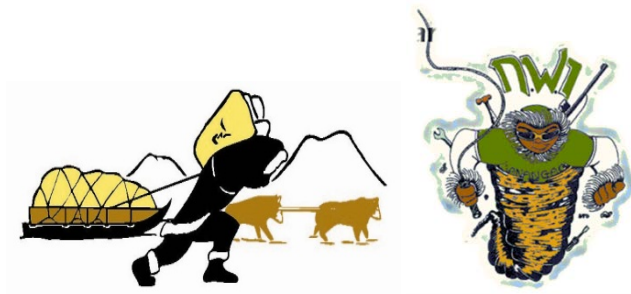


# ITH

# EMERGENCY RESPONSE MANAGEMENT PLAN

December 13<sup>th</sup>, 2013



**EGT Northwind Ltd**

**P.O Box 177**

**Tuktoyaktuk, NT**

**X0E 1C0**

**867-977-7000**

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## **INTRODUCTION**

EGT NW recognizes it can reduce injuries and damages and return more quickly to normal operations if we plan ahead. We believe that injuries are preventable if we plan for all possible outcomes.

An emergency is “any unplanned event that can cause deaths or significant injuries to employees, sub-contractors, visitors or the public, or that can disrupt operations, cause physical or environmental damage or threaten the company’s financial standing or public image”.

To preserve life requires that an emergency response plan be developed, implemented, practiced and evaluated on an ongoing basis. EGT NW expects its operations to be prepared for any emergency or disaster that may affect our workers or our business. The simple truth is that emergencies and disasters can strike anyone anytime and anywhere. This plan is designed to assist the Operations Managers in developing the best way to protect the workers and sub-contractors of EGT NW.

## **EMERGENCY RESPONSE PLAN (ERP)**

This plan includes considerations and practices for responding to emergencies in the field. Numerous emergencies can affect the business of EGT NW operations including:

- Critical Injuries
- Fire Hazards
- Spills
- Transportation Incidents
- Workplace Violence

Emergency Management “is the process to prepare for, mitigate, respond to, and recover from an emergency.” To be successful emergency management requires management support and will have the following positive effects:

- It helps fulfill EGT NW responsibility to protect our workers, the environment and the public
- It facilitates EGT NW compliance with regulatory requirements
- It enhances EGT NW ability to recover from potential loss situations
- It reduces EGT NW exposure to civil or criminal liability in the event of an emergency
- It reduces EGT NW insurance premiums
- It enhances EGT NW image and credibility with employees, customers, suppliers, and the community

Canada Labour Act requires emergency response planning to be conducted. In meeting this obligation EGT NW has developed a manual that will assist in meeting the intent of the applicable legislation. All worksites will have the necessary Emergency Response Plan, emergency equipment and emergency response training in place to deal with potential emergencies.

## **RESPONSIBILITIES**

### **CEO/Corporate**

Provide support for the development and implementation of the ERP. Ensure that the plan is working

Review the ERP

### **Safety Advisor**

Review the ERP to meet regulatory requirements

Assist with the training requirements involved with the ERP

Provide assistance to the Operations Manager

Review the ERP to meet regulatory requirements

### **Operations Manager**

Assume responsibility of Incident Commander.

Designate employees for Incident Command Team.

Ensure that designated employees are competent in their responsibilities

Complete visual inspection of worksite and emergency equipment on a monthly basis and document on the Monthly Inspection Guide.

Complete emergency drills every six months and document on the Emergency Exercise Evaluation Form.

Conduct yearly review of ERP.

### **Project Supervisor**

Assume responsibilities as designated by the Operations Manager

Includes Incident Commander, Emergency Responder, and Communications Coordinator

## **Workers, Sub-Contractors and Visitors**

In the event of an emergency all undesignated personnel to R.E.A.C.T.

