SafetyBOSS

Supervisor's Initial Investigation Report (SIIR)

(Submitted to and at the request of Safety Boss Inc. (For NPC)

GENERAL INFORMATION

1. Company/ Contractor: _____ **2.** Site: _____

3. Date of Incident: _____ **4.** Time of incident: Approx **am** / pm _____

5. Date Reported: _____ **6.** Time Reported: Approx **am** / pm _____

7. Hours worked before incident: _____ **8.** Supervisor: Mr. Manochehri _____

INCIDENT CLASSIFICATION

Injury/Illness	☐ First Aid ☐ Recordable (Medical Aid) ☐ Modified Work ☐ Lost Time ☐ **Fatality**
Vehicle/Equipment	☐ Vehicle Damage/Loss
Property/Material	☐ Property/Material Damage/Loss
Environmental	☐ Environmental
Process Loss	☐ Process Loss
Near Miss	☐ Near Miss

INCIDENT RATING To ensure proper reporting and investigation, this incident is rated below considering the potential severity and probability of recurrence:

☐ **HIGH** ☐ **MEDIUM** ☐ **LOW**

EMPLOYEE INFORMATION

9. Name of Injured: _____ **10.** ID Number: _____

11. Occupation: _____ **12.** Rate of pay: _____

13. Address _____ City _____ Country _____ PC/ZIP _____

14. Phone # _____ **15.** Marital Status ☐ Married ☐ Widowed ☐ Divorced ☐ Single

16. Birth date: _____ **17.** Experience yrs./months _____

18. Contractor: _____ **19.** Site Contact Phone # _____

20. On Company Property: Yes ☐ No ☐ **21.** Date of Hire: _____

22. Incident Location: _____

INJURY (If more than one injury resulted from the incident, complete additional SIIR forms describing those injuries)

23. Part of Body: Enter R for right, L for left, B for both or X if Left or Right do not apply

☐ Abdomen	☐ Ankle	☐ Arm	☐ Back	☐ Chest/Ribs
☐ Ear	☐ Elbow	☐ Eye	☐ Fingers/Hand	☐ Foot
☐ Foot/Toes	☐ Head/Face/Skull	☐ Hip	☐ Knee	☐ Leg/groin/Thigh
☐ Mouth	☐ **Multiple Injuries**	☐ Neck	☐ Shoulder	☐ Wrist

☐ Other (please specify) _____

24 Nature of injury:

☐ Abrasion	☐ Amputation	☐ Burn Chemical	☐ Burn Thermal	☐ **Contusion**
☐ **Fracture**	☐ Electric Shock	☐ Heat Disorder/Stress	☐ Frostbite	☐ Hernia
☐ Ingestion / Poisoning	☐ Irritation / Infection	☐ Inhalation	☐ Laceration	☐ Joint Dislocation
☐ Puncture	☐ Strain / Sprain	☐ Occupational Disease	☐ Particle on surface	

☐ Particle / splinter imbedded ☐ Musculoskeletal Disorder (Repetitive Strain/Tendonitis) ☐ Other (please specify) _____

25. Type of Contact/Event:

☐ Struck Against (Running or Bumping)
☐ Struck By (Hit by Moving Object)
☐ Fall on Same Level (Slip and Fall, Trip Over))
☐ Equipment Failure
☐ **Fall from Elevation to Lower Level**
☐ Caught In (Pinch and Nip Points)
☐ Caught Between or Under (Crushed or Amputated)
☐ Caught On (Snagged, Hung)
☐ Environmental Release
☐ Overstress / Overexposure / Overexertion
☐ Contact with (Electricity, Heat, Cold, Radiation, Caustics, Toxics, Biological, Noise)

26. Source of Incident: (Employee activity at time of incident)

☐ Climbing ☐ Driving-Car/Truck ☐ **Material Installations** ☐ Hand Tool Use ☐ Innocent victim
☐ Material Handling ☐ Standing ☐ Operating Crane / Hoist ☐ Operating Forklift ☐ Walking

27. Person treating injury (Physician / Hospital name and address)

28. Rescuer's Name: _____

29. Does Material belong to NPC? Yes ☐ No ☐ If No, then Who: _____

30. What was damaged: _____

31. Nature of damage: _____

32. Source–object inflicting damage: _____

33. Estimated cost of repair/replace: _____

34. Who discovered damage: _____

VEHICLE DAMAGE

35. What was damaged: _____

36. Nature of damage: _____

37. Source–object inflicting damage: _____

38. Name of operator(s): _____

39. Names of passengers: _____

40. Estimated cost of repair/replace: _____

41. INCIDENT DESCRIPTION

Attach Worker's statement and drawing / photos of incident scene

(Continue description on back of page if necessary)

List of Witnesses (attach completed witness statement forms located on file)

