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Purpose

Regardless of the extensive preventative measures districts take to ensure the safety of their employees, incidents, near misses and accidents may occur. In the event of an incident, near miss or accident, it is important that an investigation takes place in order to identify the cause, and more importantly, a way to prevent reoccurrence of the incident/near miss or an accident. **Remember to look for the facts, not fault, and do not make any assumptions!**

It is the purpose of this document to provide district employees with a procedure for investigating incidents, near misses and accidents that ensures the complete gathering of information and proper documentation.

It is the goal of this program to reduce the number of incidents and accidents attributed to the work practices of district employees.

Statement of Responsibility

It is the responsibility of the district to establish, supervise and enforce a safe and healthful working environment for its employees. An investigation program shall be utilized in the event of any incident/accident, or near miss that could have been serious in nature involving any District personnel either directly or indirectly. The district shall provide the proper training for



the safe use and handling of powered equipment, machine tools, toxic materials, and the safe operation of utility systems prior to employee assignment to jobs involving such exposures.

It is the responsibility of district employees to perform their work in the safest manner possible, in accordance with the laws, regulations, and District policies as they relate to their work assignments. They shall make every effort to eliminate incident/near misses, accidents and unsafe work practices. Employees are encouraged to recommend improvements for safer procedures and practices to their Supervisors.

All employees shall be responsible for safety while working with their fellow employees. In the event of an incident/accident, or near miss, the person designated by the employer, and the immediate Supervisor shall conduct an investigation and report the findings to the General Manager and the Safety Committee.

The Safety Committee shall be comprised of elected and selected employees from the district's work force, preferably one from each facility, and their job is to ensure the safety of district employees, citizens and equipment.

If an incident/accident occurs resulting in injury, chronic occupational illness, or major equipment damage, an investigation must be conducted by:

- The designated employee
- The direct Supervisor of the injured employee
- The Safety Committee

Assistance in the investigation process may involve the following:

- Witnesses
- An employee selected representative, (Business agent, shop steward, Safety Committee Member)
- Any other person with special expertise required to evaluate the facts relating to the cause of the incident/accident. The designated employee and the direct Supervisor shall document all findings of the investigation.

The designated employee shall forward reports resulting from an investigation to the General Manager, then to the Board of Commissioners (within two working days).

If there is a fatality or two or more employees are hospitalized as a result of an accident, the district shall notify labor & Industries (L&I) of the event within eight hours. This regulation applies to each fatality and/or multiple

hospitalizations of injured employees that occur within thirty days of the accident. Information given to L&I shall consist of:

- Name of district
- Location of accident
- Time and date of accident
- Number of fatalities/hospitalized employees
- Names of injured employees
- Contact person with phone number
- Brief description of the accident

If any equipment is involved in an accident that results in a fatality or multiple hospitalization, it shall not be moved prior to the arrival of L&I investigator **unless**, movement is required for patient removal or to prevent further incident/accident.

The district shall maintain records of occupational injuries and illnesses as prescribed by WAC 296-27-031. Recordable cases include:

- Every occupational death
- Every industrial illness
- Every occupational injury that involves one of the following:
 - Unconsciousness
 - Inability to perform all phases of regular job
 - Inability to work full time on regular job
 - Temporary assignment to another job
 - Medical treatment beyond first-aid

Investigation Procedure

1. Assess the scene of the incident/accident prior to entering the proximity. It is imperative that other personnel are not injured in their attempt to offer aid to the injured person(s).
2. Provide first aid to the injured person(s) as appropriate and call 911 if needed.
3. Secure the scene:
 - Prevent further incident/accidents: Block off area, tag out machinery or equipment, and assign guard if necessary to keep unauthorized people out of the area.
 - Preserve evidence: Assure that equipment and other evidence at the scene is not disturbed until all authorities have the opportunity to investigate.
 - Provide documentation for regulatory agencies/insurance companies as needed:
 - Third party claims



- Industrial insurance claims
 - WISHA/OSHA investigators
 - Property/Liability insurance claims
4. Notify affected parties:
- The designated employee or the direct Supervisor will notify affected family members.
5. Look for answers to questions such as:
- Who
 - What
 - When
 - Why
 - Where
 - How
6. Interview witnesses, if possible the injured party, and those with relevant information. Some key points to consider are:
- Conduct interviews with personnel involved in the incident/accident as soon as possible.
 - Conduct witness interviews as soon as possible.
 - Interview witnesses individually before they get a chance to confer and compare observations.
 - Allow witness to complete a written statement and then fill in the vague areas with questioning.
 - Ask witnesses if they are aware of additional witnesses who should be interviewed, and then make arrangements to meet with them.
 - Look for the facts, not fault! (Make No Assumptions)
 - Look for all of the possible causes, both main and contributory.
 - Provide a "Time-Line" of events.
7. Record information:
- Photograph
 - Narratives
 - Diagrams/Sketches
 - Descriptions
 - Videos
 - Witness statements
 - Medical reports
 - Other
8. Walk through the steps leading up to the incident/accident and reenact (being cautious not to recreate the incident/accident, or cause injury to you or any other person(s)).
9. Complete the Incident/Accident reports. Utilize the Incident/Accident Investigation Kit for forms and equipment needed. Reports should be completed and filed within eight hours to twenty-four hours of the incident/accident. If additional time is needed, contact your direct Supervisor.