**R**emove those in immediate danger without risk to self.

**E**nsure the room door is closed after confirming no occupants

**A**ctivate the alarm if required

**C**ontact a member of the Incident Command at the designated assembly area.

**T**ry to assist with any request of the Incident Commander

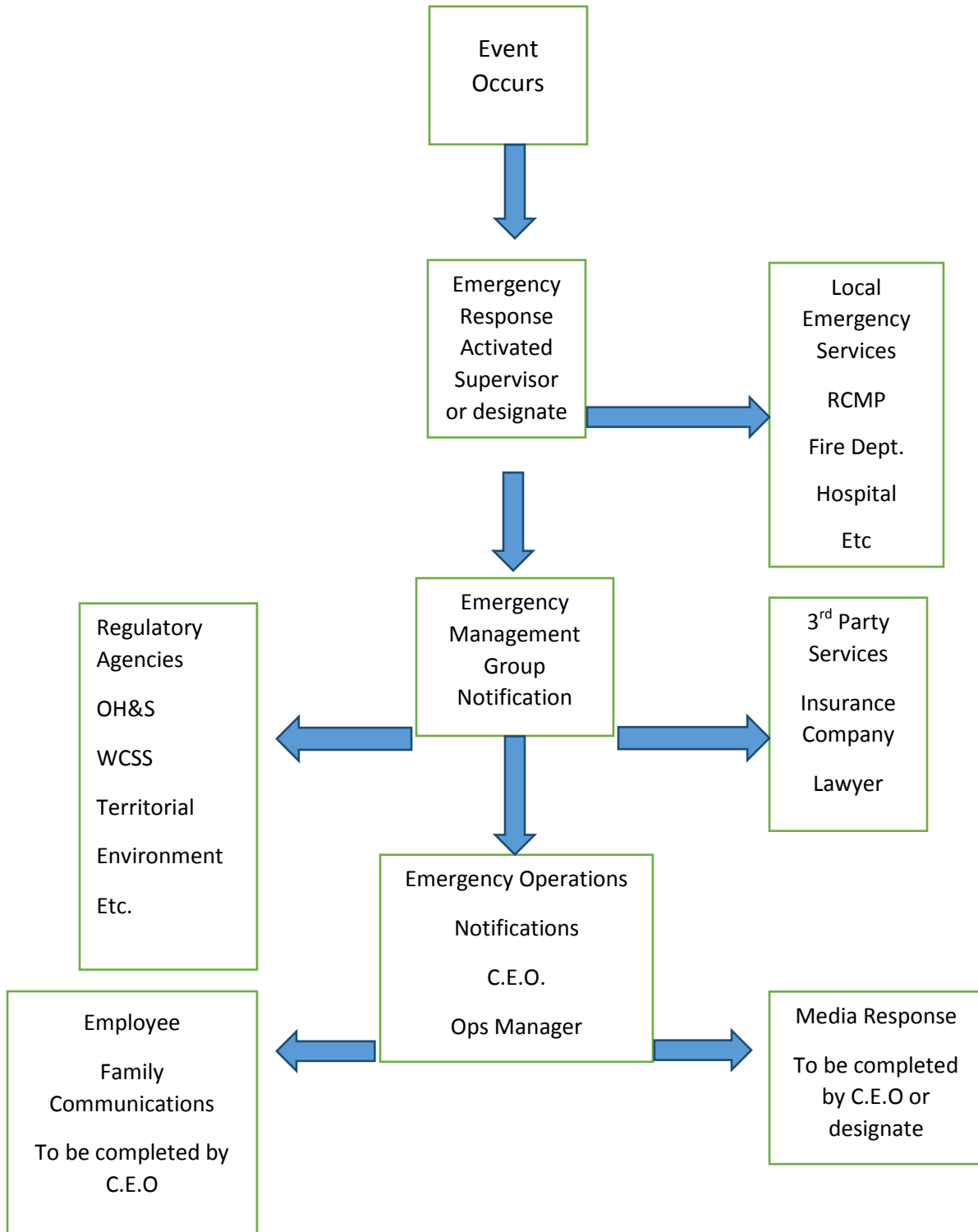
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## **TRAINING AND COMMUNICATION**

Workers will receive their initial information and training on the Emergency Response Plan during the general orientation to EGT NW. A Project Specific Orientation Seminar is also held. The seminar is mandatory for all workers, sub-contractors and their employees. Site specific training will also be conducted at the field level. Workers will receive ongoing training during safety meetings and “tool box talks”.



