

# SMOKY LAKE COUNTY



<b>Title:</b> Incident Reporting		<b>Policy No.:</b> A.02-02
<b>Section:</b> 14	<b>Code:</b> P-I	<b>Page No.:</b> 1 of 7

<b>Legislation Reference:</b>	Municipal Government Act.
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<b>Purpose:</b>	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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<b>Policy Statement and Guidelines:</b>	
<b>1. OBJECTIVES:</b>	
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.
<b>2. DEFINITIONS:</b>	
2.1	<b>Incident:</b> 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	<b>Near Miss:</b> 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	<b>Underlying Causes:</b> 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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<b>Policy Statement and Guidelines:</b>	
<p><b>3. CRITERIA:</b></p> <p>3.1 Employees shall report all incidents to their immediate Manager and Safety Officer.</p> <p>3.2 The Manager and/or Safety Officer shall then report it to the Chief Administrative Officer.</p> <p>3.3 Safety Officer shall conduct initial investigations. The following schedules will be completed to document the incident(s):</p> <p style="padding-left: 40px;"><b>Schedule “A”: Incident Reporting</b> To be completed for all incidents.</p> <p style="padding-left: 40px;"><b>Schedule “B”: Jubilee Insurance Agencies</b> To be accompanied with Schedule “A” <u>only when Auto/Equipment Loss occurs.</u></p> <p style="padding-left: 40px;"><b>Schedule “C”: Incident Report on Municipal Roads by Third Party</b> To be completed <u>only when Incidents Loss occurs on Municipal Roads by Third Party.</u></p> <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.</p> <p><b>4. INVESTIGATION PROCESS:</b></p> <p>A complete investigation involves the following activities in each of the phases of the investigation process.</p> <p>4.1 <b>Get an Overview:</b> An overview of the incident often uncovers the unsafe acts or conditions which directly contributed to the incident.</p> <p>4.2 <b>Gather Information at the Scene:</b> Make notes of what you observe, and also take photographs and/or draw diagrams and sketches.</p> <p>4.3 <b>Interview Witnesses:</b> Question the witnesses. The types of questions asked will depend on the circumstances of the incident.</p>	

	<b>Date</b>	<b>Resolution Number</b>
<b>Approved</b>	<b>August 16, 2007</b>	# 539-07 - Page # 8424
<b>Amended</b>	<b>February 20, 2014</b>	# 252-14 - Page # 11083
<b>Amended</b>		



**INCIDENT REPORT**

**PAGE TWO**

**Underlying Causes:**

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**Recommendations: To prevent re-occurrence of Event?**

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**Action taken: What and by whom?**

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**Safety Officer's Comments:**

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**WITNESSES**

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

Safety Officer Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Chief Administrative Officer Signature: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

### SCHEDULE "B"

## JUBILEE INSURANCE AGENCIES LTD.

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

<b>Automobile Policy: 165052A</b>	<b>Heavy Equipment Policy: RSLE1131</b>
<b>AUTO / EQUIPMENT LOSS FORM</b>	
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: _____	
<b>THIRD PARTY INFORMATION</b>	
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

Section 14

Policy: A.02-02



SCHEDULE "C"

SMOKY LAKE COUNTY

INCIDENT REPORT On Municipal Roads by Third Party

Location: \_\_\_\_\_

This form is to filled out for any incident that happens on the Smoky Lake County road

For Completion By Municipality
Date of Incident _____
Time of Incident _____
When did you first learn of the incident (Date /Time)
When was the Incident Reported? (Date/Time)
Are you aware of any injuries
<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> Hospitalized <input type="checkbox"/> Death <input type="checkbox"/> Unknown

For Completion By Person Attending site
Form Completed By: _____
Title: _____
When were you notified of the incident? (Date/Time)
When did you attend the Incident site? (Date/Time)
Date/Time of completion of this checklist
Have Photographs taken <input type="checkbox"/> Yes <input type="checkbox"/> No
(Date /Time)

Signature of person completing this checklist: \_\_\_\_\_

Contact Information: Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail \_\_\_\_\_

After learning of an accident that occurs on a roadway under the municipalities control the follow people need to be contacted:

<p><b>Contact Insurers:</b></p> <input type="checkbox"/> Notify Priddle & Associates, to determine whether an insurance investigation should begin <input type="checkbox"/> Toll Free 1-855-459-7703 - E-mail <a href="mailto:Jubileeclaims@telus.net">Jubileeclaims@telus.net</a> <input type="checkbox"/> Date and time reported _____
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Photographs and the following information need to be obtained. Mark a check .

**Photographs:**

- Path taken by both vehicles prior and after losing control
- Final resting position of vehicles
- If vehicles have been removed, remaining as evidence
- General road conditions
- Anything on road surface that may have contributed to possible losing control
- Road signs on scene

**Information:**

General road conditions \_\_\_\_\_

Weather conditions \_\_\_\_\_

Evidence of impairment \_\_\_\_\_

**Incident Policy: *Schedule "C": On Municipal Roads by Third Party*  
Section 14**

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**INCIDENT REPORT On Municipal Roads by Third Party - Page Two**

**Other information**

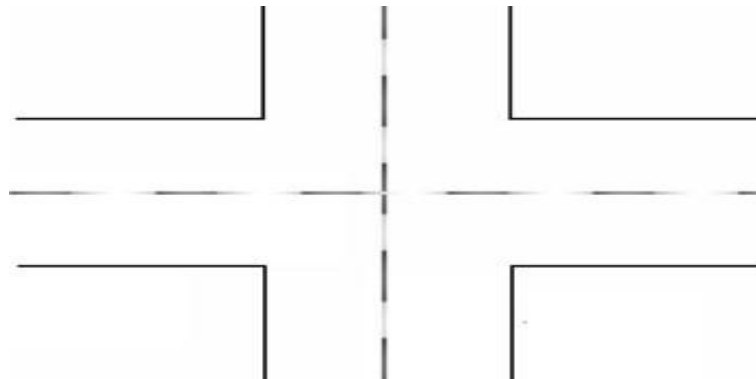
**Detailed Description of Event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness?** \_\_\_\_\_

**Was a Fire Department there?** \_\_\_\_\_

**Were the Police there?** \_\_\_\_\_



\*show all skid marks and the resting spots of all vehicles involved  
\* Show road number when possible

**THIRD PARTY INFORMATION Vehicle # 1**

**THIRD PARTY INFORMATION Vehicle # 2**

YEAR: \_\_\_\_\_ MAKE MODEL: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

DRIVER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LIC. PLATE #: \_\_\_\_\_

OWNER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NUMBER OF PASSENGERS \_\_\_\_\_

DESCRIPTION OF DAMAGES: \_\_\_\_\_

NAME OF INSURER: \_\_\_\_\_

POLICY #: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE MODEL: \_\_\_\_\_

SERIAL #: \_\_\_\_\_

DRIVER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LIC. PLATE #: \_\_\_\_\_

OWNER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

NUMBER OF PASSENGERS \_\_\_\_\_

DESCRIPTION OF DAMAGES: \_\_\_\_\_

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