

## SaskPower Incident Management Process Investigation Form

<b>Reporting Information:</b>			
<b>Master Incident No.</b>	<b>SMS Location:</b>	<b>Date of Incident:</b>	<b>Time of Incident:</b>
<b>Date Reported:</b>	<b>Location of Incident:</b>		
<b>Incident Classification:</b>			
<b>Is this a Near Miss?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Incident Severity:</b> <input type="checkbox"/> Minor <input type="checkbox"/> Significant <input type="checkbox"/> Major <input type="checkbox"/> Critical	
<b>Incident Type:</b> (Check all that apply)			
<input type="checkbox"/> Personal Incident <input type="checkbox"/> Vehicle Incident <input type="checkbox"/> Property Damage <input type="checkbox"/> Regulatory <input type="checkbox"/> Public			
<b>Incident Affiliation:</b>			
<input type="checkbox"/> <b>Employee Incident</b>	<b>Employee Involved:</b>	<b>Out of Scope Supervisor:</b>	
<input type="checkbox"/> <b>Contractor Incident</b>	<b>Company Name:</b>	<b>Contractor Employee's Name:</b>	
<b>Contract Administrator:</b>			
<b>Investigation Details:</b>			
<b>Lead Investigator:</b>		<b>Phone No.:</b>	
<b>Team Members:</b>			
<b>OHC Involved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Investigation Start Date:</b>		<b>Investigation Completion Date:</b>	
<b>Witness Information:</b>			
<b>Witness Name:</b>		<b>Contact Information:</b>	
<b>Witness Name:</b>		<b>Contact Information:</b>	





## SaskPower Incident Management Process Investigation Form

<b>Injury Details:</b> (Complete this section only if this incident involved injury or illness)		
<b>Injury Category:</b> <input type="checkbox"/> First Aid <input type="checkbox"/> Injured No Lost Time <input type="checkbox"/> Medical Aid <input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Fatality		
<b>First Aid Provider Name:</b>	<b>Description of First Aid Treatment Provided:</b>	
<b>Witness(es):</b>		
<b>Injured Party(s) Information:</b>		
<b>Name</b> (In case of fatality, complete this section only AFTER next of kin have been notified)	<b>Affiliation</b>	<b>Current Condition (if known)</b> (eg. hospitalized, under medical treatment, at home)
	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Public	
	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Public	
	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Public	
<b>SaskPower Property Damage Summary:</b> (Complete only if this incident involved SaskPower Property Damage)		
<b>SaskPower Property Damaged:</b> (Attach photo to file)		
<b>SaskPower Property Damage Repair Estimate:</b>		
<b>Public Property Damage Summary:</b> (Complete only if this incident involved Public Property Damage)		
<b>Public Property Damaged:</b> (Attach photo to file)		
<b>Public Property Repair Estimate:</b>		
<b>Name:</b>		
<b>Telephone:</b>	<b>Address:</b>	
<b>Insurance Company:</b>	<b>Insurance Policy No.:</b>	
<b>Insurance Company Ph No.:</b>	<b>Insurance Co. Address:</b>	

## SaskPower Incident Management Process Investigation Form

<b>Vehicle Incident Details:</b> (Complete this section only if this incident involved a Motor Vehicle)			
<b>Roadbed Surface Type:</b> <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Off Road <input type="checkbox"/> Sand Sealed			
<b>Light Conditions:</b> <input type="checkbox"/> Darkness <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk			
<b>Road Conditions:</b> <input type="checkbox"/> Covered w/ ice <input type="checkbox"/> Covered w/ snow <input type="checkbox"/> Dry <input type="checkbox"/> Wet			
<b>Weather Conditions:</b> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Smokey <input type="checkbox"/> Snowing <input type="checkbox"/> Sunny			
<b>Vehicle and Driver Information:</b>			
<b>Driver's Name:</b>		<b>Occupation:</b>	
<b>Driver's License No. &amp; Province:</b>		<b>Province:</b>	
<b>Driver's License Class:</b>		<b>Years of Driving Experience:</b>	
<b>Unit No:</b>	<b>Serial No:</b>		
<b>License Plate No.:</b>	<b>Year, Make and Model:</b>		
<b>Speed: (km/hr)</b>	<b>Speed Limit: (km/hr)</b>	<b>Direction of Travel:</b>	
<b>Seat Belts Worn:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Charges Laid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Charge Description:</b>	
<b>Reported to SGI:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Police File No.:</b>	<b>Traffic Violation:</b>	
<b>Description of Damage:</b> (Attach photo to file)			
<b>Repair Estimate:</b>			
<b>Other Vehicle and Driver Information:</b>			
<b>Other Vehicle Damaged:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of the other Driver:</b>		<b>Vehicle License No.:</b>
<b>Registered in Province/State:</b>		<b>Vehicle Year, Make, Model:</b>	
<b>Description of Other Vehicle(s) Damage:</b>			
<b>Other Vehicle(s) Repair Estimate:</b>			

