INITIAL INCIDENT REPORT

CF-S-09

iTrak #:

GENERAL INFORMATION EVENT DETAILS:

Strike Company: _____ Business Unit: _____

Customer: _____ Job Number: _____

Job Name: _____ Date of Incident: MM/DD/YY

LSD/NTS: _____ Time of Incident: 00:00 ☐ a.m. ☐ p.m.

Location: ☐ Shop ☐ Yard ☐ Customer Site ☐ Public Road ☐ Office ☐ Other: _____

PARTIES INVOLVED: ☐ **Employee** ☐ **Sub-Contractor** ☐ **ISP** ☐ **Customer** ☐ **3rd Party**

Contractor/ Company Name: _____ Phone Number: _____

Contractor/ Company Name: _____ Phone Number: _____

Contractor/ Company Name: _____ Phone Number: _____

TYPE OF EVENT: (See Strike Glossary of Terms and Definitions Section 10 HSEMS)

☐ Injury (CF-S-09A) ☐ Environmental Spill /Release (CF-S-09E) ☐ Workplace Violence (CF-S-09F)

☐ Motor Vehicle Incident (CF-S-09B) ☐ Property Damage (CF-S-09C) ☐ Security/ Theft (CF-S-09F)

☐ Equipment Failure/ Damage (CF-S-09C) ☐ Fire/ Explosion (CF-S-09D) ☐ Violation (CF-S-09F)

RELATED HAZARD SOURCES:

☐ Biological ☐ Fire/ Explosive ☐ Motion ☐ Pressure/ Energized ☐ Toxic/ Carcinogenic

☐ Chemical ☐ Gravity ☐ Nature ☐ Radiation

☐ Electrical ☐ Mechanical ☐ Noise ☐ Temperature

INJURY CLASSIFICATION:

☐ Fatality ☐ Modified Work ☐ Illness/Occupational Exposure ☐ No Treatment

☐ Lost Time ☐ Medical Aid ☐ First Aid

DESCRIPTION OF EVENT (Immediate Cause) *(10 words or less)*:

FULL DETAILS *(Before, during & after), (Who, What, Where, When and How)*:

ON-SITE ACTIONS TAKEN TO MINIMIZE EVENT OCCURANCE *(Immediate Actions)*:

ALCOHOL & DRUG TESTING REQUIRED? **Post Incident (Significant / Serious Incident)** **(See Section 13 of HSEMS)**

Alcohol & Drug Test Completed: ☐ Yes ☐ No

If No, Explain Why Test Was Not Completed:

INITIAL ERP:

Emergency Services Called: ☐ Yes ☐ No ERP Activated: ☐ Yes ☐ No

Type of Emergency Service Used: ☐ Ambulance ☐ HAZMAT ☐ Medic ☐ Police/ RCMP ☐ STARS

Date & Time ERP Activated: DD/MM/YY 00:00 am/pm

NOTIFICATION:

Required	Person Notified:	Notified By:	Date:	Time:	Reference/ Case #:
Immediate Supervisor			DD/MM/YY	00:00 am/pm	
Manager			DD/MM/YY	00:00 am/pm	
OHS			DD/MM/YY	00:00 am/pm	
RCMP/ Police			DD/MM/YY	00:00 am/pm	
Client			DD/MM/YY	00:00 am/pm	
Other:			DD/MM/YY	00:00 am/pm	

Reported By:		**Date:**	DD/MM/YY
Investigation Assigned To:		**Date:**	DD/MM/YY
Entered into iTrak By:		**Date:**	DD/MM/YY