

<p>Safety Manual</p> <p>Incident Reporting and Investigation</p>

Policy Section No.: 06
Revision No.: 4

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INCIDENT REPORTING AND INVESTIGATION

1. Purpose:

- 1.1 Provide procedures and guidelines for reporting and investigating occupational incidents/accidents. Provide an effective tool for identifying and communicating root causes of accidents/incidents, and implement corrective actions to prevent re-occurrences.
- 1.2 Ensure that every incident is investigated, reported appropriately and evaluated for potential lessons learned. An incident is defined as: “any event that requires investigation, either due to the harm it caused to people, the environment, property, or due to the potential harm that it could have caused”.
- 1.3 These procedures cover three types of work-related incidents:
 - Life-threatening injuries or illnesses.
 - Non-life-threatening injuries or illnesses / first aid.
 - Non-injury incidents, including close calls and near misses.
- 1.4 Injuries shall be recorded and reported as required by 29 CFR Part 1904

2. Scope:

- 2.1 This applies to all Therma employees, employees of all subcontractors and sub-tier contractors.

3. Reporting Requirements:

- 3.1 The local Cal-OSHA District Office shall be notified when a serious injury occurs, it is defined as: “Any injury or illness occurring in a place of employment which requires hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement”.
- 3.2 All serious injuries and deaths must be reported immediately to the nearest Cal-OHSA office by telephone, in person, or by telegraph, as soon as practicably possible or within eight (8) hours of having knowledge.
- 3.3 Each report shall include:

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- Time and date of accident.
- Employee's name, address, and phone number.
- Name and title of person reporting the accident.
- Address of site accident.
- Name, phone number and person to contact at site of accident.
- Name and address of injured employee
- Nature of injury
- Location where injured employee was moved to.
- List and identity of other law enforcement agencies present at the site of accident.
- Description of the accident and whether the accident scene or instrumentality has been altered.

4. Reporting Sequence:

- 4.1 Life Threatening injuries or illnesses. (*Immediate notification required.)
 - Call 911
 - Call Site Security (if applicable)
 - Notify supervision
 - Notify owner/client
 - Notify Therma Safety Department
 - Therma Safety Department will notify Cal-OSHA, insurance carrier, company management, if applicable.
- 4.2 Non-Life threatening injuries / illness / first aid. (*Immediate notification required.)
 - Notify supervision
 - Supervision to determine and ensure appropriate first aid provided is conducted
 - Notify owner/client
 - Notify Therma Safety Department
- 4.3 Non-injury incidents, including close calls, and near misses. (*Immediate notification required.)
 - Notify Supervision
 - Advise owner/client
 - Contact Therma Safety Department

5. Investigation Responsibilities:

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- 5.1 Immediate supervisors of injured/ill employee(s) are responsible for collecting and preserving information that will be used to complete the investigation report.
- 5.2 All information including written data, diagrams, witness statements, and/or pictures shall be forwarded to the safety department within 24 hours and will be included in the final report.
- 5.3 The safety department shall prepare the final investigation report.
- 5.4 The completed report shall be submitted for management review within 72 hours.
- 5.5 In the event of a near-miss incident, the employee's immediate supervisor shall complete the incident report and forward the report to the safety department for review.

6. Investigation Evidence:

- 6.1 The employee's immediate supervisor shall identify any evidence that might include; a listing of people, equipment, materials involved, and a recording of environmental factors such as weather, illumination, temperature, noise, ventilation, etc.
- 6.2 The employee's immediate supervisor shall collect and preserve evidence such as people, positions of equipment, parts and papers. Notes, photographs, and witness statements shall be secured and forwarded to the safety department.
- 6.3 If applicable, collected evidence shall be reviewed and incorporated into the final report.

7. Investigation Witness Statements:

- 7.1 Witness statements from interviews shall be collected and incorporated into the final report.
- 7.2 Should follow-up interviews be required, they will be conducted by members of the safety department.

