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12.0 Investigation Policy

Wild West Dirt Works Ltd. and Glacier Rock Resources Inc. recognizes that the purpose of an effective investigation process is to determine “root” causes so that corrective actions can be implemented to prevent reoccurrence.

Within the companies, the following types of incidents shall be investigated fully:

- Accidents that result in injuries requiring medical aid.
- Accidents that cause property damage or interrupt operations with potential for a loss.
- Incidents that have the potential to result in (1) or (2) above, such as close calls and near misses.
- Occupational illnesses that prevent a worker from performing regular tasks
- Work Refusals
- Near Misses

All incidents, near misses, occupational illness and work refusals that fall within legislative requirements must be reported to the employer and appropriate authority (OH&S, WCB, law enforcement, CANUTEC, Alberta Environment, etc.)

Responsibilities

Employees and subcontractors are responsible to report all incidents as soon as possible and to assist in the investigation process as requested. An investigation and a final report outlining the causes and recommendations for corrective action will be completed.

Management is responsible for ensuring incidents are reported to OHS as required and that the investigative team has been provided with qualified training in incident investigation techniques. Investigators must be both qualified and competent individuals.

The information in this policy does not take precedence over applicable government legislation, with which all workers should be familiar.



Monty Cissell, President
July 5, 2023

12.1 Reporting to the Alberta's WCB

Employer's Responsibilities

When a work-related injury or illness occurs, the company must be notified immediately in order to fulfill its responsibilities under legislation to the provincial Workers Compensation Board. These responsibilities include:

1. **Providing first aid** – ensuring the ill or injured worker receives first aid as soon as possible in accordance with Occupational Health and Safety legislation.
2. **Providing Transportation** – if medical transportation is required, the company is responsible to provide the transportation or pay for the cost of immediate transportation.
3. **Recording the Incident** – the company is responsible to keep detailed records of all work-related injuries and illnesses for three years.
4. **Reporting the Incident** – t
Call OHS 1-866-415-8690 as soon as possible (within 24 hours) if:
 - a. A worker has died at work or from an injury or illness connected to the work site.
 - b. You believe a worker has been or will be admitted to hospital (beyond treatment in an emergency room or urgent care facility) because of a workplace injury, illness or incident.
 - c. A person has been injured or become ill because of: – An unplanned or uncontrolled explosion, fire or flood. – A crane, derrick or hoist collapse or upset. – A (full or partial) building or structural collapse or failure
5. **Do not disturb the scene.**

Incidents occurring in Alberta

Reporting Serious Injuries Immediately – if an accident or illness results in a death or hospitalization, Workplace Health and Safety must be contacted immediately at 1-866-415-8690 Workplace Health and Safety

Reporting the Injury to the WCB – The *Employer's Report of Injury or Occupational Disease Form* must be submitted to the WCB within 72 hours. This includes the following:

- lost time or the need to temporarily or permanently modify work beyond the date of accident
- death or permanent disability (amputation, hearing loss, etc.)
- a disabling or potentially disabling condition caused by occupational exposure or activity (poisoning, infection, respiratory disease, dermatitis, etc.)
- the need for medical treatment beyond first aid (assessment by physician, physiotherapy, chiropractic, etc.)
- incurring medical aid expenses (dental treatment, eyeglass repair or replacement, prescription medications, etc.)

Paying the Worker for the Day of Injury

The company is responsible to pay the worker a full day's wage for the date of injury or work related illness. Any subsequent days that a worker misses due to injury are paid by the WCB.

Notifying the WCB when the Worker returns to work

The company must notify the WCB within 24 hours once the worker returns to work after being absent due to injury or illness.

Failure of the company to report injuries to Workers Compensation Board in a timely fashion (72 hours) may result in fines and penalties as defined within WCB legislation.

Worker's Responsibilities

If you are a worker that is injured on the job or suffering from an Occupational Disease...

Get medical help quickly. The company is responsible for transportation costs should it be necessary.

- i. Work related diseases should be reported as soon as you notice symptoms, even if you have changed jobs.
- ii. Report all injuries to your supervisor as soon as possible after the incident, NO MATTER HOW MINOR THE INJURY.

Our company must report the injury to the provincial Workers Compensation Board within 72 hours if YOU:

- i. Miss work, or are likely to miss work beyond the day of injury.
 - ii. Need medical treatments.
 - iii. Need to do different or fewer work duties as a result of your accident.
 - iv. Have a permanent injury.
- iii. Tell the doctors that the injury occurred at work so that they can send medical reports to the provincial Workers Compensation Board
 - iv. Complete and send the *Worker's Report of Injury or Occupational Disease Form* (Alberta) or call Teleclaim (BC) 1-888-WORKERS to report your injury to the provincial Workers Compensation Board as soon as possible.
 - v. Reporting options and other reporting requirements;
 - Report online in either Alberta and British Columbia
 - Report by fax by completing the Workers' Report of Injury or Occupational Disease form in Alberta or The Application for Compensation and Report of Injury or Occupational Disease

- Injuries that occur over time require more information. If you have a progressive injury, complete this form along with your report of injury or occupational disease form. Alberta [Progressive Injury Questionnaire form - C504](#)
- Work-related motor-vehicle accidents require completion of this form along with your report of injury or occupational disease. Alberta [Automobile Accident Report form](#)
- Use this form if you were injured outside of Alberta but normally live or work in Alberta and would like to claim compensation in Alberta.

