

9. INCIDENT CAUSE ANALYSIS

Type of Event (check all that are applicable, even for *Near Miss Potential Hazard*)

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|---|--|--|
| <input type="checkbox"/> Struck Against (running, bumping into) | <input type="checkbox"/> Caught In (pinch & nip points) | <input type="checkbox"/> Abnormal Operation |
| <input type="checkbox"/> Struck By (hit by moving object) | <input type="checkbox"/> Caught On (snagged, hung) | <input type="checkbox"/> Product Contamination |
| <input type="checkbox"/> Fall From Elevation to Lower Level | <input type="checkbox"/> Caught Between/Under (crushed or amputated) | <input type="checkbox"/> Equipment Failure |
| <input type="checkbox"/> Fall From Same Level (slips & fall, trip over) | <input type="checkbox"/> Environmental Release | |
| <input type="checkbox"/> Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise) | <input type="checkbox"/> Overstress, overpressure, overexertion, ergonomic | |

Immediate/Direct Cause (check all that are applicable, even for *Near Miss Potential Hazard*)

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|--|---|---|
| <input type="checkbox"/> Operating Equipment without authority | <input type="checkbox"/> Inadequate guards/barriers | <input type="checkbox"/> Improper Position for Task |
| <input type="checkbox"/> Failure to Warn | <input type="checkbox"/> Failure to communicate | <input type="checkbox"/> Servicing Equipment in Operation |
| <input type="checkbox"/> Failure to Secure | <input type="checkbox"/> Improper Loading | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Fire & Explosion Hazards | <input type="checkbox"/> Improper Placement | <input type="checkbox"/> Temperature extremes |
| <input type="checkbox"/> Making Safety Devices Inoperative | <input type="checkbox"/> Improper Lifting | <input type="checkbox"/> Presence of harmful materials |

Basic / Root Cause (check all that are applicable, even for *Near Miss Potential Hazard*)

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|--|--|--|
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Improper attempt to save time/effort | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Inability to Comprehend | <input type="checkbox"/> Improper supervisory example | <input type="checkbox"/> Frustration |
| <input type="checkbox"/> Fatigue due to lack of rest | <input type="checkbox"/> Inadequate performance feedback | <input type="checkbox"/> Lack of experience |
| <input type="checkbox"/> Improper conduct that is condoned | <input type="checkbox"/> Inadequate or improper controls | <input type="checkbox"/> Lack of Coaching |
| <input type="checkbox"/> Preoccupation with problems | <input type="checkbox"/> Inadequate work planning or programming | <input type="checkbox"/> Inadequate discipline |
| <input type="checkbox"/> Lack of situational awareness | <input type="checkbox"/> Confusing directions/demands | <input type="checkbox"/> Improper Loading |
| <input type="checkbox"/> Improper handling of materials | <input type="checkbox"/> Inadequate communication of standards | <input type="checkbox"/> Inadequate update training |
| <input type="checkbox"/> Giving inadequate policy, procedures, practices or guidelines | <input type="checkbox"/> Inadequate development of standards | <input type="checkbox"/> Exposure to Health Hazards |
| <input type="checkbox"/> Inadequate instructions, orientation and/or training | <input type="checkbox"/> Inadequate verbal communication between supervisor and person | <input type="checkbox"/> Inadequate preventative maintenance |
| <input type="checkbox"/> Improper performance is rewarded (tolerated) | <input type="checkbox"/> Inadequate assessment of needs, risks and/or hazards | <input type="checkbox"/> Inadequate human factors/ergonomics |
| <input type="checkbox"/> Inadequate inspection and/or monitoring | <input type="checkbox"/> Inadequate communication between shifts | |

Areas for Corrective Action (check all that are applicable, even for *Near Miss Potential Hazard*)

- | | | |
|--|---|--|
| <input type="checkbox"/> Leadership/Administration | <input type="checkbox"/> Task Observation | <input type="checkbox"/> PPE |
| <input type="checkbox"/> Leadership Training | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Health/Hygiene Control |
| <input type="checkbox"/> Planned Inspections/Maintenance | <input type="checkbox"/> Rules and Work Permits | <input type="checkbox"/> System Evaluation |
| <input type="checkbox"/> Critical Task Analysis/Procedures | <input type="checkbox"/> Incident Analysis | <input type="checkbox"/> Engineering/change Management |
| <input type="checkbox"/> Incident Investigation | <input type="checkbox"/> Knowledge/Skill Training | <input type="checkbox"/> Personal Communications |
| <input type="checkbox"/> Group Communications | <input type="checkbox"/> General Promotion | <input type="checkbox"/> Hiring and Placement |
| <input type="checkbox"/> Materials/Services Management | <input type="checkbox"/> Off-the-Job-Safety | <input type="checkbox"/> Environmental or Quality Management |

Action Plan #1: (if more action plans, please list on a separate page)

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|------------------------|------------------|-------------------------|
| Responsibility: | Due Date: | Completion Date: |
|------------------------|------------------|-------------------------|

Action Plan #2:

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| Responsibility: | Due Date: | Completion Date: |
|------------------------|------------------|-------------------------|

Did the Contractor meet notification deadlines? YES NO

Did the Investigation Identify a Root Cause? YES NO

Is Follow up Required? YES NO

12. Investigation Sign Off

Canfor / Contractor Employee

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| Signature: | Date: |
|-------------------|--------------|

Canfor / Contractor Supervisor

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|-------------------|--------------|
| Signature: | Date: |
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Industry Safety Hazard Alert Prepared?: Yes No Fax / email to: (604) 696-3969 or info@bcforestsafesafe.org