SWAB MASTER LTD. www.swabmaster.com P.O. Box 1210 Brooks, AB T1R 1C1	**ALL INCIDENTS SHOULD BE REPORTED IMMEDIATELY OR AS SOON AS PRACTICABLE**	□ COMPANY INCIDENT □ CONTRACTOR INCIDENT	□ **INCIDENT** □ **NEAR MISS**

FORM COMPLETED BY:	UNIT #	DATE/TIME OF OCCURANCE	# OF EMPLOYEES INVOLVED:

OCCUPATION	SERVICE ON THIS JOB: YEARS MOS.	ACTIVITY PERFORMED AT TIME OF OCCURANCE:

LOCATION (UNIT, FIELD, RIG OR GEOGRAPHIC LOCATION)	COMPANY NAME	WITNESS(ES) PRESENT:

TYPE OF INCIDENT:

□ FATALITY □ LOST TIME □ RESTRICTED WORK □ NEAR MISS	□ MOTOR VEHICLE □ DURING COMMUTE □ PREVENTABLE □ RECONCILABLE	# DAYS LOST : □ FIRST AID Medical Aid □ OCCUPATIONAL ILLNESS
□ OTHER VEHICLE □ WILDLIFE INVOLVED □ NON-PREVENTABLE □ NON-Reconcilable		

DESCRIBE OCCURRENCE (include activities performed at time of occurrence (Attach additional sheets if required.)

List Correction Action Taken(include PPE):

Has this been reported to the client and / or rep? □Yes □No □ N/A

Employee Signature:	**Date:**

OFFICE USE ONLY

IMMEDIATE CAUSES: CHECK ALL APPLICABLE

ACTIONS:

- ☐ Operating equipment without authority
- ☐ Failure to warn
- ☐ Failure to secure
- ☐ Operating speed
- ☐ Making safety devices inoperable or Removing
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Failing to use personal protective equipment properly
- ☐ Loading
- ☐ Placement
- ☐ Lifting
- ☐ Position for task
- ☐ Servicing equipment in operation
- ☐ Horseplay
- ☐ Violence
- ☐ Under influence of alcohol and/or other drugs

CONDITIONS:

- ☐ Guards or barriers
- ☐ Protective equipment
- ☐ Defective tools, equipment or materials
- ☐ Congestion or restricted action
- ☐ Warning system
- ☐ Fire and explosion hazards
- ☐ Housekeeping: disorder
- ☐ Hazardous environment conditions; gases, dusts, smokes, fumes, vapors
- ☐ Noise exposures
- ☐ Radiation exposures
- ☐ High or low temperature exposures
- ☐ Illumination
- ☐ Ventilation

ROOT CAUSES

PERSONAL FACTORS:

- ☐ Capabilities
- ☐ Knowledge
- ☐ Skill
- ☐ Stress
- ☐ Motivation

JOB FACTORS:

- ☐ Leadership/Supervision
- ☐ Engineering
- ☐ Purchasing
- ☐ Maintenance
- ☐ Tools/Equipment
- ☐ Work standards
- ☐ Wear and tear
- ☐ Abuse or misuse

TYPE OF CONTACT:

- ☐ Struck against
- ☐ Struck by
- ☐ Caught in
- ☐ Caught on
- ☐ Caught between
- ☐ Slip / Trip
- ☐ Fall on same level
- ☐ Fall to below
- ☐ Overexertion

CONTACT WITH:

- ☐ Electricity
- ☐ Heat
- ☐ Cold
- ☐ Radiation
- ☐ Caustics
- ☐ Noise
- ☐ Toxic or noxious substances
- ☐ Other (list)

Immediate Causes: What actions and conditions caused or could cause the event?

Root Causes: What specific personal or job factors caused or could cause this. Explain:

PERSONAL INJURY(DESCRIBE – INC. BODY PART AFFECTED, INDICATE SIDE)

PROPERTY DAMAGE TO:

POTENTIAL CONSEQUENCE: ☐ CATASTROPHIC ☐ CRITIAL ☐ SERIOUS ☐ MINOR

PROBABILITY OF RECURANCE: ☐ FREQUENT ☐ PROBABLE ☐ OCCASSIONAL ☐ REMOTE ☐ IMPROBABLE

RISK (Severity / Hazard Level): ☐ HIGH ☐ MEDIUM ☐ LOW

TEAM INVESTIGATION REQUIRED: ☐ YES ☐ NO

RECOMMENDATION TO PREVENT RECURRENCE: Describe
☐ Engineering ☐ Administrative ☐ PPE

PERSON(S) RESPONSIBLE

TARGET COMPLETION DATE: yyyy/mm/dd

SUPERVISOR'S SIGNATURE yyyy/mm/dd

SIGNATURE(NEXT LEVEL) yyyy/mm/dd

REVISION : 11/01/2016