

Supervisors Investigation Kit

Investigation: Re - _____

Date: _____

Performed By: _____

Provided to: _____

Date: _____

Emergency Numbers

Fire/Ambulance/Police:
Ministry Of Labour:

911(where applicable)
1 (877) 202-0008

7-1 Form - Investigations

Investigation Policy

Note: The following are procedures to be followed in the event of a workplace incident/accident/ work-refusal or notification of an unsafe condition.

1. When required, arrange for injured workers to be taken to the Medical Clinic or the Hospital depending on the severity.

Follow the appropriate steps listed for;

- Incidents/Accidents involving our employees
- Incidents/Accidents involving Subcontractors

1. **Secure the accident scene and ensure that it is not disturbed.**
2. Do not allow similar work to continue on the site unless steps to prevent a recurrence are in place and authorization has been given by the **Management** and/or the Ministry Of Labour (where applicable)
3. Notify **Senior Management and the Health and Safety Coordinator** immediately
4. Begin the Investigation (if authorized by the **Management Team** and when required by the **Ministry Of Labour**) using the enclosed Investigation Report Forms & Investigation Statement Forms.
5. Provide all the Investigation & Reporting Forms and/or other information to the **Health and Safety Coordinator** for review and distribution.

NEVER DISTRIBUTE INFORMATION TO OTHERS WITHOUT PERMISSION FROM MANAGEMENT TEAM

The following information has been provided;

- Ministry Of Labour --- Reportable Incidents/ Accidents
- Accident Procedures – Our Employees
- Incidents/Accidents – Involving Subcontractors
- Work Refusal

The following forms have been included;

- (1) Investigation Report form
- (3) Investigation Statement forms
- (1) Ministry Of Labour – Notice Of Incident/Accident (**Must be reviewed by the Management Team prior to being sent**)

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Ministry Of Labour Reportable Incident/Accidents

The Occupational Health and Safety Act and Regulations require the Constructor to make notice to the Ministry of Labour for the following occurrences:

- A. accident, explosion, fire or violence causing injury B) occupational illness C) **accident at project site or mine**

When and how to report

A & B must be reported using the Notice of Occurrence form to the Ministry of Labour within 4 days.

C must be reported using the Notice of Occurrence form to the Ministry of Labour within 2 days

*Note: The fracture or amputation of more than one finger or toe does constitute a critical injury

*Note: The fracture of an ankle or a wrist does constitute a critical injury

Section 52 of the Occupational Health and Safety Act requires the **employer** provide notice of accident, explosion or fire, which does not result in a critical injury to the worker, however, disables the worker from performing regular duties or requires medical attention. This also includes the onset of an Occupational Illness

Section 53 of the Occupational Health and Safety Act requires that If an accident, premature or unexpected explosion, fire, flood or inrush of water, failure of any equipment, machine, device, article or thing, cave-in, subsidence, rockburst, or other prescribed incident occurs at a project site, mine, mining plant or other prescribed location, the person determined under subsection (2) shall, within two days after the occurrence, give notice in writing with the prescribed information and particulars

Person required to notify

- (2) The person required to give notice under subsection (1) is,
- (a) if the incident takes place at a project site, the constructor of the project;
 - (b) if the incident occurs at a mine or a mining plant, the employer of a worker who works in the mine or plant; or
 - (c) if the incident occurs at a prescribed location, the person prescribed for that location..

Additional notices

53.1 In addition to the notice requirements set out in sections 51, 52 and 53, the regulations may specify additional notice requirements that must be met in the circumstances described in those sections, including specifying who is required to provide the notice, the timeframe in which it shall be provided and the information and particulars it must contain.

