First Aid is any treatment that does not have to be provided by a health care professional, even if it is, e.g., cleaning and bandaging laceration in a clinic may constitute first aid, if sutures are not given.

Will the Injury Result In: Do not delay the report if this information is unknown.

Medical Treatment Information

Was Medical Treatment Provided? Medical treatment is that treatment that must be provided by a licensed medical practitioner, e.g., sutures, prescription medication, etc.

Type of Treatment: This information is important in determining OSHA recordability, since some forms of treatment would not constitute a Recordable case (e.g., one-time administration of prescriptions, negative diagnostic exams). Attach a copy of the treating professional's statement/work release.

Property Loss Damage Information

Vehicle/Property Involved: For vehicles, indicate VIN and whether it is company owned or leased, business trip rental or owned by others.

Description of Damage: Be specific as to the identity of damaged part, location and extent.

Estimated \$ Lost: Estimate the monetary amount of loss or damage.

Spill and Air Emissions Information

Substance Spilled or Released: For pure substances, list materials by common name/chemical. For wastes, indicate waste code. For mixtures or contaminated media, provide contaminant name, CAS No., concentration.

RQ Exceeded? Reportable quantity. Contact the PMC Environmental Compliance Manager for guidance. Specify the RQ for the material, whether you answer yes or no.

Response Action Taken: Describe the mitigation efforts, as well as any reports made, beyond initial notification.

Permit Exceedance

Type of Permit: List name of permit or equivalent including the agency name where applicable (e.g., NPDES, PSAPCA NOC)

Date of Exceedance: Specify date exceedance occurred (e.g., date discharge in excess of permit limits occurred)

Date First Knowledge of Exceedance: Specify date when first knew there was an exceedance (i.e., date analytical received). This date may be different from the date of the exceedance listed above.

Permitted Level or Criteria: List numerical discharge or emission limit or narrative criteria specified in the permit (e.g., 20% opacity limit, Best Management Practices (BMP) implementation per SWPPP).

Exceedance Level or Criteria: Specify actual numerical discharge/emission limit or narrative criteria which was exceeded (e.g., 22% opacity, failure of BMPs [silt fencing collapse] per SWPPP)

Exceedance Duration: Specify time frame by date and hours (using military time) during which exceedance occurred.

See “**Spill/Release Information**” (above) for description of remaining questions.

Persons Preparing Report

Employee’s Name: The affected employee described on page 1 should review the report and sign here, as well as other employees witnessing or involved in the incident.

Supervisor’s Name: The Supervisor must review and sign the report indicating agreement. The Supervisor and the employee involved should be involved in conducting the investigation.

Incident Investigation

Report No.: This is the same as the incident report number.

Date of Investigative Report: This date should be within 48 hours of the incident. In cases where the investigation is not completed until a later date, submit the incomplete report within the 48 hours, and a revised report should be submitted when the missing information is obtained .

Direct Incident Cost: For all vehicle/equipment or property damage cases, an estimated or actual loss value must be entered. If an estimated value is entered, the report must be revised when the actual costs are known.

OSHA Recordable: This section should be completed in consultation with the supporting HS organization. If it cannot be determined at the time of the report, the HS organization should consult with the PMC Health and Safety Manager and revise the report when a determination is made.

No. of Restricted Days: This relates to days of restricted work activity, not restrictions on motion or physical capability. If the employee is capable of doing his normal job the day after the injury and thereafter, there are no restricted days, even if the physician indicates a physical restriction. It does not include the day of the injury.

No. of Days Away from Work: The number of days after the day of the injury that the employee could have worked (including weekends and holidays) but could not due to an occupational injury. If the treating physician releases an employee to return to work, but the employee chooses not to come to work, do not count those days. In this case the PMC Health and Safety Manager should be consulted.

Cause Analysis

Immediate Causes: Determine the immediate causes, using the example on page 4. If one or more of the examples fits the circumstance, use those words in the cause description. This facilitates statistical analysis of the incident database for program evaluation/modification. However, do not confine your cause determination to the guide words. Explain, e.g., Improper Lifting – employee attempted to lift box by bending at the waist and twisting while lifting. Be sure that the incident description on page 1 is sufficiently detailed to support the causal analysis in this section. An assumption of cause (e.g., improper lifting) from the injury (low back pain) is not acceptable.

Basic Causes: Like the Immediate Causes, use the guide words in the attachment whenever appropriate and explain. For example, improper motivation may be because the correct way takes more time or effort; short cutting standard procedure is tolerated or positively reinforced; or the person thinks there is no personal benefit to always doing the job correctly.

Note: The investigator is encouraged to review the Practical Loss Control Leadership chapters on *Causes and Effects of Loss* and *Accident/Incident Investigation* before doing the causal analysis. As a check, the investigator may refer to the S.C.A.T. Chart available from the PMC Health and Safety Manager.

Remedial Actions: Include all actions taken or those that should be taken to prevent recurrence. Be sure that actions address the causes. For example, training (safety meetings) may be a necessary response for lack of knowledge, but may be inadequate for improper motivation. If completion dates are not verified prior to submitting the report, a revised report must be submitted or verification of closeout noted on the original report.

Persons Performing Investigation: The primary investigator is the Supervisor in charge of the work where the incident occurred. Others participating in the investigation, such as the employee, Project Manager, HS, QC, site engineer, foreman, etc. should also sign the report.

Review: The Project PMC and Subcontractor Managers affected employee and the PMC Health and Safety Manager must sign the report indicating their satisfaction with thoroughness of the investigation and the report, and their concurrence that the action items address the identified causes. This constitutes the peer review, and the report, particularly the description, should be clear to readers not familiar with the project or incident.