10. Take corrective action: Do not limit corrective action to unsafe conditions and physical findings. Look for possible needs in increased/improved training, hiring practices, progressive discipline and/or work process changes.
11. Communicate any findings to all affected parties; ensure that all corrective measures have been taken. A copy of these findings shall be forwarded to the designated employee, direct Supervisor, and General Manager.

Investigation Guidelines

The purpose of an investigation is to find the probable cause of an incident/accident, prevent further occurrences, and not to attach blame. An unbiased approach is necessary to obtain objective findings.

1. Interview the personnel involved and available witnesses, as soon as possible, to determine the following:
 - Circumstances preceding and surrounding the incident/accident - what were the underlying and contributing causes, as well as immediate causes?
 - What physical hazards existed at the time of the incident/accident, such as unprotected openings, poor housekeeping, slippery surfaces, protruding nails, etc?
 - Were defective tools, equipment or materials being used - or were they improperly used?
 - Was personal protective equipment (PPE) provided, was PPE defective, not used, or used improperly.
 - Did unsafe work practices contribute to the incident/accident, including improper lifting or handling of materials?
 - What safety rules or safety training might have prevented the incident/accident?
 - What unsafe conditions or unsafe actions did a third party cause (e.g., other contractors or another firm's employees')?
2. If possible, interview injured workers at the scene of the incident/accident and "walk -through" a re-enactment. **Be careful not to repeat the act that caused the injury.**
3. Privacy is important during interviews. Interview witnesses one at a time and privately. Talk with anyone who has knowledge of the incident/accident, even if they did not actually witness the mishap. Express sincere appreciation to anyone who helped with the investigation.



4. Record names, addresses and statements of witnesses. Have witnesses sign and date statements of facts.
5. Save any evidence if a third party or defective product contributed to the incident/accident. It could be critical to the recovery of claim costs.
6. In all incident/accidents, use appropriate sketches, diagrams, photos, and videos to document details graphically. Take measurements when/where appropriate.
7. Define the corrective action that should be taken to prevent recurrence. Who will be responsible for this action and when must it be completed? Every investigation should include an action plan.

Report Filing Protocol

NEAR MISS

All incidents that may interrupt the normal procedure and could have resulted in personal harm, illness, or property damage need to be reviewed. Following a near miss, the involved employee/employees, the direct Supervisor, and the designated employee must fill out their appropriate sections on the Incident/Accident Form. The report will then be passed back to the designated employee, with the intention to be presented to the Safety Committee for review, comment, and specific recommendations.

MINOR INJURY

All injury cases that require minimal first aid (no time lost and no hospitalization) are to be investigated by the designated employee, and/or the employees' direct Supervisor. The designated employee shall take corrective actions to ensure non-recurrence of the accident. The employee shall fill out an Incident/Accident Report, a Worker Compensation Employee Accident Report, the employees' direct Supervisor shall fill out the Worker Compensation Supervisors' Accident Report, and if there are any witnesses, they will be required to fill out the Worker Compensation Witness's Accident Report. All reports shall be delivered to the employee's Supervisor for review and comment. The reports will then be passed back to the designated employee within forty-eight hours of the accident for review and recommendations. Copies of the reports should be placed in the injured employees' medical file.

MORE SERIOUS INJURIES

All medical treatment cases that do not result in lost time are to be investigated by the designated employee, and/or the

employees' direct Supervisor. The designated employee shall take corrective actions to ensure non-recurrence of the accident. The employee shall fill out an Incident/Accident Report, a Worker Compensation Employees' Accident Report, the employees' direct Supervisor should fill out the Worker Compensation Supervisors' Accident Report, and if there are any witnesses, they will be required to fill out the Worker Compensation Witness's Accident Report. All reports should be delivered to the employee's direct Supervisor for review and comment. The reports will then be passed back to the designated employee, for review and recommendations. The originals of the reports should be placed in the injured employees' medical file.

SEVERELY INJURED/LOST TIME/FATAL ACCIDENTS

All severely injured/lost time/fatal accidents are to be investigated by an investigation team comprised of:

- The General Manager
- The designated employee
- The direct Supervisor of the injured/deceased.
- Witnesses
- An employee representative
- Any other person with special expertise required to evaluate the facts relating to the cause of the accident

The designated employee, and the employee's direct Supervisor, should oversee completion of all incident/accident and witness reports, drawings, sketches, photos and any other documentation necessary to the investigation. The reports shall be sent to the General Manager for review.