## EMERGENCY NOTIFICATION FLOW CHART



## **Incident Command**

Incident Command provides a coordinated response, a clear chain of command and safe operations on-site at the Emergency. The Incident Command must ensure the security of the emergency, coordination of responders / emergency services and communications with employees. The Incident Command consists of the Incident Commander, Emergency Responders and the Communications Coordinator.

### **Incident Commander**

The Incident Commander is the leader of Incident Command and is responsible for frontline management of the emergency. The first Supervisor at the scene is the Incident Commander. The emergency responders report directly to the Incident Commander.

### **Emergency Responders**

Emergency responders are responsible for the on-site response to an emergency. The Incident Commander will designate Emergency Responders to tasks specific to their level of training in the response to emergencies.

### **Safety Advisor**

The Safety Advisor reports directly to the Incident Commander and provides assistance as required during the emergency.

### **Emergency Operations Centre**

The Emergency Operations Center (EOC) serves as a centralized management center for emergency operations. The EOC will provide information, advice on post emergency response, and arrange for notification of family members, customers and formal communications with the media. The EOC consists of the following:

Safety Advisor for EGT NW

Operations Manager for EGT NW  
C. E. O. EGT NW

**EMERGENCY NOTIFICATION AND CALL LIST**

Procedures must be in place to alert employees to an emergency; this could include an air horn, emergency alarm, siren, etc. When an emergency is reported all personnel must report to the designated assembly area as soon as possible.

Emergency Notification Device \_\_\_\_\_

Location \_\_\_\_\_

Procedure for Activation \_\_\_\_\_

2<sup>nd</sup> Emergency Device \_\_\_\_\_

Location \_\_\_\_\_

Procedure for Activation \_\_\_\_\_

## MANAGEMENT EMERGENCY CALL LIST

<b>Contact</b>	<b>Phone</b>	<b>Alternate</b>
Russell Newmark (CEO)	867-977-7000	867-678-0042
Merven Gruben (VP)	867-977-7000	867-678-0044
Doug Saunders (Ops Mgr.)	867-977-7000	867-678-0045
Gerald Boucher (Safety Ad.)	867-977-7000	403-680-8077

## **LIFE SAFETY**

Protecting the health and safety of everyone is the first priority during an emergency. The most common means of protection is to initiate an evacuation. Evacuation of the field office will be immediately conducted at the initiation of the emergency notification device. All occupants must meet at a predetermined designated assembly area for roll call. The assembly area will be designated.

## **EVACUATION PLAN**

In the event it is necessary to evacuate a remote sled mounted camp the occupants will gather at a predetermined area. Personnel will be accounted for prior to any movement to a secondary location. Vehicles will be diverted from regular duties to transport the workers to a secure location.

## **MEDIA RELATIONS**

EGT NW will release information which ensures proper conveyance of information to ensure public health, security and peace of mind. All efforts will be executed in compliance with local officials and in a manner that limits confusion in a time when accuracy and good judgment are required. The intent of this policy is to counter any negative “rumors” or “hearsay”, which could adversely impact on recovery efforts, business continuity and future operations. The company wishes to maintain good public relations in time of crisis as a member in good standing with local, territorial and national communities. The formal press release will be released by the C.E.O. or his designate.

## **SUGGESTED STATEMENT**

Today, (time and date) EGT NW (insert location) an industrial incident has occurred. The incident is under investigation and the main priority right now is to ensure the safety of our workers and sub-contractors. We would like to ask for the media’s assistance in concentrating our efforts in responding to this incident. When confirmed information is available regarding this incident we will make a public

statement and will be contacting all media for the time and location of this release. I would please ask that you leave your contact details with me so that you may be contacted in the future.

## **RADIO PROCEDURES FOR REPORTING EMERGENCIES**

To report an emergency, make the call over the radio by stating “Emergency, Emergency, Emergency”. State the problem and give your location.