1. A worker falling a vertical distance of three metres or more
2. A worker who falls and whose fall is arrested by a fall arrest system
3. A worker becoming unconscious for any reason
4. Accidental contact by a worker or by a workers' tool or equipment with energized electrical, installations or conductors
5. Accidental contact by a crane, similar hoisting device, backhoe, power shovel, vehicle or its load with an energized electrical conductor rated at more than 750 volts.
6. Structural failure of all or part of falsework designed by, or required by the regulation to be designed by, a professional engineer
7. Structural failure of a principal supporting member, including a column, beam, wall or truss, of a structure
8. Failure of all or part of the structural supports of a scaffold
9. Structural failure of all or part of an earth or water retaining structure, including a failure of the temporary or permanent supports for a shaft, tunnel, caisson, cofferdam or trench

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10. Failure of a wall of an excavation or of similar earthwork with respect to which a professional engineer has given a written opinion that the stability of the wall is such that no worker will be endangered by it
11. Overturning or the structural failure of all or part of a crane or similar hoisting device

For a more concise listing refer to the most current edition of Occupational Health and Safety Act and Regulations for Construction Projects.

Policy for Transportation of Injured Workers

The following Policy applies to the transportation of injured workers to a Hospital, Doctor's Office or Medical Walk-in-Clinic.

1. In cases of serious accidents, where the possible improper movement (transportation) of an injured worker could result in further injuries or unnecessary pain to the injured worker, an ambulance must be called (911 where applicable)
2. In cases when it is deemed necessary (after First-Aid has been administered) to have the injured worker seek further medical treatment and the transportation of the injured worker is not going to cause further injuries or pain to the worker, the Location Manager will make arrangements for the injured worker to be transported immediately (i.e. the company will transport the worker or call a taxi service);

Notes:

- Under no circumstances is a Location Manager to allow a worker who sustains a workplace injury to transport themselves to a medical facility or doctor's office.
- If the worker is transported to a medical facility either by a taxi or the company directly, a representative from the company shall accompany the injured worker (with the applicable forms) to the medical facility and stay with the worker until he/ she is released.
- If the injured worker has reservations about receiving Medical treatment, is nervous and/ or does not speak English fluently, a co-worker who speaks the injured workers native language and English must be sent with the injured worker to the medical facility.
- If the injured worker refuses the provided transportation, alternative arrangements shall be made, as necessary, and in conjunction with Senior Management, and other parties as applicable.

Accidents Involving Our Workers

When one of our employees sustains a workplace injury, follow the procedures listed below;

SUPERVISOR AND/OR ASSISTANT SUPERVISOR MUST;

- ensure first aid is administered if required/possible and it is safe to do so
- make arrangements for transportation to a Medical Clinic or Hospital (whichever is appropriate)
- secure the accident scene (based on the circumstance take the necessary precautions for the safety of the injured worker and/or others)
- immediately notify the **Health and Safety Coordinator** and our Health and Safety Coordinator
- take names and phone numbers of any and all persons who witnessed or may have knowledge of the accident (statements will need to be taken during the investigation)
- conduct an Investigation (when granted permission from the **Health and Safety Coordinator** and the Ministry Of Labour where applicable)
- ensure corrective measures are implemented prior to allowing work to continue
- maintain contact with the injured worker and assist in the Early Safe Return To Work program for the injured worker when applicable

Critical Injury Accidents;

- take all steps listed above and furthermore ensure the following;
 - notification to Ministry Of Labour (MOL) and the union immediately when approved from Senior Management.
 - prepare written notices to the MOL with the assistance of a Safety Consultant and/or legal counsel where required and review with the Management Team prior to delivery
 - cooperate with the Ministry Of Labour (MOL) during their investigation

THE Health and Safety Coordinator WILL ENSURE;

- the Management Team and Health and Safety Coordinator has been informed of the accident
- in the event of a Critical Injury, provide assistance with the investigation, seek Legal Counsel (if required) and communicate with the Ministry Of Labour (if required)
- review the accident investigation report(s) and any Notices to be sent to the Ministry Of Labour
- take appropriate measures to implement corrective measures
- investigation reports are received by the Health and Safety Coordinator and reports are sent to WSIB as required . Where required make arrangements and assist in the Early, Safe Return to Work.

