



## Accident/Incident Investigation

<b>x</b> Incident #:134430			
<b>1. MILL</b> Prince George Sawmill		<b>2. DEPARTMENT</b> Shops (Office - Mobile - Planer)	
<b>3. LOCATION OF INCIDENT</b> Shops		<b>4. DATE OF INCIDENT</b> 11/11/2007	<b>5. TIME</b> 3:20 AM
<b>6. REPORT DATE</b> 11/11/2007			
<b>17. INJURY SUSTAINED (indicate left or right if applicable)</b> open fracture on left leg pain in pelvic area pain in lower back cut on left leg mid third of femur abrasion on lower fib tib			
<b>18. INCIDENT TYPE</b> Lost Time,			
<b>19. NAME OF FIRST AID ATTENDANT:</b>			
<b>20. DESCRIBE HOW AND WHERE THE ACCIDENT/INCIDENT OCCURRED (Note: Diagram and witness on reverse. Include all equipment involved. Attach photographs, sketches and measurements.)</b> <b>x</b> While walking in front of the mobile shop employee was struck by forklift(first aid attendent statement). Worker was walking from the S/m fab shop area to the parking lot at the end of his shift. Forklift driver was coming from the planer shed area to the front the mobile shop to park his forklift when the worker was stuck. The worker was stuck on the left side of his lower body with the right front of the forklift.			
<b>22. LIST THE IMMEDIATE CAUSES OF THE ACCIDENT/INCIDENT (Possible states of cause: Eyes or mind not on task, in line of fire, balance/traction/grip, Horseplay, Teasing, Distracting actions, Opr. equipment without authority, Opr. equipment in an unsafe manner, Using defective tools or equipment, Using body instead of tools, Failure to follow regulations, policies, and procedures)</b> -Eyes and Mind not on task. (Forklift operator did not see worker). -In the line of fire. (Worker was struck by forklift. Worker was not walking in a designated walkway when the incident occurred). - Failure to follow regulations, policies, and procedures. (Worker was not utilizing the designated walkways from the sawmill fabrication shop to the employee parking lot).			



21. LIST THE BASIC/ROOT CAUSES OF THE ACCIDENT/INCIDENT-ACTIONS (Possible states of cause: Rushing, Frustration, Fatigue, Complacency, Mental Attitude, Medications, Physical Limitations, Time of Day, Terrain, Weather, Poor Planning, Unsafe Conditions, Workstation Layout, Acceptance of unsafe work practices)

-Possible Fatigue - worker just completed a twelve hour afternoon shift worker normally is scheduled for ten hour shifts. -Complacency -Weather-at the time of the incident there was a light dusting of snow with a wind blowing .The snow started to fall at 3:00 am. -Time of Day - Incident occurred at 3:25 am -Poor planning - worker neglected to utilize the designated walkway on his way to employee parking lot -Acceptance of unsafe work practices

23. WAS REQUIRED PROTECTION EQUIPMENT OR SAFETY DEVICES USED? Yes		LIST: <input checked="" type="checkbox"/> Hand Protection <input checked="" type="checkbox"/> Safety Boots <input checked="" type="checkbox"/> Vis-Vest <input checked="" type="checkbox"/> Hard Hat <input checked="" type="checkbox"/> Hearing Protection <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Other	
24. WERE DOCUMENTED SAFETY PROCEDURES (JSA) ADEQUATE? No	25. DATE OF LAST REVISION 7/9/2007	26. WAS EMPLOYEE ADEQUATELY INDOCTRINATED IN THE EXISTING PROCEDURES? Yes	27. DATE OF LAST REVIEW 7/9/2007
28. WERE THESE SAFETY PROCEDURES FOLLOWED? No		IF NO, WOULD THE ACCIDENT HAVE BEEN AVOIDED IF THE PROCEDURES HAD BEEN FOLLOWED? Yes	
29. IF NO, TO ANY OF THE ABOVE, EXPLAIN: Job Review Form is inadequate describing proper utilization of walkway and pedestrian responsibilities.			
30. DO YOU KNOW OF ANY DISABILITY THE WORKER HAD PRIOR TO INJURY? (if Yes, please explain.) No			
31. WORK RETURN CONDITIONS: HAS THE ALTERNATE WORK PROGRAM (LIGHT DUTY) BEEN EXPLAINED TO WORKER? Yes			

**32. RECOMMENDATIONS TO PREVENT REOCCURENCE:**

-Review with crews the importance of the use of designated walk areas. -Review with all employees mobile equipment always has the right of way. -Review with all crews the importance of Eyes and Mind on Task at all times this includes to and from work. -Modify current Job Review Form to include a more detailed description of the use of designated walkways and right of way of mobile equipment. -Company to look at current designated walkways and make changes to reduce pedestrian traffic in the yard when arriving and leaving work. -Review current mobile equipment traffic patterns.



**33. ACTIONS TAKEN TO PREVENT REOCCURENCE:**

DATE	BY WHOM	ACTION
11/19/2007		Ensure that the current Job Review form has a better description pertaining to the use of designated walkways and Mobile equipment right of way.
11/23/2007		Company to look at current designated walkways and make changes to reduce pedestrian traffic in the yard when arriving and leaving work.
11/19/2007		Review with all crews at start of next production shift
11/19/2007		Ensure Incident is reviewed with all crews at the start of next production shift.
12/21/2007		Review current mobile equipment traffic patterns
11/19/2007		Review with crews the importance of eyes and mind on task the start of next production shift.

**34. FORMS COMPLETED:**  WCB 7  WCB 7A  N/A  
 DAILY RETREAT RECORD BOOK  N/A

**35. DATE OF INVESTIGATION**

11/11/2007