Upon hearing this call the supervisor will reply “All personnel clear the air for emergency transmissions”.

In the event of an emergency all non-essential personnel shall refrain from using the radio in order to keep the airways open for emergency personnel to communicate.

The Incident Commander will alert the appropriate emergency services required via cellular phone or radio through Tuk Base Camp.

Life safety is the most critical concern during an emergency. In the Mackenzie Delta Region emergency services are limited and not readily available. Do not delay contact with the supervisor.

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## **RESOURCE MOBILIZATION**

The supervisor will assess the situation and respond to any situation in an orderly and coordinated manner.

A hazard assessment and response plan must be developed and communicated to the Emergency Responders involved. The consideration of Life Safety is the most critical during emergencies. No personnel shall be exposed to a situation in which they have not been specifically trained for.



## MEDICAL EMERGENCY RESPONSE PLAN

In the event of a medical emergency “EMERGENCY, EMERGENCY, EMERGENCY” call, all crews are to shut down and remain off the radio until contacted.

Designated first aider will attend with the ground transport unit. The supervisor will coordinate the rescue of the injured party.

Supervisor, in consultation with the first aider, will determine if the injury is minor or serious in nature.

**Minor** - Evacuation by road to the Tuktoyaktuk Nursing Station or the Inuvik Hospital (if they are working at the south end). Examples: minor broken bones, breathing difficulties, sudden illness, burns.

**Serious** - Preferred evacuation, weather depending, is by helicopter to the Inuvik Hospital. Examples: Head, neck, or spinal injuries, unconsciousness, significant trauma critical bleeding.

In the event of non-flying weather, evacuate by road to Tuktoyaktuk Nursing Station or the Inuvik Hospital

Enclosed tracked vehicles, snow machines may be on site and are to be utilized if needed.

\*\*\* Helicopter landing coordinates to be determined on site \*\*\*

## **SPILL RESPONSE PROCEDURE**

If a spill or release of any hazardous material occurs or is seen, workers will follow the “Spill Contingency Management Plan”.

Safeguard the area. Keep others from entering the area. Note any information that indicates substances (labels placards)

Report the incident

Call in the location of the spill to the supervisor. Give the location.

Supervisor will determine action needed and notify Safety Advisor.

Project Supervisor will initiate the corporate emergency response procedure.

Safety Advisor will file reports with all agencies required by federal and territorial regulations.

Stop the spill at the source (Only after clearing with supervisor).

If area is free of all hazards, and the spilled substance can be identified, shut down the leaking piece of equipment, turn the barrel or drum upright, or close the valve.

Begin preparing containment area, with available materials (pit, dirt levee, position booms, etc.) Place absorbent materials on spill to aid in clean-up.

### **Spill remediation**

Safety Advisor will oversee remediation of the spill or leak involving materials in accordance with the SCMP, ERP and applicable territorial and federal legislation.

NOTE: The strict use of drip pans and drop cloths will be used to prevent soil contamination during routine maintenance of equipment.

## **EMERGENCY FOLLOW-UP AND INVESTIGATION**

Once the emergency has been controlled and responsibilities completed, as required, follow-up will be completed as outlined:

**Critical Injuries** – Where there is a fatality, potential for fatality or a serious disability resulting to the injured.

Attending Management - C.E.O. or designate, Operations Manager, Safety Advisor, Project Supervisor

Details – **Contact** following agencies:

Workers Safety Compensation Commission will be immediately contacted at 1-800-661-0792

RCMP – 1-867-977-1111

Preliminary report of injury to submitted to WSCC as soon as practical.

Formal investigation to be completed by the Safety Advisor within 5 business days.

## **SERIOUS INJURIES/MAJOR PROPERTY DAMAGE/HIGH POTENTIAL NEAR MISS**

Attending Management – Operations Manager, Safety Advisor, Project Supervisor

Details –

Workers Safety Compensation Commission will be immediately contacted at 1-800-661-0792

RCMP- 1-867-977-1111

Safety Advisor is to complete a formal investigation report within 5 days and submit the Incident Report to Senior Administration and the WSCC.