Alberta WCB Phone Number Toll Free: 1-866-922-9221

WCB Website: www.wcb.ab.ca

12.2 Incident Reporting Procedures

When a work related injury or illness occurs, there are several steps that need to be completed to comply with the companies responsibilities for reporting such incidents

- Immediately obtain medical aid if required.
- Notify supervisor (Company and Client)
- Complete Incident/First Aid Report. WCB information must be reported to the office immediately.
- Get involved with the investigation. The more involved you are, the more information you can provide to the investigating Management team.
- Perform all follow up and corrective action as indicated on the investigation.
- Perform a Safety Meeting regarding the incident with co-workers. Remember the more people you share with, the lower the chance for another incident of the same nature to occur.
- If any ongoing medical or WCB attention is required, keep the appropriate management informed, to maintain a smooth transition.

ANY AND ALL PAPERWORK SHOULD BE IMMEDIATELY TURNED INTO

YOUR SUPERVISOR/MANAGER OR THE OFFICE.



Incident / Near Miss Report

*To be completed by Employee, Manager or Supervisor
When there is an incident or injury, occupational illness, near miss or work refusal*

Date:	Time: am pm
<input type="checkbox"/> Injury/Illness <input type="checkbox"/> Property Damage <input type="checkbox"/> Fatality <input type="checkbox"/> Fire <input type="checkbox"/> Collision (Roadway) <input type="checkbox"/> Near Miss <input type="checkbox"/> spill <input type="checkbox"/> other/describe:	

What happened?
Who was involved?
Where did it happen?
Who was it reported to? (name and phone number)



Section 10
Investigations & Reporting

What were the underlying causes?			
What corrective action is required and how can similar incidents be prevented in the future?			
Corrective Actions	Deadline	Responsibility	Date

Completed by: _____

Signature: _____

Date: _____

Investigated by: _____

Signature: _____

Date: _____

12.3 Investigation Procedure

The companies have adopted the following Investigation Procedure:

- After being notified of an incident, illness or accident, near miss or work refusal, the company investigator should survey the area to determine if the work must be stopped to prevent injuries or illness and preserve evidence. In a major emergency, all work must be stopped immediately.
- The investigator should notify senior management or the designated manager or supervisor who is responsible for the coordination of the investigation process to ensure all steps in the emergency response plan are being carried out. The designated manager should determine if government and insurance investigators should be called in if they have not already been notified as part of the emergency response.
- The investigator should gather evidence and interview witnesses and other people involved in the accident. The investigator should also photograph the site to record evidence and damage.
- If insurance or government investigators are brought in, the on-site company investigator should assist them as required.
- Once all the evidence is collected, then the investigator can complete the investigation process which includes:
 - Determining the contributing factors and root causes of the work related illness, incident, near miss or, work refusal or accident.
 - Completing the Incident/Accident Investigation Report Form.
 - Developing recommendations to prevent a recurrence and a list of actions required along with identified responsible parties and target dates for completion.
 - Presenting the report and recommendations to management and if required to the insurance company and government.
 - Discussing the report and recommendations with everyone who was working on the site at the time of the accident and with all other employees that are affected by the accident.
- The individual(s) assigned action items should then carry out the investigator's recommendations and provide feedback to management until all actions are completed.
- Management should verify that all corrective action is completed and the incident report is closed out.

Definitions

Incident: “An undesired event that, under slightly different circumstances, could have resulted in Personal harm, property damage or loss” (Incidents are also referred to as near misses)

Accident: “An undesired event that results in physical harm to a person or damage to property.”

CAUSE OF ACCIDENT/ INCIDENT: (choose a root cause based on the criteria outlined below)

General: When determining the cause of an accident/incident, it must be determined if this was due to an ACT of the employee, a CONDITION of his working environment or a PERSONAL FACTOR inherent in the employee at the time of the accident/incident.

Unsafe Act: Where the cause was a specific action or lack of action taken by the individual and under their control. (A general violation of safety rules or disregard of hazards would be considered unsafe acts unless specific criteria indicate a personal factor to be the cause).

Safety Equipment Devices Misused

- Lockout/Tag out (power source in shop).
- Testing devices – not used or misused.
- Making devices ineffective (disconnecting factory settings).

Improper Procedure

- Improper use of equipment (not designed for task at hand).
- Unauthorized use of equipment (not qualified to operate equipment).
- Failure to report a condition.
- Failure to heed a hazard.
- Failure to follow instructions or established procedure.

