

GENERAL INFORMATION / INCIDENT TYPE							
Date		<input type="checkbox"/> Other	<input type="checkbox"/> Injury	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Fire	<input type="checkbox"/> Equipment Damage	<input type="checkbox"/> Spill
Time			<input type="checkbox"/> Near Miss	<input type="checkbox"/> Emergency Procedure	<input type="checkbox"/> Explosion	<input type="checkbox"/> Property Damage	
<input type="checkbox"/> DOCK <input type="checkbox"/> VESSEL		Vessel Name:			Location/Berth:		
Weather/Environmental Conditions:				Name of Worker JHSC Rep Contacted:			

EMPLOYEES INVOLVED IN INCIDENT			
Employee Name	Employee No.	Occupation	Additional Notes

If a Worker was injured, did the injured worker receive training and **toolbox talk** relative to the work being performed at the time of the Incident? Yes No

WITNESSES				
Witness Name	Employee No.	Occupation	Witness Statements Taken	Additional Notes
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Add names of **other people** whose presence might be necessary for proper investigation. Witness statements **must be submitted** with this form.

SUPERVISION		
Head Foreperson:	Hatch Foreperson:	Superintendent:

NATURE OF INJURY (Provide details)	
Injury Classification	<input type="checkbox"/> Disabling / Lost Time <input type="checkbox"/> Medical Aid <input type="checkbox"/> First Aid
Body Part(s) Involved	
Cause of Injury	
Equipment/Cargo Involved	<input type="checkbox"/> NO <input type="checkbox"/> YES – provide details:

PPE WORN AT TIME OF INJURY (Check all that apply)			
<input type="checkbox"/> High Visibility Vest	<input type="checkbox"/> Fall Arrest	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Caulk Sole Boots/Sandals
<input type="checkbox"/> CSA 6" Safety Boots	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Life Jacket (PFD)	<input type="checkbox"/> Wearing Seatbelt
<input type="checkbox"/> CSA Hard Hat	<input type="checkbox"/> Rubber Gloves	<input type="checkbox"/> Coveralls	<input type="checkbox"/> Other _____

DAMAGES TO PROPERTY / EQUIPMENT/ CARGO			
<input type="checkbox"/> Property	<input type="checkbox"/> Equipment	<input type="checkbox"/> Cargo	<input type="checkbox"/> 3 rd Party Property / Equipment
Location	Equipment #	Cargo type	Location / Equipment #
Desc. of damage	Desc. of damage	Desc. of damage	Desc. of damage

SPILL	FIRE
Name of Material Spilled:	Area Affected:
Volume of Spill:	Source of Ignition:
Area Contaminated:	Cause of Fire:

DESCRIPTION OF INCIDENT – Photos / diagrams must be submitted electronically with this form.

ROOT CAUSE – Include contributing factors and reasons why. (i.e., poor housekeeping, poor visibility, etc.)

RECOMMENDATIONS – By investigators, reviewers and/or JHSC

ACTIONS TAKEN TO PREVENT RECURRENCE – Specify Person Responsible / Completion Date

REASON FOR NOT TAKING CORRECTIVE ACTIONS – Alternatives Considered

<i>Investigated by</i>	<i>Position</i>	<i>Date</i>
<i>Reviewed by</i>	<i>Position</i>	<i>Date</i>

Completed report must be forwarded to:
HSQE Department, Western Stevedoring
Email: safety@westeve.com **AND** applicable management team members