MAJOR EQUIPMENT – BUILDING DAMAGE INCIDENTS

An investigative team formed, as stated above, should investigate these incidents. A District Incident Report, along with the Insurance Incident Report, should be completed and sent back to the Safety Committee.

Definitions

Accident - An unexpected and undesirable event that causes injury, illness, or death.

Incident/Accident investigation - A determination by one or more qualified persons of significant facts and background information relating to an incident/accident, based upon statements taken from involved persons and inspections of the incident/accident site, vehicles, machinery or equipment involved, etc.



Evidence - The data on which a conclusion or judgment may be based.

Hazard - A possible source of danger, harm or injury.

Information - Knowledge of a particular event or situation.

Incident - An occurrence or event that interrupts normal procedure and results in property damage.

Investigation - Systematic inquiry or examination.

Near Incident/Accident - An event having the potential for personal injury, illness, death, or property damage, but where no significant damage, injury, illness, or death occurs.

Near Miss - An incident/accident in which injury, illness or property damage is avoided.

Personal Protective Equipment (PPE) - The protective equipment found necessary after performing a hazard assessment of an employee's workplace. The PPE may be deemed necessary for the eyes, face, head, torso, and extremities, depending on the hazard assessment.

Re-enactment - To act out or re-stage steps of the incident/accident, without re-occurrence.

Unsafe Acts - Departure from a commonly accepted procedure or operation that directly or indirectly could cause an incident/accident.

Unsafe Conditions - A physical state which if not corrected, could cause an incident/accident directly or indirectly.

Appendix A: Worker Compensation Supervisor Accident Report

WORKER COMPENSATION SUPERVISOR ACCIDENT REPORT

This form is to be completed by the injured employee's immediate supervisor and returned to the Safety Officer as soon as possible (No later than two working days)

Employee name _____ Job title _____
 Employee skill level, ie, employee well experienced in incidental operation? _____
 Date of accident ___/___/___ Time of accident ___:___ Time reported ___:___
 Reporting party's name _____ Phone (___) ___-___
 Address of the accident site _____
 Location of the accident within the address (i.e. SW corner of the paint booth at 123 & Main St.) _____

Describe the injury(s) suffered by the employee (be specific):

Was first aid given? Yes/No _____ By whom? _____
 Was the injured employee taken to a hospital/clinic? Yes/No _____ Phone(____)____-____
 Name of hospital/clinic _____ Dr. Name _____
 Is this a reoccurrence of an old injury or a new one? Old/New _____
 If a sustained injury occurred, can employee work alternate duty? Yes/No _____
 Are follow-up visits to the Dr. anticipated? Yes/No _____
 Describe what happened:

Time Loss? Yes No If yes, approximately how many days: _____

What were the weather conditions (if applicable)

Name any machinery or equipment involved in the accident

Was this a witnessed accident? Yes/No _____
 Name(s) of witness(es): _____ Phone(s) _____

Immediate Supervisor (Signature) _____ Date _____
 Investigated by (Signature) _____ Date _____



Appendix B: Worker Compensation Employee Accident Report

WORKER COMPENSATION EMPLOYEE ACCIDENT REPORT

This form is to be completed by the injured employee and returned to their immediate supervisor as soon as possible (No later than two working days)

Employee name _____ Date ____/____/____

Job title _____ Total time with company _____ years

Supervisor _____ Date of accident ____/____/____ Time ____:____

Date, time and to whom reported _____

Address of the accident site _____

Location of the accident within the address (i.e. SW corner of the paint booth at 123 & Main St.) -

Describe what you were doing prior to the accident:

Describe what happened:

What part of your body did you injure?

What are your injuries? (Be specific)

Will this be a time loss injury? Yes No If Yes, please give the approximate number of days away from work (if known): _____

Date and time of medical attention

Name and phone number of physician and hospital/clinic. (Please print).

Employee Signature _____ Date ____/____/____

Immediate Supervisor's Signature _____ Date received ____/____/____

Appendix C: Worker Compensation Witness Accident Report

WORKER COMPENSATION WITNESS ACCIDENT REPORT

This form is to be added to the Worker Compensation Employee and Supervisor Accident Reports, and then forward to the Safety Officer.

Witness's name _____ Date __/__/__
Employer (if other than AWD) _____
Contact phone number (if not AWD employee) _____
Job title _____ Supervisors' name _____
Address of the accident site _____
Location of the accident within the address (i.e. SW corner of the paint booth at 123 & Main St.) -

Describe what you were doing prior to the accident:

Describe where you were located in relation to the injured employee:

Describe what happened:

What did you do?

Witness's Signature _____ Date __/__/__

Investigator's Signature _____ Date __/__/__