Unsafe Environment or Condition

- The cause was a situation or event not controllable by the individual.
- Inadequate training or instruction should be considered a condition as opposed to a deficiency in skill or ability.
- Inadequate safety attire prescribed, provided or available for use.
- Inadequate safety devices (improperly or inadequately guarded or protected equipment).
- Inadequate training for the job.
- Inadequate supervision.
- Faulty construction, design or layout.
- Inadequate housekeeping / maintenance / inspection.
- Defective equipment.
- Unsafe act by another person.
- Upset condition such as fire, explosion or abnormal operation
- Inclement weather (wind, rain, snow, ice).

Improper Clothing

- Loose, ragged clothing which might get caught in moving parts.
- Flammable clothing around furnaces, open flames. Particularly greasy, oily clothing.
- Wearing jewelry (wedding bands, earrings, etc.).
- Loose hair.
- Defective eye or face protection, gloves, aprons, footwear, respirators, hard hats, safety belts and lines, etc.

Personal Factor (Mental, Physical)

- Where there is evidence of a deficiency in ability, physical condition or mental attitude, an uncontrollable factor inherent in the individual at the time of his injury or illness including allergy, fatigue, intoxication, temper, etc.
- Deficiency in skill or ability.
- Physically handicap including allergic sensitivity, crippled, poor hearing or eyesight, obesity, inadequate strength or stamina for job requirements.
- Abnormal mental or physical state (effected by medication, alcohol, narcotics, worry, fear)
- Fatigue from working overtime or working a second job.
- Inadequate job experience.

Investigation Report

Workers may participate in the investigation process; however this form is to be completed by a trained Incident Investigator

Type of Occurrence: <input type="checkbox"/> Near Miss <input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Medical Aid <input type="checkbox"/> Occupational Illness/Disease <input type="checkbox"/> Spill <input type="checkbox"/> Property Damage <input type="checkbox"/> Vehicle Collision <input type="checkbox"/> Fire <input type="checkbox"/> First Aid <input type="checkbox"/> Hazard Identification			
Worker Information:			
Last Name: _____		First Name: _____	
Occupation: _____		Yrs. with Company: _____	
Incident Information:			
Date: (DD/MM/YYYY) _____	Time: _____ OR → _____ AM / PM	Period of exposure resulting in occupational disease (DD/MM/YYYY) From: _____ To: _____	
Did worker report injury or exposure to employer? ____ Yes ____ No →		Date Reported: (DD/MM/YYYY) _____ Reported To: _____ ____ First Aid ____ Supervisor ____ Office ____ Other (please specify)	
Describe the Injury in detail (what part of the body was injured)		Describe the work incident location (address, city, province) and where the incident occurred (yard, parking lot)	
Did the injury or exposure result from a specific incident? ____ Yes ____ No			
Did the Worker receive First Aid? ____ Yes ____ No		If yes, please provide name of First Aid Attendant (if known)	
Did the Worker go to hospital, clinic or visit physician or qualified practitioner? ____ Yes ____ No Hospital Name: _____		If yes, please provide provider name (if known)	
		If yes, please provide provider address (if known)	
Lost Time Man Hours _____ Hrs. _____ Days	Damage Costs? ____ Yes ____ No	Estimated Cost of Damage: \$ _____	Damage Description



Section 10
Investigations & Reporting

Was Workplace Health & Safety notified? ___ Yes ___ No Name of Contact: _____	Was a WCB report filed? ___ Yes ___ No By Whom? _____	Was the WCB report filed within 72hrs of injury? ___ Yes ___ No IF NO, THEN EXPLAIN _____ _____ _____
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Did Worker continue to work past day of injury? ___ Yes ___ No	Last Day Worked (DD/MM/YYYY)
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Were there any witnesses? ___ Yes ___ No

List other Personnel involved with or witness to the occurrence (attach statements)

Name	Employer	Phone Number

Conditions at the time of accident (weather, status of job, housekeeping, etc.?)

Describe how the occurrence happened or describe the near miss or hazardous condition. (What equipment, tools, materials, etc. were involved? What job was being done? What happened?)

DIRECT, BASIC & ROOT CAUSES: Describe the events and conditions that contributed to the incident/accident/illness/occurrence

First Aid Record

Injured Worker:			
Date of injury/illness:	_____	_____	_____
	Day	Month	Year
Time:	_____	AM	PM
Date injury/illness REPORTED:	_____	_____	_____
	Day	Month	Year
Time:	_____	AM	PM

Description of the injury or illness:
Description of where the injury or illness occurred/began:
Cause of the injury or illness:
First Aid provided? No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, complete the rest of this page)
Name of First Aid Attendant:
First Aider qualifications:
Emergency First Aider <input type="checkbox"/> Emergency Medical Technician-Paramedic <input type="checkbox"/>
Standard First Aider <input type="checkbox"/> Emergency Medical Technician-Ambulance <input type="checkbox"/>
Advanced First Aider <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/>
Nurse <input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/>

First Aid provided:

Keep this record for at least 3 years from the date of injury or illness