8. Investigation Equipment and Supplies:

- 8.1 The company shall make available all necessary investigation equipment and supplies.
- 8.2 Equipment and supplies may include but not limited to:
 - Pens/paper clipboard
 - Measuring equipment
 - Camera
 - Audio recorder for witness interviews

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- Marking devices such as flags

9. Investigation Report:

9.1 All possible questions regarding the accident should be answered, and the corrective actions to prevent a recurrence should be listed. The following questions should be helpful in completing the report:

- **Who was involved:**
Accidents usually affect more than just the injured person, and very often, more than just the injured person contributed to the cause. **Who**, therefore, should go beyond who was injured and who was present. **Who** supervised the injured employee? **Who** failed to report the unsafe condition? All of those people involved are important to the underlying cause of the accident. Get the names of **everyone involved!**
- **Where Did the Accident Occur?**
Again, we must look beyond the obvious answer to this question. The name of the department or general area is not enough. A detailed description of the accident site should be included. Also, determine if the people involved were where they were supposed to be. Was the equipment in its proper location?
- **What Happened?**
The question can be further broken down to uncover the following acts:
 1. What was being done? (The answer to this question describes an action or procedure.)
 2. What things are involved? (A description of the tool or equipment that was involved answers this question.)
 3. What was the result? (This is answered by a description of the actual injury, including the nature of the injury and the part of the body injured.)
- **When:**
The answer to this question requires more than just the date. The time of day, the day of the week, and did the accident occur at the beginning or end of a shift can also be very important.

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- **How Did the Accident Occur?**
The answer to this question brings together all the facts of the accident. The answer to how is a description of the people, things, places, and times, as they all combine into a complete event. The exact sequent of events that led to the accident should be reported.
- **Why Did the Accident Occur? (Root Cause)**
In order to determine or recommend what corrective action should be initiated, it must be determined exactly why the accident occurred. Under no circumstances should carelessness be considered the cause of any accident. The word carelessness does not describe the reasons for a person's behavior. What contributed to the accident may have been inattention, inadequate training, failure to report a hazard, etc. To determine root cause, the following types of questions need to be answered:
 - **Why** was the injured person inattentive?
 - **Why** he/she was poorly trained?
 - **Why** did someone fail to report an unsafe condition/procedure?
 - **Why** did what happened produce an accident?
 - **Why** did the combination of all the factors that made up the event result in an injury?
 - **Why** did the event result in anything other than an ordinary, everyday occurrence?

These questions and others you can think of will help you determine **IF** and **WHY** an unsafe act occurred.

10. Recommend Corrective Action:

- 10.1 After evaluating the facts of an accident, you will most likely find that the accident was caused by a combination of unsafe acts and/or unsafe conditions. Recommendations to prevent a recurrence should be directed toward correcting all contributing factors leading to an unsafe condition and/or unsafe act.
- 10.2 **NOTE:** It is important to remember that an accident investigation is not a trial to find fault or blame. The purpose is to find accident causes so that similar accidents may be prevented by physical or mechanical improvement or employee training and motivation.

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- 10.3 During the safety department review of the incident report, corrective action responsibilities will be assigned. Tracking and closure will be the responsibility of the safety department.

11. “Lessons Learned”:

- 11.1 Incident reports shall be reviewed during management safety meetings. “Lessons learned” shall be established from each incident. The information will be communicated to the appropriate department manager and passed on to the department’s employees.
- 11.2 Changes to processes or procedures will be made to prevent re-occurrence or similar events from occurring.

12. Training:

- 12.1 Employees involved in the incident reporting and investigation process shall be trained in their responsibilities and incident investigation techniques.
- 12.2 Training shall be performed when those responsibilities are first assigned.

13. First Response / Loss Control:

- 13.2 After immediate rescue and treatment of injured workers and if building structural damage has occurred, Therma may be required to initiate with the owner/client post incident loss control activities.
- 13.3 Activities may include:
- Notifying building maintenance of the building damage.
 - Notifying engineering personnel for structural integrity assessment.
 - Assisting with coordination of structural bracing.
 - Assist with contacting appropriate agencies for non-emergency chemical containment and clean up.
- 13.4 Personnel responsible for initiating first response / loss control activities during the immediate post-incident phase shall be trained prior to the assignment of those duties.



THERMA ACCIDENT/EXPOSURE INVESTIGATION REPORT

Job Site:		Date:	
Investigation Team:		Job Number:	
Employee Name:		Employee ID #:	
Sex:		Job Description:	
Department:		Time of Work (Start):	
Project Manager:		Foreman:	
General Foreman:		Journeymen/Leadsman:	
Accident Date:		Time of Accident:	
Date Reported to Supervisor:		Time Reported:	
Date of Investigation:		Time of Investigation:	
Nature of Incident:			
Type of Injury:			
Referred to Medical Facility/Doctor:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medical Facility/Doctor:
Did Employee Return to Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date/Time:
Injured Employee Interview/Statement:			
Witnesses Interviews/Statements (Explain):			
Photograph(s) of Site: (attach)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diagram(s) of Site: (attach)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment Records Reviewed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Attached
Accident/Exposure Incident Description:			
Root Cause:			
Corrective Action Plan and Responsibility:			
PPE's Used/Needed:			

Please use back side for any additional information.

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