TRANSMOUNTAIN

**Check ALL that apply:

CONTRACTOR INCIDENT REPORT

☐ **Recordable Injury / Illness**	☐ **First Aid**	☐ **Near Miss**	☐ **Vehicle**	☐ **Spill Release**	☐ **Fire**
☐ **Security (Complete CSM-001-S)**	☐ **Property Damage/Fire**	☐ **Process Interruption**	☐ **Product Contamination**	☐ **Agency Interaction**	

Was this reportable to any governmental agency? ☐ Yes ☐ No	If Yes, list agency and person reported to:

1. GENERAL INFORMATION

Project/Asset Name:

Contractor Company Name:				
Date of Report:	Select	Incident Date:	Select	
Event Time:	_____ ☐ am ☐ pm	Time Zone:	☐ Eastern ☐ Central ☐ Mountain ☐ Pacific	
Contractor Involvement Type:	☐ Caused By ☐ Contributed ☐ Involved ☐ Witnessed			
Incident Description in Detail:				
Incident Location:		Incident Province:		
Incident County or Municipality:		Did Incident occur on Company property?	☐ Yes ☐ No	
Is Incident location same as the work location? ☐ Yes ☐ No		Entity:		
Enter specific details about the Incident location:		Closest Trans Mountain Location:		
Project/Hiring Manager:		Onsite Safety Representative:		

2. INJURY/ILLNESS INFORMATION: (If Applicable)

Was medical treatment provided?	☐ Yes ☐ No	Treatment in Emergency Room? ☐ Yes ☐ No
Was party hospitalized overnight?	☐ Yes ☐ No	Date of First Medical Care: Select
Is this a recordable injury?	☐ Yes ☐ No	Is this a Days-away/ Restricted duty injury: ☐ Yes ☐ No

If yes, check below **ALL** that apply:

☐ Chiropractic Treatment ☐ Punctured Ear Drum ☐ Loss of Consciousness ☐ Received RX prescription Medication or equivalent

☐ Surgery ☐ Physical Therapy ☐ Hearing STS ☐ Fracture ☐ Stitches ☐ Light Duty

☐ Embedded object removed from eye ☐ Time away from work after the day of injury ☐ Fatality: Date: Select

☐ Other, please explain:

__ _____

_____

Nature of injury:	Body part injured:
Physician's name:	Treatment facility:

3. INCIDENT DESCRIPTION:

What was the employee doing just before the incident occurred?	
What object or substance directly harmed the employee?	

4. WORK INFORMATION:

Work shift:	☐ Call-Out ☐ Overtime ☐ Regular	Time shift began:	☐ am ☐ pm
Was work stopped?	☐ Yes ☐ No	Work Shift Schedule: Days On	and Days Off

How many days/months/years has employee performed this job task? yrs. mo. days

Name of witness: _____ Witness phone #: _____

(First) (Last)

Distribution: Contractor to Onsite Safety Rep. or Chief Inspector
Onsite Safety Rep. or Chief Inspector to Project/Hiring Mgr.
Project/Hiring Mgr. enters and uploads into Incident Database (ID) or designates representative.

CSM-001
Developed: 11/19/ 2018

TRANSMOUNTAIN

5. AGENCY INTERACTION: (If applicable)			
Announced ☐ Unannounced ☐			
Reason for Inspection:			
Agency Name:			
☐ Federal ☐ State ☐ Local			
Inspector Name:		Inspector Contact Phone #:	
Description and Results of Inspection:			
Citations Issued: ☐ Yes ☐ No			
6. CONTRACTOR – SUPERVISOR'S INVESTIGATION: (Must be completed prior to submitting to Company Ivestigation)			
Immediate Cause(s)			
Choose an item.	Explain:		
Choose an item.	Explain:		
Choose an item.	Explain:		
Choose an item.	Explain:		
Root Cause(s)			
Choose an item.	Explain:		
Choose an item.	Explain:		
Choose an item.	Explain:		
Choose an item.	Explain:		

	Corrective Actions	Responsible Person	Target Date	Date Complete
1.			Select	Select
2.			Select	Select
3.			Select	Select
4.			Select	Select

Name(Print):		**Signature:**		**Date:**	Select
(Supervisor or Foreman)					

7. ONSITE PROJECT SAFETY, CRAFT INSPECTOR or PROJECT MANAGER REVIEW: (Must be completed prior to submitting to Safety)					
A. Do you agree with the results of this investigation? ☐ Yes ☐ No			B. Was there an ERL initiated? ☐ Yes ☐ No		
If No to question "A", please explain:					
What should be done to prevent recurrence?					
What corrective action required from Trans Mountain to prevent recurrence?			Explained to Contractors? ☐ Yes ☐ No		
When will corrective action be completed?					
Name:		**Title:**		**Date Submitted:**	Select
(Trans Mountain Onsite Representative)					

8. IMPACT: It is the Project/Hiring Manager's responsibility to ensure the incident is entered into Incident Database (ID)			
Date entered into Impact:	Select	Entered by:	
Impact Incident number:			