

This form is to be completed for accidents, incidents/near-misses, audit findings, workplace inspection findings, work refusals, identified hazards, etc. Please forward the completed and signed form to the Office of Occupational Health & Safety.

SECTION A: DESCRIPTION OF PROBLEM (To be completed by Initiator)

Name:	Date:	Non-conformance / hazard rating: <input type="checkbox"/> Major <input type="checkbox"/> Moderate <input type="checkbox"/> Minor <input type="checkbox"/> Opportunity for improvement	How was the event discovered? <input type="checkbox"/> Accident/incident investigation <input type="checkbox"/> Audit <input type="checkbox"/> Workplace inspection <input type="checkbox"/> Work refusal <input type="checkbox"/> Hazardous condition observed <input type="checkbox"/> Other:
Description of problem (if the description is described in the Accident/Incident Report, please attach to this form and make reference to it here):			
Have you collected all the information to allow you to do an investigation as required (e.g. witness statements, photographs, training records)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION B: IMMEDIATE ACTION, ROOT CAUSE AND ACTION PLAN (To be completed by Implementer, if different from the Initiator)

Take immediate action. What immediate action was/should be taken to prevent recurrence (e.g. isolate hazard, remove hazard, lock out, post signage, restrict access, etc.)?	Date of First Response:
Identify the root cause. (use the "5 Whys" – ask Why 5 times to identify the root cause, or other comparable method. Implementer must observe process visually. Also, use the checklist to identify contributing factors and provide additional details for each that apply).	Identify contributing factors. <input type="checkbox"/> Lack of training <input type="checkbox"/> More than one operator/employee <input type="checkbox"/> Hazardous personal attire <input type="checkbox"/> Unsafe equipment/facilities/illumination <input type="checkbox"/> Improper machine operation <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper maintenance <input type="checkbox"/> Improper housekeeping/storage <input type="checkbox"/> Lack of proper safety tool or device <input type="checkbox"/> Unsafe method or procedure <input type="checkbox"/> Distracting, teasing, willful misconduct <input type="checkbox"/> Employee(s) of another company <input type="checkbox"/> Other:
Identify the corrective/preventive action(s) which will permanently address the causes identified above. Identify if the action creates a new risk. If so, do not implement action and contact the OHS Manager. Identify who is the responsible party, due date, and completion date (e.g. instructions of persons involved, reassignment of persons, improved PPE, installation of guard or safety device, notify all department supervision, disciplinary action).	

PCA #*	Preventive/Corrective Action	New Risk** (Y/N)	Responsible Party	Department(s) Affected	Due Date	SECTION C: VERIFICATION***		
						Date Complete	Effectiveness of Action Verified by	Date Verified

* PCA number to be assigned by the Office of Occupational Health and Safety

** If a new risk is created by the PCA, do not implement the action and contact the Occupational Health & Safety Manager for alternative solutions.

*** Following the completion of Section B and prior to the completion of Section C, the form should be signed by the initiator and the implementer and forwarded to the Office of Occupational Health & Safety.

SECTION D: SIGNATURES

Implementer Signature:	Title:	Date:
Initiator Signature:	Title:	Date:
CSC Member Signature (required when hazards are reported):		Date:

Attach additional sheets if necessary.