Incident Reporting and Investigation

Integrity in reporting and timely investigation are critical steps for the prevention of future occurrences. Laws and regulations result in two incident categories that mandate different types of reporting:

**Incidents reportable to regulatory authorities:** All safety and health incident investigations that are mandated to be reported should be promptly examined to identify means to prevent reoccurrence and communicated to the respective regulatory authorities.

**Incidents that are non-reportable to regulatory authorities:** Non-reportable safety and health incidents should also be investigated, analyzed and corrective actions developed and integrated into the safety and health management system. Such incidents include:

- Near miss events
- Property damage
- Operational, maintenance or process integrity incidents that could have a negative outcome.

**Incident Reporting and Investigation is the process of:**

- Understanding and reporting of recordable/reportable incidents.
- Investigating all incidents, including relevant near misses, to establish root cause, as appropriate.
- Capturing lessons learned/root cause data for management review and communication to employees.

**How it works**

**The Role of Reporting and Investigations**

Incidents cannot be investigated if they are not reported.
All personnel should be aware of what a reportable incident is within each company and as defined by regulatory requirements and company policy. All personnel should also understand the expectation to report an incident to management in a timely manner.

The quality of any root cause analysis is directly related to the quality of the incident investigation. Companies should ensure personnel are adequately trained to conduct required investigations or maintain close coordination with external resources capable of doing so. Incident investigations should focus on fact-finding—not fault-finding—with incident investigations focusing on root cause.

**Flow of the Process**

- Ensure all personnel are trained and understand the company’s and regulatory authority’s definition of a recordable/reportable incident and their obligation to comply.
- Investigate all incidents, including near misses, to a level of detail appropriate to their maximum likely outcome. All full investigations should reach root cause.
- Ensure that a sufficient percentage of company personnel, representing all company functions, are trained in effective incident investigation and root cause analysis.
- Develop or adopt a root cause analysis procedure that is integrated with the structure of the SHMS, i.e., root causes should relate to the SHMS, as a minimum.
- Capture the lessons learned and ensure they are communicated to all personnel with a need to know.
- Compile root cause data and forward to management for their review of the SHMS (See Module 19 Engineering and Construction).
Workbook Materials For Module 14

Incidents cannot be investigated if they are not reported. To prevent the recurrence of accidents and incidents, operations should ensure thorough and effective investigations take place and corrective actions are implemented. The procedure should apply to all functional areas at the site and include employees, vendors, visitors, and contractors. Incidents of consideration should include:

- Reportable health and safety accidents and events
- Near miss events
- Property damage
- Operational, maintenance or process integrity incidents that could have negative outcome. (issues that affect business continuity)

**Reporting and Investigation Guideline**

**Departmental Responsibility:**

Department: ____________________________________________________________

Team Leader: ___________________________________________________________

Members:  __________________________   _____________________________
   ____________________________   _____________________________
   ____________________________   _____________________________

**Incident Classification:**

Reportable to Regulatory Agencies:
Incident:  (List each and Explain)

________________________________________

Near Miss Health and Safety:
Incident:  (List each and Explain)

________________________________________
Property Damage:
Incident: (List each and Explain)

_____________________   ________________________________
_____________________   ________________________________
_____________________   ________________________________

Operational, maintenance, or process integrity affecting:
Incident: (List each and Explain)

_____________________   ________________________________
_____________________   ________________________________
_____________________   ________________________________

**Incident Reporting:**

Reporting Policy: ____________________________________________

_________________________________________________________________

Policy No.: ____________________________________________________

Incident: ______________________________________________________

_________________________________________________________________

Incident Classification:

Reportable: ____________________________________________________

Near Miss: _____________________________________________________

Property Damage: _____________________________________________

Business Continuity: ___________________________________________ 

Agency/Department/Person(s) to Notify:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Notification Procedures: (call, form, person, etc.)

Method: ________________________________________________________________
Timing: __________________________________________________________________
Responsible Person: _______________________________________________________
Info Required: _____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Incident Response:

Incident: __________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Affected Area Procedures: (refer to ERP Plan)

Area to be preserved: Yes ______ No ______
Area to be evacuated: Yes ______ No ______
Release Authorization:
Person: ___________________________________________________________________
Responsibility: __________________________________________________________________
Incident Investigation:

Incident Description: _____________________________________________________

Date & Time: ____________________________________________________________

Reporting Person: _______________________________________________________

Incident Status:
Reportable: Yes ________ No ________
Agency: ________________________________________________________________

Incident Classification:
Fatality: _________________________________________________________________
Lost Time Injury/Illness: ___________________________________________________
Medical Treatment: ________________________________________________________
First Aid: ________________________________________________________________
Illness: _________________________________________________________________
Property Damage: _________________________________________________________
Process Loss: _____________________________________________________________

Incident Consequence:
Actual Loss or Harm: _____________________________________________________
Potential Loss or Harm: ___________________________________________________

Level of Consequence:
Catastrophic: ____________________________________________________________
Major: ________________________________________________________________
Moderate: ______________________________________________________________
Minor: _________________________________________________________________
Insignificant: ___________________________________________________________
Personnel Required:

Affected Person(s): ________________________________

Witnesses: ________________________________

Supervisor: ________________________________

Health & Safety Rep: ________________________________

Labor Rep: ________________________________

EMS Responder: ________________________________

Department Head/Rep: ________________________________

Other Management: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Review Committee: ________________________________

____________________________________________________________________

____________________________________________________________________

Management Review:

Title/Position: ________________________________

Title/Position: ________________________________

Title/Position: ________________________________

Title/Position: ________________________________

Pertinent Incident Information:

(Should consider but not be limited to)

Description of Incident: ________________________________

____________________________________________________________________

____________________________________________________________________

Identify Sources of Evidence: ________________________________

____________________________________________________________________

____________________________________________________________________
Persons to Interview: ________________________________________________  
_____________________________________________________________  
_____________________________________________________________  
Vehicles/Equipment Involved: _________________________________  
____________________________________________________________________  
____________________________________________________________________  
Documents/Records to Review: ____________________________  
____________________________________________________________________  
____________________________________________________________________  
Witness Interviews:  
Person: ___________________________________________________________  
Job Classification: _________________________________________________  
Job at time of incident: ____________________________________________  
Interview Location: _______________________________________________  
Interviewer: ______________________________________________________  
Date/Time: _______________________________________________________  
Statement: _______________________________________________________  
Attach Pictures or Drawings: ________________________________________  
Incident Causes:  
Type of Contact: _________________________________________________  
Existing Acts and Conditions: _________________________________  
____________________________________________________________________  
____________________________________________________________________  
Basic cause allowing acts and conditions to exist: ____________________  
(Complete for each) _______________________________________________  
____________________________________________________________________  
____________________________________________________________________
Notifications:
Timing: Immediate ___ During Investigation____ Investigation Complete ___
Information: ____________________________________________________________
Responsible Person: _____________________________________________________
   Deliver to: ____________________________________________________________
Methods: ______________________________________________________________
Schedule: ______________________________________________________________
Action: ________________________________________________________________
   _________________________________________________________________
Temporary/Permanent: _________________________________________________
Timing: ______________________________________________________________
Responsible Person(s): _________________________________________________
Audit for Adequacy: ____________________________________________________
Schedule: ______________________________________________________________