

 <p>NORTHWEST TERRITORIES POWER CORPORATION <i>Empowering Communities</i></p>	<p>Health & Safety Management System Form: Handout 2 – Incident Report</p>	Page 1 of 2
	<p>Monitor: Director, Health, Safety & Environment</p>	Form #: 10.1

Sections A-E to be completed by worker.

Section A – Incident Details			
Date & time of incident:	Date: Oct. 29, 2018 Time: 10:15 am	Date & time reported:	Date: Oct. 29, 2018 Time: 11:30 am
Reported by:	Name: B. Jones Position: Plant Superintendent	Reported to Manager:	Name: R. Pendragon Position: Manager, Plant Operations
Incident location:	On walkway outside of Paulatuk Plant		
Incident description (attach sketch if necessary):	After walking out of the plant to work in the yard I slipped on some ice on the walkway and fell. I landed on my right knee and right elbow (both painful) and when I got up I had a sore back. I went to the health centre. It was about -25°C with a bit of snow on the ground. I was wearing my winter steel toed work boots.		
Section B – Type of Incident			
<input checked="" type="checkbox"/> Injury <input type="checkbox"/> Illness	<input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental	<input type="checkbox"/> Production Loss <input type="checkbox"/> Near Miss	
Section C – Injury			
Injured party:	Name: B. Jones Position: Plant Superintendent	Phone: 580-3141 Email: bjones@ntpc.com	<input checked="" type="checkbox"/> NTPC employee <input type="checkbox"/> Contractor <input type="checkbox"/> Member of the public
Address:	123 Slippery Way, Paulatuk NT, X0E 1N0		First aid provided: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Medical treatment provided: <input type="checkbox"/> Y <input type="checkbox"/> N
Description of injury:	Bruised right knee and right elbow, sore back		
Section D – Property/Environmental Damage			
Description of damage:			
Section E – Incident Ranking (Reasonable Potential for Harm)			
<input checked="" type="checkbox"/> Low (potential First Aid Injury, minor property or environmental damage)	<input type="checkbox"/> Medium (potential Medical Treatment Injury, medium property or environmental damage)	<input type="checkbox"/> High (potential Serious Injury or Fatality, major property or environmental damage)	

Send completed form to your manager and to the HSE Director by email or fax (1-888-458-4627).



Health & Safety Management System Form:
Handout 2 – Incident Report

Monitor:
Director, Health, Safety & Environment

Form #:
10.1

Sections F- I to be completed by manager.

Section F – Incident Ranking (Reasonable Potential for Harm)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Low (potential First Aid Injury, minor property or environmental damage) | <input type="checkbox"/> Medium (potential Medical Treatment Injury, medium property or environmental damage) | <input type="checkbox"/> High (potential Serious Injury or Fatality, major property or environmental damage) |
|--|---|--|

Section G – Immediate Actions Taken

Hierarchy of Controls: 1) Elimination 2) Substitution 3) Engineering 4) Administration 5) PPE

Action	Responsible Party	Date Completed
Went to nursing centre	B. Jones	10-29-18

Section H – Further Corrective Actions

Action	Responsible Party	Due Date	* Date Completed
1 Use salt and sand on icy walkway daily	B. Jones	10-29-18	10-29-18
2 Wear YakTrax when working outside in winter	B. Jones	10-29-18	
3 Discuss winter slips and falls at next safety meeting	R. Pendragon	10-31-18	
4			
5			
6			

Section I – Management Review

Name: R. Pendragon Position: Manager, Plant Ops Review date: 10-29-18

Comments: Bobby has filled out Worker's Report of Injury. Nurse has provided clearance to return to full duties.

Section J – Health & Safety Department Review

Name: M. Maxwell Position: Thermal H&S Coord. Review date: 10-30-18

Comments: I will send a presentation on winter slips and falls to you for your health & safety meeting.

* Inform HSE Director of corrective action completion dates.