Complete event investigation follow-up.

In the event of an injury discuss the incident with the Operations Manager for follow-up.

Report actions to C.E.O.

### **Minor Injuries/ Property Damage/ Minor Near Miss**

Attending – Supervisor

Incident report to be immediately completed and forwarded to Safety Advisor

Follow-up investigation to be conducted as necessary by Safety Advisor

### **NEXT OF KIN NOTIFICATION**

This is to be completed only upon the direction of the C.E.O. The C.E.O. or his designate will complete the next of kin notification unless specifically notified otherwise.

## **FIRE HAZARDS**

Fire is the most common of all the hazards. Every year fires cause death, injuries, and millions of dollars in property damage.

### Pre-Planning Considerations

Provide all fire prevention, fire protection and firefighting training and equipment at the project site.

Implement a fire safety program that includes fire prevention, fire protection, and firefighting requirements.

Ensure that sub-contractors and other personnel on-site are briefed on fire safety requirements and are familiar with the fire prevention, fire protection and firefighting program.

The fire safety program will be compliant with the:

Northwest Territories Safety Act;

National Fire Code of Canada

Canada Labour Code.

## REPORTING FIRES – IN CAMP

A person discovering a fire will report immediately by sounding the alarm;

‘FIRE FIRE FIRE’ to be shouted;

Remove those in danger

Ensure door is closed

Activate/announce alarm

Try to extinguish fire.

Do not fight the fire if the smoke is at head height or lower. Evacuate the building. **Personal safety comes first!**

All personnel will move to the pre-determined muster point.

Nearest Fire Department will be contacted.

Tuktoyaktuk Fire -867-977-2222

Inuvik Fire        867-777-2222

RCMP to be notified

Tuktoyaktuk Det. 867-977-1111

Inuvik Det        867-777-1111

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## **SMOKING PRECAUTIONS**

Smoking is not permitted outside of the designated area within the camp facilities.

Smoking is not permitted in hazardous areas.

Signs will be posted in areas where smoking is not permitted.

Smoking is prohibited within 7.5 metres of fuel storage and dispensing facilities or during any refueling activities.

## **RUBBISH AND WASTE MATERIALS**

Rubbish and waste materials are to be kept to a minimum and will be managed in accordance with the Waste Management Plan.

Storage:

Extreme care is required where it is necessary to store oily waste in work areas to ensure maximum possible cleanliness.

Greasy or oily rags or materials subject to spontaneous combustion to be disposed of as hazardous waste material.