# SaskPower Incident Management Process Investigation Form

Attachments: (Identify and explain attachments)	
<input type="checkbox"/> Photos	Description:
<input type="checkbox"/> Diagrams	Description:
<input type="checkbox"/> Video	Description:
<input type="checkbox"/> Driver Statement	
<input type="checkbox"/> Other	Explain:

Cause Analysis Table: (Check all that apply)		
<b>Job Factors</b>		
<input type="checkbox"/> <b>1. Codes/Practices/Procedures</b> <input type="checkbox"/> 1.1 Not developed <input type="checkbox"/> 1.2 Inadequate code, practice or procedure <input type="checkbox"/> 1.3 Code, practice or procedure not followed <input type="checkbox"/> 1.4 Inadequate communication of code, practice or procedure <input type="checkbox"/> 1.5 Inadequate assessment of risk <input type="checkbox"/> 1.6 Not implemented	<input type="checkbox"/> <b>2. Tools and Equipment</b> <input type="checkbox"/> 2.1 Inadequate availability <input type="checkbox"/> 2.2 Defective <input type="checkbox"/> 2.3 Inadequate maintenance <input type="checkbox"/> 2.4 Inadequate inspection <input type="checkbox"/> 2.5 Tool used incorrectly <input type="checkbox"/> 2.6 Inadequate assessment of tools for task	<input type="checkbox"/> <b>3. Design</b> <input type="checkbox"/> 3.1 Inadequate hazard assessment <input type="checkbox"/> 3.2 Inadequate design specification <input type="checkbox"/> 3.3 Design process not followed <input type="checkbox"/> 3.4 Inadequate assessment of ergonomic impact <input type="checkbox"/> 3.5 Inadequate assessment of operational capabilities <input type="checkbox"/> 3.6 Inadequate programming
<b>Systemic / Management Factors</b>		
<input type="checkbox"/> <b>4. Planning</b> <input type="checkbox"/> 4.1 Inadequate work planning <input type="checkbox"/> 4.2 Inadequate management of change <input type="checkbox"/> 4.3 Conflicting planning <input type="checkbox"/> 4.4 Inadequate assessment of needs and risks <input type="checkbox"/> 4.5 Inadequate documentation	<input type="checkbox"/> <b>5. Communication</b> <input type="checkbox"/> 5.1 Unclear roles, responsibilities, and accountabilities <input type="checkbox"/> 5.2 Lack of communications <input type="checkbox"/> 5.3 Inadequate direction/information <input type="checkbox"/> 5.4 Misunderstood communications	<input type="checkbox"/> <b>6. Knowledge/Skill</b> <input type="checkbox"/> 6.1 Inadequate training/orientation <input type="checkbox"/> 6.2 Training need not identified <input type="checkbox"/> 6.3 Lack of coaching <input type="checkbox"/> 6.4 Failure to recognize hazard <input type="checkbox"/> 6.5 Inadequate assessment of needs and risks
<b>Personal Factors</b>		<b>Natural Factors</b>
<input type="checkbox"/> <b>7. Capabilities</b> <input type="checkbox"/> 7.1 Limited physical capabilities (height, strength, size, weight, reach, etc.) <input type="checkbox"/> 7.2 Sensitivity to sensory extremes (sight, sound, sense of smell, balance, touch) <input type="checkbox"/> 7.3 Substance sensitivities / allergies	<input type="checkbox"/> <b>8. Judgment</b> <input type="checkbox"/> 8.1 Failure to address recognized hazard <input type="checkbox"/> 8.2 Conflicting demands/priorities <input type="checkbox"/> 8.3 Emotional stress <input type="checkbox"/> 8.4 Fatigue <input type="checkbox"/> 8.5 Criminal intent <input type="checkbox"/> 8.6 Extreme judgment demands <input type="checkbox"/> 8.7 Substance abuse	<input type="checkbox"/> <b>9. Natural Factors</b> <input type="checkbox"/> 9.1 Fires <input type="checkbox"/> 9.2 Flood <input type="checkbox"/> 9.3 Extreme weather <input type="checkbox"/> 9.4 Other

## SaskPower Incident Management Process Investigation Form

Cause Analysis:		
Cause (i.e. 2.2)	Cause Explanation (i.e. Steering axle had metallurgical flaw)	
Interim Action Taken: (Immediate action taken to control the incident scene)		
Interim Action Taken	Accountability	
Corrective/Preventive Action Plan: (Long term action taken to control the incident scene)		
Action Required	Accountability	Target Date (yyyy/mm/dd)

# SaskPower Incident Management Process Investigation Form

**Incident Sign Off:** (Report must be signed off by all listed personnel prior to closure in accordance with the Incident Management Process)

**Supervisor:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Executive:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safety Coordinator:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Critical Incidents Only:*

**President:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Safety Officer:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: The Intelex incident report is considered the official record including all Investigation Details. All Investigation Details and Corrective Actions are to be entered into Intelex. This hard copy form to be filed as per local record management procedures.