Incident Event Checklist

Initial Emergency Response

☐ Emergency Medical Services Contacted, if Required ☐ First Aid/CPR/AED required ☐ Muster Point ☐ Head Count

◯ Employees Exposed: ◯ Yes ☐ No

Exposure Route Confirmed: ☐ Inhalation ☐ Skin Contact ☐ Eye Contact ☐ Ingestion ☐ Injection

☐ Type of Exposure: _____

☐ Signs/Symptoms: _____

☐ Immediate Notifications to Sr. Safety Manager or HSE Manager

◯ Source Identified: ◯ Yes ☐ No

Incident Notifications

☐ CM Notified ☐ Sr. Safety Manager/HSE Manager Notified

☐ PM Notified by CM/HSE Manager

☐ Client Representative Notified After Direction from Sr. Safety Manager or HSE Manager

☐ Time of Event: _____

☐ **Clearly communicated that a report from the subcontractor is required within 12 hours of the event.**

Medical and Case Management

☐ The contractor is aware of the requirement to use an occupational medical provider for non-emergency events.

Will the worker be transported to an offsite location? ◯ Yes ◯ No

☐ Treatment Type: ☐ Off-Site Occ. Med ☐ Occupational Telemedicine ☐ Hospital ☐ On-Site Only ☐ None

Name of Treatment Location: _____

☐ Type of Injury: _____

☐ Injured Body Part: _____

Worker/Contractor Information

Subcontractor Name: _____

Project: _____

Length of Time on Project: _____

Worker Name(s): _____

Supervisor/Foreman: _____

Vehicle/Mobile Equipment Information

Vehicle/Equipment No.: _____

License Plate No.: _____

Year, Make, and Model: _____

☐ Post-Accident Drug/Alcohol Test (Understand Requirement from HSE Manager)

Work Activity and Condition

Task Performed: _____

☐ JSA/Pre-Task Plan Completed ☐ Conditions as Expected

Weather: _____ Lighting: _____

Ground Conditions: _____

☐ Equipment/Tools Involved: _____

☐ Any Scope Changes Prior to Incident: _____

Incident Event Checklist

Immediate Corrective Actions

☐ Work Stopped ☐ Are Secured/Barricaded ☐ Hazards Removed or Controlled?

Temporary Controls Implemented: _____

Similar Work Paused Elsewhere: _____

Evidence Collection (Novara)

☐ Photos Taken ☐ Witness Statements Collected ☐ Equipment Inspection/Documentation

☐ JSA/Pre-Task Plan ☐ Permits ☐ Training Records ☐ Lift Plan

Environmental Incident (If Applicable)

☐ Spill Kit activated ☐ Soil Contamination

☐ Water Contamination ☐ Air Emission

Hydrovac Needed: ○ Yes ○ No

Estimated Gallons: _____

Substance Spilled/Released: _____

Offsite Waste Location: _____

Worker Experience (If Applicable)

☐ Short service employee (<1 Year Industry)

Shift Length: _____

Overtime Hours Worked (Last 7 Days): _____

Time Since Last Break: _____

Fatigue Indicators Observed? ○ Yes ○ No

If yes, describe: _____

Incident Description

On _____ at approximately _____, _____ was performing
(Date of Incident) (Time of Incident) (Employee/Role/Contractor)

_____ when _____ occurred. While
(Task/Activity) (Condition/Change)

_____, _____ _____, resulting
(Specific Action) (Equipment/Vehicle/Material/Object) (Failed/Moved/Contacted/Released)

in _____. At the time of the incident, _____
(Outcome/Injury/Near Miss/Property Damage/Environmental Release) (Specific Controls/Protective Measures)

were in place. _____.
(Injury/Impact Statement)

Notes: _____

_____

_____

_____