



Contractor Reporting

Date of Incident: _____

Time of Incident: _____

Business Unit: _____

Location of Incident: _____

Contractor Company: _____

Contractor Employee Name: _____

Contact Number: _____

Contract Administrator: _____

Contact Number: _____

Notifications Made: **OHS**
 Contract Administrator
 SaskPower Safety Coordinator

Type of Incident: **Personal Incident**
 Motor Vehicle Incident
 Property/Equipment Damage
 Regulatory
 Public

Incident Classification:

Near Miss: **Yes**
 No

Investigated:

Contractor: **Yes**
 No

SaskPower: **Yes**
 No

Statements Obtained: _ **Employee**
 _ **Witnesses**

Pictures: _ **Yes**
 _ **No**

Incident Severity: (Select one)

- Minor** (Near Miss with low potential for harm; First Aid Injury; Vehicle/Property Damage incident resulting in less than \$4000 damage; Violation of company standard, rule or procedure, unscheduled inspection by regulatory agency)

- Significant** (Minor injury, Medical Treatment; Suspected Exposure to toxic substances; Threatened Violence; Near Miss with medium potential for harm; Vehicle/Property Damage incident resulting in between \$4000 and \$10000 damage; Unplanned contact with Utility Service-De-energized; Contravention issued by regulatory agency; Events, not otherwise defined, that result in or may have reasonably resulted in a significant and immediate adverse impact to the health and safety of the public)

- Major** (Serious injury, Restricted Work Cases; Verified exposure to toxic substance; Violence by employee or public; Near Miss with medium potential for harm; Vehicle/Property Damage incident resulting in between \$10000 and \$25000 damage; Stop work order from regulatory agency; Investigation by regulatory agency;)

- Critical** (Critical or permanently disabling injury; Fatality; Near Miss with high potential for harm; Vehicle/Property Damage incident resulting in damage greater than \$25000; Dangerous Occurrence; Investigation by regulatory agency where probability of charges will be laid; Public-serious injury or fatality resulting from contact with SaskPower facilities.

Incident Sequence Summary (Brief factual description of incident. Relevant events, in chronological order, that happened prior to the incident, during the incident, and immediate actions that followed the incident. Identify who (function, not name), what, when, where, why.)

Cause Type of Incident: (Select as many as applies)

- Bodily Reaction-Involuntary Motion**
- Bodily Reaction-Repetitive Strain**
- Bodily Reaction-Voluntary Motions**
- Caught In/Under/Between-Collapsing Materials**
- Caught In/Under/Between-Moving Objects/Objects**
- Contacts-Animals**
- Contacts-Dog Bites**
- Contacts-Poisoning, Insect Bites**
- Contacts-Toxic-By Absorption**
- Contacts-Toxic-By Ingestion**
- Contacts-Toxic-By Inhalation**
- Contacts-Toxic-By Welding Flashburn**
- Electrical-Electrocuted**
- Electrical-Eye Injuries from Flashes**
- Electrical-Injury from Flashes**
- Electrical-Shocks or Burns**
- Fall From Elevation-Jumping from Elevations**
- Fall From Elevation-Ladders**
- Fall From Elevation-Piled Materials**
- Fall From Elevation-Poles/Trees/Towers**
- Fall From Elevation-Shafts/Floor/Openings**
- Fall From Elevation-Stairs**
- Fall From Elevation-Vehicles/Buckets/Etc.**
- Fall From Elevation-Walkway/Platforms/Etc.**
- Fall On Same Level**
- Hearing Loss**
- Motor Vehicle Accident**
- Stress**
- Overexertion-Handling Poles**
- Overexertion-Lifting Objects**
- Overexertion-Pulling/Pushing Objects**
- Overexertion-Welding**
- Overexertion-Throwing Objects**
- Public Transportation-Bus/Train/Airplane**
- Rubbed or Abraded-Cut/Puncture by Object**
- Rubbed or Abraded-Foreign Matter in Eye**
- Rubbed or Abraded-Objects Being Handled**
- Rubbed or Abraded-Repetition of Pressure**
- Rubbed or Abraded-Vibrating Objects**
- Struck Against-Moving Object**
- Struck Against-Stationary Object**
- Struck By-Falling Object**
- Struck By-Flying Object**
- Struck By-Dropping Object**
- Temperature Extremes-Cold Environment**
- Temperature Extremes-Cold Object**
- Temperature Extremes-Heat Environment**

- Temperature Extremes-Hot Object**

Injury/Illness Summary: (Complete this section only if this incident involved injury or illness)

Severity: **First Aid**
Description of First Aid Treatment Provided:

- Medical Treatment**
- Restricted Work**
- Lost Time Injury**
- Fatality**

Body Location of Injury/Illness: (Select as many as applies)

- Head**
- Neck**
- Torso**
- Arm**
- Hand**
- Back**
- Leg**
- Foot**
- Other:** _____

Health Care Provider: _____

Address: _____