## **EMERGENCY NUMBERS**

### **RCMP**

Tuktoyaktuk . . . 867-977-1111

Inuvik . . . 867-777-1111

### **FIRE**

Tuktoyaktuk . . . 867-977-2222

Inuvik . . . 867-777-2222

### **MEDICAL**

Tuktoyaktuk. . . 867-977-2321

Inuvik Hospital. . . 867-777-8000

### **OTHERS**

Tuk Base Camp . . . 867-977-7000

Incident Report Line . . . 800-661-0792

Occupational Health Safety. . . 800-661-0792

NWT Spill Report Line. . . 867-920-8130

Environment Canada. . . 867-669-4710

Fisheries and Oceans. . . 867-777-7520 or 777-7521



# NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-6130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR		REPORT TIME		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	B OCCURRENCE DATE: MONTH – DAY – YEAR		B OCCURRENCE TIME			
C LAND USE PERMIT NUMBER (IF APPLICABLE)			C WATER LICENCE NUMBER (IF APPLICABLE)			
D GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION			D REGION <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN			
E LATITUDE DEGREES                      MINUTES                      SECONDS			E LONGITUDE DEGREES                      MINUTES                      SECONDS			
F RESPONSIBLE PARTY OR VESSEL NAME		F RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION				
G ANY CONTRACTOR INVOLVED		G CONTRACTOR ADDRESS OR OFFICE LOCATION				
H	H PRODUCT SPILLED		H QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		H U.N. NUMBER	
	H SECOND PRODUCT SPILLED (IF APPLICABLE)		H QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		H U.N. NUMBER	
I	I SPILL SOURCE		I SPILL CAUSE		I AREA OF CONTAMINATION IN SQUARE METRES	
J	J FACTORS AFFECTING SPILL OR RECOVERY		J DESCRIBE ANY ASSISTANCE REQUIRED		J HAZARDS TO PERSONS, PROPERTY OR ENVIRONMENT	
K	K ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS					
L	L REPORTED TO SPILL LINE BY		L POSITION		L EMPLOYER	
	L LOCATION CALLING FROM		L TELEPHONE			
M	M ANY ALTERNATE CONTACT		M POSITION		M EMPLOYER	
	M ALTERNATE CONTACT LOCATION		M ALTERNATE TELEPHONE			
REPORT LINE USE ONLY						
N	N RECEIVED AT SPILL LINE BY		N POSITION		N EMPLOYER	
	N STATION OPERATOR		N LOCATION CALLED YELLOWKNIFE, NT		N REPORT LINE NUMBER (867) 920-6130	
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC				SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME		CONTACT TIME		REMARKS
LEAD AGENCY						
FIRST SUPPORT AGENCY						
SECOND SUPPORT AGENCY						
THIRD SUPPORT AGENCY						



**ACCIDENT INVESTIGATION REPORT**  
**E. Gruben's Transport Ltd.**  
**P.O Box 177 Tuktoyaktuk NT X0E 1C0**  
**PH (867) 977-7000 FAX 977-7040**

Company: **E.GRUBEN'S TRANSPORT LTD.**  
 Location:  
 On Employers Premises:  Yes  No

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_  
 Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_am\_\_pm  
 Date Reported: \_\_\_\_\_

**PERSONAL INJURY OR ILLNESS**  
 NAME: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ AGE: \_\_\_\_\_  
 NATURE OF INJURY OR ILLNESS  
 (INCLUDE RESTRICTED WORK)

**PROPERTY DAMAGE**  
 PROPERTY DAMAGE:  
 ESTIMATED COST \$ \_\_\_\_\_ ACTUAL COST \$ \_\_\_\_\_  
 NATURE OF DAMAGE

**DESCRIPTION**  
 DESCRIBE CLEARLY WHAT TOOK PLACE, INCLUDE THE MATERIALS, EQUIPMENT AND OTHER CONTRIBUTIONG  
 FACTORS. IF VEHICLE ACCIDENT COMPLETE DIAGRAM

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WITNESSES 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**ANALYSIS**  
 USING THE GUIDE, QUESTION (WHY-WHAT-WHERE-WHEN-WHO-HOW) EACH OPERATING FACTOR AND THE  
 MANAGEMENT CONTROLS INVOLVED. DESCRIBE EACH MANAGEMENT DEFICIENCY TO THE LOSS.

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**PREVENTION**  
 MOTOR VEHICLE ACCIDENT:  N/A  PREVENTABLE  NON PREVENTABLE

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INVESTIGATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**MOTOR VEHICLE DIAGRAM**