Accidents Involving Subcontractors

In the event of an incident/accident caused by a subcontractor or accident causing an injury to a sub-contractor's worker, follow the procedures below as a minimum;

SUPERVISOR AND/OR ASSISTANT SUPERVISOR MUST;

- ensure first aid is administered if required/possible and it is safe to do so
- make arrangements for transportation to a Medical Facility if necessary
- secure the incident or accident scene (based on the circumstance take the necessary precautions for the safety of the injured worker and/or others)
- immediately notify the **Health and Safety Coordinator**
- take names and phone numbers of any and all persons who witnessed or may have knowledge of the accident (statements will need to be taken during the investigation)
- conduct an Investigation when granted permission from the **Health and Safety Coordinator** (and the Ministry Of Labour where applicable)
- furthermore, when applicable insist that the subcontractor provides appropriate notification to the governing authorities such as the Ministry Of Labour and the Workplace Safety and Insurance Board (WSIB) and provide our company copies of notices.
- request that the contractor conducts an investigation into the matter and provides a copy of the investigation report, photographs and statements to our company
- only allow the subcontractor to continue with the work if acceptable measures have been taken to prevent a recurrence

Critical Injury Accidents;

- follow all steps as above and furthermore ensure the following;
 - notification to Ministry Of Labour (MOL) and the union immediately
 - prepare written notices to the MOL with the assistance of the Health and Safety Coordinator and/or legal counsel where required and review with the Management Team prior to sending
 - cooperate with the Ministry Of Labour (MOL) during their investigation

THE HEALTH AND SAFETY COORDINATOR WILL ENSURE;

- the Management Team and Health and Safety Coordinator has been informed of the accident
- in the event of a Critical Injury, provide assistance with the investigation, seek Legal Counsel (if required) and communicate with the Ministry Of Labour
- assist the Supervisor in the event of a MOL reportable incident/accident and obtain copies of any orders or charges given to the subcontractor(s) and/or the Constructor
- review the accident investigation report(s) and any Notices to be sent to the Ministry of Labour
- review the accident investigation report(s) and take appropriate measures to implement corrective measures
- ensure updates and reports are provided to senior management

Refusal to Work

DEFINITION: A worker may refuse to work or do particular work where he or she has reason to believe that;

- A) any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker;
- B) the physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself;
- B1) workplace violence is likely to endanger himself or herself; or
- C) any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger himself, herself or another worker. R.S.O. 1990, c. O.1, s. 43 (3); 2009, c. 23, s. 4 (2).

** that person may refuse to use or operate the machine device or other thing, or to work in that place.

Steps to be Taken

- 1) Worker refuses to work and immediately notifies employer or supervisor of the reasons.
- 2) Supervisor investigates, in the presence of the worker and Joint Health And Safety Committee worker representative. Involve the Supervisor in the investigation stage of the Work Refusal. Notify the Management Team.
- 3) Worker remains in a safe place near work-station and be available for questioning, all attempts are made to resolve the perceived problem to the satisfaction of all parties.
- 4) If problem is resolved to the workers' satisfaction, he/she returns to work.
- 5) If not resolved and worker continues to refuse work, NOTIFY THE MINISTRY OF LABOUR.

NOTE: Another worker may be asked to perform the job, only if that worker is advised of the refusal to work and the surrounding circumstances, in the presence of the worker Health & Safety Representative.

- 6) A Ministry of Labour Inspector investigates the refusal in consultation with the worker, employer and the worker representative of the J.H. & S.C..
- 7) Pending the outcome of the investigation, the worker may stand by or be assigned other work. The worker may NOT be sent home or disciplined for his/her actions.
- 8) A decision will be made in writing and provided to all parties. This decision must be adhered to whether in favour of the worker or employer.
- 9) An Investigation report must be completed by the supervisor or contractor employing the worker refusing work and the worker representative present during the investigation. This report must be provided to the Management Team and the JHSC.

