

Supervisors Investigation Kit

Investigation: Re - _____

Date: _____

Performed By: _____

Provided to: _____

Date: _____

Emergency Numbers

Fire/Ambulance/Police:	911 (where applicable)
Bachly Construction	(905) 951-3100
Ministry Of Labour:	1(800) 268-8013

Basic Investigation Procedures

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 **Project Manager** 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**)

Ministry Of Labour Reportable Incident/Accidents

The following reporting requirements are only a summary of reporting requirements from the Occupational Health and Safety Act (OHSA) and Regulations for Construction Projects (Reg. 213/91). For a complete listing of the reporting requirements refer to the OHSA & Reg. 213/91.

Section 51 of the Occupational Health and Safety Act requires the **Constructor** and the **Employer** report "Critical Injuries" immediately to the Ministry Of Labour.

"CRITICAL INJURY" (Regulation 834)

For the purposes of the Act and Regulations, "critical Injury" means an injury of a serious nature that;

- a) places life in jeopardy
- b) produces unconsciousness
- c) results in substantial loss of blood
- d) involves the fracture of a leg or arm but not a finger or toe
- e) involves the amputation of a leg, arm, hand or foot but not a finger or toe
- f) consists of burns to major portion of the body, or
- g) causes loss of sight in an eye

Section 52 of the Occupational Health and Safety Act requires the **employer** provide notice of accident, explosion, fire, or incident of workplace violence 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 the **Constructor** provides notice in writing in the event of an accident, premature or unexpected explosion, fire, flood or inrush of water, failure of any equipment, machine, device, article or thing, cave-in, subsidence or other incident as prescribed.

Prescribed reportable incidents --- section 11 reg. 213/91;

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 worker's tool or equipment with energized electrical, installations or conductors
5. Accidental contact by a crane, similar hoisting device, backhoe, power shovel or other vehicle or equipment 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
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 (O.Reg.213/91)

Accidents Involving Our Workers

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

SITE SUPERINTENDENT AND/OR ASSISTANT SUPERINTENDENT 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)
- obtain the Injured Worker Treatment Package and follow the instructions for sending a worker for medical treatment (explain the process to the injured worker and obtain a signed copy of the WSIB Worker Consent Form)
- immediately notify the **Project Manager** and our Claims Control
- 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 **Project Manager** 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
 - 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 PROJECT MANAGER WILL ENSURE;

- the Management Team and WSIB Claims Administrator has been informed of the accident
- that the Safety Consultant has been advised of the accident (request assistance with the investigation)
- 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 Claims Control 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;

SITE SUPERINTENDENT AND/OR ASSISTANT SUPERINTENDENT 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 **Project Manager**
- 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 **Project Manager** (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 Safety Consultant 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 PROJECT MANAGER WILL ENSURE;

- the Management Team and WSIB Claims Administrator 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 Site Superintendent 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: Where a worker has reasonable cause to believe that;

- a) the use or operation of a machine, or other thing would constitute an imminent danger to the safety or health of himself/herself or another employee, or that;
- b) a condition in any place that would constitute an imminent danger to his or her own safety or health

workplace violence is likely to endanger himself or herself;
** 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 Site Superintendent in the investigation stage of the Work Refusal. Notify the Management Team.
- 3) Worker stays in a safe place that is as close as possible to his work-station and remains available for questioning while 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.

Appendix 22 – Investigations

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:	

Appendix 22 – Investigations

Notice Of Incident/Accident (page 1 of 2)

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

Address: _____

"Notice Of Accident" 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: _____

Appendix 22 – Investigations

Notice Of Incident/Accident (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: _____