PLEASE SKETCH A DIAGRAM SHOWING DIRECTION AND POSITION OF VEHICLES INVOLVED



**ROOT CAUSE(S) DETERMINATION**

UNSAFE ACT (Check all that apply)	UNSAFE CONDITION (Check all that apply)
<input type="checkbox"/> Eyes not on direction of travel	<input type="checkbox"/> Equipment/System failure or malfunction
<input type="checkbox"/> Failure to follow procedures/instruction	<input type="checkbox"/> Hazardous environment/facility related
<input type="checkbox"/> Failure to follow safe practices	<input type="checkbox"/> Defective tools
<input type="checkbox"/> Failure to request/obtain assistance	<input type="checkbox"/> Inadequate training/skills/experience
<input type="checkbox"/> Improper use of material/equipment	<input type="checkbox"/> Hazardous environment, emergency condition
<input type="checkbox"/> Improper/inadequate/failure to use PPE	<input type="checkbox"/> Inadequate or lack proper tools available
<input type="checkbox"/> Eyes not on work/hands	<input type="checkbox"/> Poor maintenance of equipment/systems
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate of lack of procedure
<input type="checkbox"/> Poor tool selection	<input type="checkbox"/> Inadequate signage of identification
<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> No or improper procedure
<input type="checkbox"/> None	<input type="checkbox"/> Poor housekeeping/disorderly work area
<input type="checkbox"/> Other	<input type="checkbox"/> Inadequate/missing guards or barriers
	<input type="checkbox"/> Inadequate ergonomic design
	<input type="checkbox"/> None
Deviation from usual Procedure:	
Root cause description:	

**ROOT CAUSES(S) DETERMINATION FOR CORRECTIVE ACTIONS**

HAZARD	JOB TRAINING
<input type="checkbox"/> The hazard was not foreseen	<input type="checkbox"/> Safety training not adequate for task performed
<input type="checkbox"/> The hazard was not fully understood	<input type="checkbox"/> Safety training did not address all hazards
<b>PLANNING / PROCEDURE</b>	<input type="checkbox"/> Safety training not followed
<input type="checkbox"/> Sufficient job safety planning not conducted	<input type="checkbox"/> Employees did not receive job safety training
<input type="checkbox"/> Policies/procedures not adequately addressed	<b>FACILITIES/EQUIPMENT/TOOLS</b>
<input type="checkbox"/> Policies/procedures/plans were not followed	<input type="checkbox"/> Inadequate facility constructed
<b>COMMUNICATION</b>	<input type="checkbox"/> Improper facility maintenance
<input type="checkbox"/> Poor communication between employees	<input type="checkbox"/> Inappropriate equipment used for the job
<input type="checkbox"/> Poor communication between supvr. & employees	<input type="checkbox"/> Improper built or maintained equipment
<input type="checkbox"/> Inadequate communication from past incidents	<b>MANAGEMENT</b>
<b>REPETITIVE MOTION</b>	<input type="checkbox"/> Personnel assigned to activity were not qualified
<input type="checkbox"/> Lack of employee/job rotation	<input type="checkbox"/> Management was not aware of hazard
<input type="checkbox"/> Inadequate ergonomic design	<input type="checkbox"/> Schedule or cost priorities implied
<input type="checkbox"/> Poor work posture	<input type="checkbox"/> Safety training principles not enforced
<input type="checkbox"/> Inadequate rest breaks	

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Check required PPE for the task involved at the time of the incident and if it was worn at such time				
Face	<input type="checkbox"/> Glasses	<input type="checkbox"/> Chem. Goggles	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Worn?
Gloves	<input type="checkbox"/> Thermal	<input type="checkbox"/> Chemical	<input type="checkbox"/> Abrasion/Cut	<input type="checkbox"/> Worn?
Head	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Bump Cap	<input type="checkbox"/> Hood	<input type="checkbox"/> Worn?
Resperator	<input type="checkbox"/> Air Purifier	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> SCBA	<input type="checkbox"/> Worn?
Footwear	<input type="checkbox"/> Steel Toes	<input type="checkbox"/> Chem. Resistant		<input type="checkbox"/> Worn?
Hearing	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Ear Muffs		<input type="checkbox"/> Worn?
Clothing	<input type="checkbox"/> Chem. Resist.	<input type="checkbox"/> Thermal		<input type="checkbox"/> Worn?
Other:				

**JOB HAZARD ANALYSIS/ASSESSMENT**

Was a job hazard analysis/assessment completed prior to the incident?
If one was completed, describe briefly:

**CORRECTIVE ACTION FOLLOW UP**

Corrective Actions to prevent this and similar incidents:			
Date to be accomplished:	1 _____	2 _____	3 _____
Work order # (if appl.)	1 _____	2 _____	3 _____
Investigating Team:		Ext.	
		Ext.	
		Ext.	
		Ext.	
Date Investigation completed:			