

SMOKY LAKE COUNTY



Title: Incident Reporting	Policy No.: A.02-01
Section: 14	Page No.: 1 of 5 E

Legislation Reference:	Municipal Government Act.
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Purpose:	To identify the actions to be taken to control losses and determine the cause(s). The process is not to “fix blame” but to assure minimal injuries, collect recent data and determine what corrective action must be made to prevent similar incidents.
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Policy Statement and Guidelines:	
1. OBJECTIVES:	
1.1	This policy is applicable to all departments and those which result in loss of life, injury, property, or claims of General Liability.
1.2	The investigation process should also be practiced for those which result in less serious injuries and/or damage to property.
2. DEFINITIONS:	
2.1	Incident: A category of incidents or losses which may involve property or general liability, and could also involve individuals that were not employees of the County. These types of incidents should be investigated by the supervisory personnel in charge of the specific property or equipment involved in the incident.
2.2	Near Miss: An unplanned event that did not result in injury, illness or damage – but had potential to do so. Near misses are warnings of potential incidents and must be reported.
2.3	Underlying Causes: The symptoms behind the reason why the immediate incident existed. The underlying causes are not necessarily apparent as the immediate causes. Underlying causes can be identified by asking probing questions about the unsafe conditions or actions about the immediate incident which may involve personal and/or work environmental factors.

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Policy Statement and Guidelines:	
3. CRITERIA:	
3.1	Employees shall report all incidents to their immediate Manager and Safety Officer.
3.2	The Manager and/or Safety Officer shall then report it to the Chief Administrative Officer.
3.3	Safety Officer shall conduct initial investigations. The following schedules will be completed to document the incident(s): <p>Schedule "A": Incident Reporting To be completed for all incidents.</p> <p>Schedule "B": Jubilee Insurance Agencies To be accompanied with Schedule "A" <u>only when Auto/Equipment Loss occurs.</u></p>
3.4	The schedule(s) shall be submitted to the Chief Administrative Officer without delay, and shall be reported to the Workers Compensation Board and/or Occupational Health and Safety, as required.
4. INVESTIGATION PROCESS:	
	A complete investigation involves the following activities in each of the phases of the investigation process.
4.1	Get an Overview: An overview of the incident often uncovers the unsafe acts or conditions which directly contributed to the incident.
4.2	Gather Information at the Scene: Make notes of what you observe, and also take photographs and/or draw diagrams and sketches.
4.3	Interview Witnesses: Question the witnesses. The types of questions asked will depend on the circumstances of the incident.

	Date	Resolution Number
Approved	August 16, 2007	# 539-07 - Page # 8424
Amended		
Amended		



SCHEDULE "A"

SMOKY LAKE COUNTY

INCIDENT REPORT

Employee Name:	Job Title:	Department:
Incident Reported To:	Date Reported:	Time Reported:
Managers Name:	Managers Title:	Signature:

EVENT DETAILS

Date of Event:	Time of Event:	<input type="checkbox"/> Incident <input type="checkbox"/> Near Miss
Type of Event:	Injury Type:	Event Location:

Primary Body Part Injured:	Secondary Body Part Injured:
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Detailed Description of Event:

Pictures or other information attached

INCIDENT REPORT

PAGE TWO

Underlying Causes:

Recommendations: To prevent re-occurrence of Event?

Action taken: What and by whom?

Safety Officer's Comments:

WITNESSES

Name:	Phone:	Name:	Phone:
Name:	Phone:	Name:	Phone:

Safety Officer Signature: _____

Employee Signature: _____

Investigator Signature: _____

Chief Administrative Officer Signature: _____

Date Completed: _____

Date Completed: _____

Date Completed: _____

Date Reviewed: _____

SCHEDULE "B" JUBILEE INSURANCE AGENCIES LTD.

2510 Sparrow Drive, Nisku, AB. T9E 8N5
PHONE #: 780-955-3639 • FAX #: 780-955-3615

Automobile Policy: 165052A	Heavy Equipment Policy: RSLE1131
AUTO / EQUIPMENT LOSS FORM	
DATE OF LOSS: _____ CERTIFICATE #: _____	
JURISDICTION: _____	
CONTACT PERSON: _____ PHONE # _____	
YEAR: _____ MAKE MODEL: _____ SERIAL #: _____ PLATE #: _____	
DRIVER: _____ DOB: _____	
DRIVER'S LICENCE #: _____ YRS. EXP.: _____	
PREVIOUS ACCIDENTS/CONVICTIONS: _____	
ADDRESS: _____	
LOSS PAYABLE/LESSOR: _____	
THIRD PARTY INFORMATION	
YEAR: _____ MAKE MODEL: _____ SERIAL #: _____	
DRIVER: _____ PHONE #: _____ LIC. PLATE #: _____	
OWNER: _____ PHONE #: _____	
DESCRIPTION OF DAMAGES: _____	
NAME OF INSURER: _____ POLICY #: _____	
LOCATION OF ACCIDENT: _____	
POLICE/RCMP AT SCENE: _____	
INJURIES: _____	
WITNESS: _____	

REPORTED TO JUBILEE CALL CLAIMS CENTER: 1-800-249-8391 YES NO
Please fax information directly to: New West Adjusters @ 483-2232