All attempts should be made to resolve the problem internally before it requires Ministry of Labour involvement.

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Investigation Report Form - Page 1 of 2

Project : _____	Location : _____
Date Of Occurrence: _____ Time Of Occurrence : _____	

Contractor/Employer: _____		Worker's Name : _____	
Address:	Supervisor:	Office Tel. :	Fax : Site:

Occurrence Type: Critical <input type="checkbox"/> Lost Time <input type="checkbox"/> Medical Aid <input type="checkbox"/> First Aid <input type="checkbox"/> Incident <input type="checkbox"/> Material Damage <input type="checkbox"/>			
Injured Worker's Name: _____	Address: _____		
Date of Birth: _____ Yrs Exp. _____	Telephone # : _____		
Witness : _____	Address : _____		
Employer: _____ Telephone: _____	_____		
Witness : _____	Address : _____		
Employer: _____ Telephone: _____	_____		

Attending Physician _____	Address : _____
Telephone: _____	_____

Governing Authorities: _____	Branch : _____
Name : _____ I.D. # _____	_____

Circumstances of Occurrence	Location of Occurrence: _____
Injuries:	Time/Date of Occurrence: _____
	Reported To : _____
	Reported By : _____
	Time/Date Reported: _____
Description:	

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Investigation Report Form - Page 2 of 2

Basic Causes Of Occurrence:
Equipment, Machinery or Materials (describe)
Work Habits, Procedures or Direction (describe)
Conditions (describe)

Prevention Of Recurrence (actions taken) : By: _____ Date: _____
List Actions:

Follow- up Actions: By: _____ Date: _____
List Actions:

Copies To :

- HS Worker Representative**
- Health and Safety Coordinator**
- Others (Name)** _____

Investigated By : _____ Date : _____
_____ Date : _____

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Investigation – Voluntary Statement Form

Re: _____

OCCURRENCE INFORMATION Location Of Occurrence: _____ Date & Time Of Occurrence: _____ Date & Time Reported: _____

STATEMENT GIVEN BY	Injured Worker <input type="checkbox"/>	Witness <input type="checkbox"/>	Other <input type="checkbox"/> _____
	Name: _____		
	Address: _____		
	Phone: _____		

STATEMENT

Signature Investigators Signature Translated by Date of Statement

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Investigation – Voluntary Statement Form

Re: _____

OCCURRENCE INFORMATION

Location Of Occurrence: _____
Date & Time Of Occurrence: _____
Date & Time Reported: _____

STATEMENT GIVEN BY

Injured Worker **Witness** **Other** _____

Name: _____
Address: _____
Phone: _____

STATEMENT

Signature Investigators Signature Translated by Date of Statement

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Notice Of Occurrence (page 1 of 2)

_____ Health & Safety Officer
Construction Health & Safety Branch
Ministry Of Labour

Address: _____

"**Notice Of Occurrence**" as required under The Occupational Health & Safety Act and Construction Projects Regulations.

COMPANY ADDRESS _____

The nature and the circumstances of the occurrence:

Body Injuries Sustained:

Description of Equipment/Machinery Involved in the incident/accident:

Date, Time & Place of Occurrence:
Date : _____ **Time :** _____
Location: _____

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Notice Of Occurrence (page 2 of 2)

Injured Worker's Name & Address

Name : _____

Address : _____

Telephone: _____

Names and addresses of Witnesses or "Persons Having Knowledge":

Name : _____

Address: _____

Telephone: _____

Name : _____

Address: _____

Telephone: _____

Name : _____

Address: _____

Telephone: _____

Address & name of Attending Physician

Attending Physician: _____

Address: _____

Telephone: _____

Steps taken to prevent recurrence

Information Provided by: _____