



**INITIAL REPORT**

<b>Company/Contractor:</b>		<b>Incident Type:</b>	Close Call (Near Miss)    Incident (Actual Loss)
<b>TM9 Number:</b>		<b>DATE:</b>	
<b>Hauling Contractor:</b>		<b>Truck Number:</b>	<input type="checkbox"/> Chip/Hog Truck <input type="checkbox"/> Log Truck
<b>Driver's Name:</b>		<b>OVERLOAD (kg):</b>	
<b>Plate # (if available):</b>		<b>Owner/Carrier Contact Numbers:</b>	

Aspects/Occurrence Type	Personal Injuries	Environment
<input type="checkbox"/> Environment <input type="checkbox"/> Equipment Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Public Complaint <input type="checkbox"/> Dumpers/Scales/Trucking (On-site) <input type="checkbox"/> Contamination	<input type="checkbox"/> No Injuries <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost Time Incident <input type="checkbox"/> Serious Injury/Fatality	<input type="checkbox"/> Oil/Chemical Spill <input type="checkbox"/> Wildfire <input type="checkbox"/> Trespass <input type="checkbox"/> Stream Crossings/Buffers <input type="checkbox"/> Other: _____

**SEQUENCE OF EVENTS**

Action	Status	Whom	Date Completed	Initial
<b>NOTIFICATION</b>				
1		Forest Resources Supervisor	Notified	
2		Alberta Transportation	Notified: Email <a href="mailto:Mella.ONeill@gov.ab.ca">Mella.ONeill@gov.ab.ca</a>	
3		Truck Owner/ Carrier Representative	Notified	
<b>SUSPENSION DETAILS (IF APPLICABLE)</b>				
5		24 hr Suspension		
6		48 hr Suspension		
7		Suspended Until Meeting With Forest Resources		
8		Suspended Until Meeting With Forest Resources & AB Transportation		
9		Fine Levied Against Truck? Amount _____		
10		Incident Investigation Report Completed		

**Issue:**

<input type="checkbox"/> Overload between 5 000 – 9 000 kg	<input type="checkbox"/> Unit received 15 <sup>th</sup> accumulated overload
<input type="checkbox"/> Overload > 10 000 kg	<input type="checkbox"/> Unit received 20 <sup>th</sup> accumulated overload
	<input type="checkbox"/> Unit received 25 <sup>th</sup> accumulated overload

**CAUSE ANALYSIS**

Immediate Cause(s)		Basic Cause(s)
At Risk Behaviors / Acts	Substandard Conditions	Personal Factors and Job/System Factors
<input type="checkbox"/> Driving Errors <input type="checkbox"/> Drug/Alcohol Influence <input type="checkbox"/> Equipment Operator Error <input type="checkbox"/> Failure to Follow Rules / Procedures <input type="checkbox"/> Failure to Get Assistance <input type="checkbox"/> Failure to Secure <input type="checkbox"/> Failure to Tagout/Lockout <input type="checkbox"/> Failure to Use Appropriate PPE <input type="checkbox"/> Failure to Warn or Instruct <input type="checkbox"/> Horseplay or Fighting <input type="checkbox"/> Improper Lifting, Pushing or Pulling <input type="checkbox"/> Improper Loading or Stacking <input type="checkbox"/> Improper Placement or Storage <input type="checkbox"/> Improper Position for Task <input type="checkbox"/> Improper Use of Equipment or Tools <input type="checkbox"/> Inattention to Surroundings <input type="checkbox"/> Insecure Grip or Hold <p style="text-align: right;"><b>WHY?</b> →</p>	<input type="checkbox"/> Congested or Restricted Workspace <input type="checkbox"/> Defective Equipment <input type="checkbox"/> Environmental Conditions (Smoke, Fumes, Dust) <input type="checkbox"/> Fire/Explosion Hazard <input type="checkbox"/> Improper Guards or Barriers <input type="checkbox"/> Improper Labeling <input type="checkbox"/> Improper PPE <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Inadequate Warning System <input type="checkbox"/> Inadequate/Excessive Lighting <input type="checkbox"/> New or Modified Equipment / Procedure <input type="checkbox"/> Noise <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Poor Weather Conditions <input type="checkbox"/> Proper Tools or Equipment not Available <input type="checkbox"/> Uneven Ground Conditions <p style="text-align: right;"><b>WHY?</b> →</p>	<input type="checkbox"/> Inadequate Engineering or Design <input type="checkbox"/> Inadequate Inspections <input type="checkbox"/> Inadequate Maintenance <input type="checkbox"/> Inadequate Management Systems <input type="checkbox"/> Inadequate Mental Capability <input type="checkbox"/> Inadequate Physical Capability <input type="checkbox"/> Inadequate Procurement/Purchasing <input type="checkbox"/> Inadequate Risk Assessment <input type="checkbox"/> Inadequate Supervision or Leadership <input type="checkbox"/> Inadequate Tools, Equipment or Materials <input type="checkbox"/> Inadequate Training <input type="checkbox"/> Inadequate Work Standards or Procedures <input type="checkbox"/> Inadequate or Improper Motivation <input type="checkbox"/> Lack of Knowledge <input type="checkbox"/> Lack of Skill <input type="checkbox"/> Mental Stress or Fatigue <input type="checkbox"/> Physical Stress or Fatigue <p style="text-align: right;"><b>WHY?</b> →</p>
		Root Cause(s)
		<input type="checkbox"/> Inadequate Systems <input type="checkbox"/> Inadequate Standards <input type="checkbox"/> Inadequate Compliance with Standards





**RISK RATING**

Frequency of Exposure					Risk Rating	
Number of people doing task	Number of times task is preformed by each person					
	Less than daily	Few timed per day (1-3)	Many times per day >3			
	Value	Value	Value			
Less than 2	1	1	2		10 – 11	Very High
Moderate Number (2-4)	1	2	3	8 – 9	High	
Many (>4)	2	3	3	6 – 7	Moderate	
Severity of Loss				Value	4 – 5	Low
No Loss.				1	<b>Risk Rating Formula and Total</b> Frequency of Exposure + Severity of Loss + Probability of Loss = <b>Total</b>	
First aid, irregular work interruptions, minor damage \$1000+, minor environmental incident.				2		
Medical Aid, regular work interruptions, moderate damage \$50,000+, minor env damage				3		
Lost Time, moderate damage \$50,000+, env damage requires repair				4		
Permanent Disability, serious damage \$100, 000+, env violations				5		
Fatality, major damage \$200,000+, High likelihood of env prosecution				6		
Probability of Loss				Value		
Low Probability (have never seen it and do not expect it)				0		
Moderate Probability (have seen it, but not common)				1		
High Probability (have seen it more than once)				2		

**CORRECTIVE ACTIONS**

FOLLOW – UP ACTIONS TAKEN TO PREVENT REOCCURRENCE:	PERSON RESPONSIBLE	DUE DATE	DATE COMPLETED

INVESTIGATED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOREST RESOURCES INTERNAL REVIEW**

FOREST RESOURCES SUPERVISOR:	SIGNATURE:	DATE:		
BUSINESS TEAM LEADER:	SIGNATURE:	DATE:		
EMS COORDINATOR:	SIGNATURE:	DATE:		
DISTRIBUTION:	<input type="checkbox"/> SAFETY COMMITTEE	<input type="checkbox"/> ENV. SUB COMMITTEE	<input type="checkbox"/> BUSINESS UNIT LEADER	<input type="checkbox"/> MILL MANAGER
ENTERED BY:	DATE:	DATE FILE CLOSED		