Name:	Company / Location:
Name:	Company/Location:
Name:	Company/Location:
Name:	Company/Location:

Incident Site Weather Conditions:

42. Temperature _____ Weather Conditions _____

Steve Penny: 11/02/05

Clarence Parenteau:

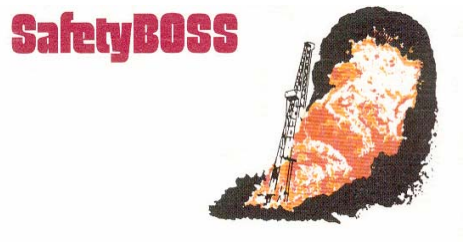
Grant Freeman:

Investigator (print and sign name) Date:

Site Superintendent / Project Manager

(print and sign name) Date:

HSE Project Manager (print and sign name) Date:



INCIDENT ANALYSIS

Submitted to and at the request of Safety Boss Inc. (For NPC)

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5.	Date Reported:		**6.**	Time Reported:	am - pm
7.	Hours worked before incident:		**8.**	Supervisor:	

INCIDENT CLASSIFICATION

Injury/Illness	☐ First Aid ☐ Recordable (Medical Aid) ☐ Modified Work ☐ Lost Time ☐ **Fatality**
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Environmental	☐ Environmental
Process Loss	☐ Process Loss
Near Miss	☐ Near Miss

INCIDENT RATING To ensure proper reporting and investigation, this incident was rated on the Supervisor's Initial Investigation Report (SIIR). Upon further review, the incident has now been rated as follows, considering Loss Severity Potential (Item 43) and Probable Recurrence Rate (Item 44) below:

☐ **HIGH** ☐ **MEDIUM** ☐ **LOW**

EVALUATION

43. Loss Severity Potential:	☐ Catastrophic	☐ **Critical**	☐ Marginal	☐ Negligible
44. Probable Recurrence Rate:	☐ Immediately	☐ **Short**	☐ Long	☐ Unlikely

45. CAUSAL FACTORS

IMMEDIATE AND DIRECT CAUSES

☐ Operating Equipment without Authority ☐ **Failure to Warn** ☐ Failure to Secure
☐ Operating at Improper Speed ☐ Making Safety Devices inoperative ☐ **Using Defective Equipment**
☐ **Failing to Use PPE properly** ☐ **Improper Loading of Equipment** ☐ Improper Placement
☐ Improper Position for Task ☐ Servicing Equipment in Operation ☐ Horseplay
☐Under the Influence of Alcohol and/or Drugs ☐Using Equipment Improperly☐ **Failure to follow Procedure**
☐ **Inadequate Guards or Barriers** ☐ **Inadequate Protective Equipment** ☐ Inadequate Warning System
☐ **Defective Tools, Equipment or Materials** ☐ Hazardous Environmental Conditions ☐ Noise Exposure
☐ Congestion or Restricted Area ☐ Poor Housekeeping / Disorder ☐ Fire & Explosion Hazards
☐ Temperature Extremes ☐ Inadequate or Excess Illumination ☐ Inadequate Ventilation
☐ Improper Lifting ☐ Other _____

BASIC / INDIRECT CAUSES

☐ **Lack of Knowledge or Skill** ☐ Improper Motivation ☐ **Inadequate Leadership and / or Supervision**
☐ Inadequate Engineering ☐ **Inadequate Purchasing** ☐ **Inadequate maintenance**
☐ **Inadequate Tools and Equipment** ☐ **Inadequate Work Standards** ☐ **Excessive Wear and Tear**
☐ Abuse or Misuse ☐ Other_____

46. CONTROL ACTIONS / SYSTEM NEEDS

☐ **Leadership and Administration**☐ **Leadership Training**☐ **Planned Inspections and Maintenance**
☐ **Task Analysis and Procedures** ☐ **Accident / Incident Investigation** ☐ **Emergency Preparedness**
☐ **Rules and Work Permits** ☐ **Accident / Incident Analysis** ☐ **Knowledge and Skill Training**
☐ **Personal Protective Equipment** ☐ Health & Hygiene Control ☐ **System Evaluation**
☐ Engineering & Change Management ☐ Personal Communications ☐ **Group Communications**
☐ General Promotion ☐ **Hiring and Placement** ☐ **Materials and Services Management**
☐ Off the Job Safety ☐ Other _____

47. RECOMMENDED ACTIONS

ACTION	PERSON RESPONSIBLE	DATE DUE	DATE COMPLETED

Analysis Completed by: ***(Note: Zone Corporate Safety Officer to determine who will complete this form)***

Zone Corporate Safety Officer - PSEEZ	November 5, 2005
(print and sign name)	Date

*** Attach copy of related Supervisor's Initial Investigation Report (SIIR)**

*** Attach copy of any product-specific Supplemental Reports**