

## ACCIDENT / INCIDENT OR NEAR MISS REPORTING AND INVESTIGATIONS

### PURPOSE

The purpose of this document is to establish MABS Coventry's requirements for investigating, documenting and reporting workplace accidents or incidents.

### SCOPE

The requirements set forth in this document apply to all workplace accidents or incidents that occur in the course of employment while on MABS Coventry owned or operated facility, as well as to any accident or incident incurred by employee while on company business travel status. These procedures apply to full-time employees, part-time employees, and contract employees. These procedures also apply to visitors and contractors who are involved in an accident or incident while on MABS Coventry premises.

### GENERAL

It is imperative that when an accident or incident occurs resulting in an occupational injury or illness, a thorough investigation of the conditions and events causing the injury or illness be conducted as soon as possible following learning of the injury or illness. During the accident investigation, the following general queries should be reviewed:

- Who was involved in the accident?
- What injuries or equipment damage occurred as a result of the accident?
- When did the accident happen?
- Where did the accident happen?
- What underlying conditions contributed to the accident?
- How did the accident happen?
- How did the employee(s) get injured?
- Were there any witnesses to the accident?
- Why did the accident happen?

### REPORTING AND ACCIDENT, INCIDENT OR NEAR MISS

All accidents, incident or near misses must be reported immediately to the EH&S Dept. Out of normal working hours reports should be made to Site Security who will if deemed necessary make contact with and EH&S representative.

**The Accident / Incident Report form. (Appendix A)** must be completed immediately following an accident, incident or near miss. Copy of the form can be obtained from the onsite medical centre, or are available at all times on Share Point. Upon completion the form should be forwarded to the EH&S Department. The EH&S department shall determine if further accident investigation is required.

The accident, incident or near miss must also be immediately reported to the area team leader / supervisor / manager. The manager or supervisor of the area where the accident or incident occurred must take immediate action to correct or remove any unsafe condition or hazard that contributed to the accident, and to isolate faulty or defective equipment involved with or causative of the accident.

Any unsafe equipment or process identified during the accident investigation shall be shut down and isolated, and shall not be operated until such time that the equipment or process is deemed safe to operate by the HSEO.

If the accident, incident, near miss is required to be notified to an outside agency (HSE, Police, Fire Service) etc. The report will be made by the EH&S Department or Site Security. Both will also act as company representative to the outside agencies.

The **Accident/Incident Investigation Report Form (Appendix A)**, shall be completed during the shift in which the accident occurred, if possible, but in no case exceeding forty-eight (48) hours after the incident. If the accident investigation report cannot be completed within that time, contact the EH&S Department to notify of the delay.

All sections of the Accident/Incident Report Form must be completed..

### ACCIDENT INVESTIGATION PROCEDURE

The level of investigation shall be determined by the EH&S Department, and will vary depending on a number of factors including:

- Severity of injury and illness or potential for serious injury or illness.
- Number of employees involved.
- Property loss.
- First time or repeat incident

Near-miss incidents must be investigated to evaluate the hazards or conditions present that may pose a risk or injury or harm to employees, and corrective action taken to reduce or eliminate the risk.

Serious accidents or near-miss incidents that could have caused serious accidents should be investigated by the area supervisor or manager together with the EH&S Department, or by an investigative team determined by the EH&S Department.

The initial investigation shall be conducted as soon as possible following the reporting or knowledge of an accident occurring.

### CONDUCTING THE INVESTIGATION

There are five basic steps that shall be followed to properly complete an accident/incident Investigation as follows:

- a. Conduct initial investigation at the scene and before any physical evidence is disturbed. The scene of the accident should be secured as soon as possible following the incident to preserve the evidence.
- b. Accumulate, examine and analyze the facts involved in the accident.
- c. Determine all factors or conditions that contributed to or caused the accident or incident and develop recommendations.
- d. Prepare and submit an investigation report.
- e. Management review and development of actions needed.

As soon as possible after the incident, conduct the initial part of the investigation at the scene, being careful to preserve conditions. Examine the area, take notes, pictures and/or sketch diagrams. Interview all involved parties and eye-witnesses, such as area supervisor, employees, co-workers and bystanders. Interview witnesses separately, and never as a group. When interviewing vendors and contractors, clear guidelines should be obtained from the Human Resources Department and/or legal counsel prior to the interview.

Develop a description of the sequence of events that led to the accident. Use the information gathered to develop a step-by-step analysis of the events that led to the accident.

Analyze the sequence of events to determine the cause(s) of the accident or incident, including the direct causes and the underlying or root causes that contributed to the accident or incident. There are typically several causes or factors involved in an accident or incident. It is important during this step of the investigation process to identify all direct causes and underlying or root causes of the accident.

**Direct causes** are those conditions and unsafe behaviours that have directly caused or contributed to the accident or incident and are usually obvious during the investigation. Examples of direct causes of an accident or incident would include failure of a safety guard on a machine, or failure by an employee to wear required personal protective equipment ("PPE").

**Underlying or "root" causes** are the underlying system weaknesses that have contributed to the existence of hazardous conditions and unsafe behaviours that contributed to the accident or incident.

Root causes are typically of two types:

**System Design Weaknesses**: This would include missing or inadequate designed policies, programs, plans, processes and procedures that affect conditions and practices in the work area, or

**System Implementation Weaknesses**: This would include the failure to initiate, carry out, or enforce programs, plans, processes and procedures. This would indicate ineffective management of behaviour.

Compile all information and review it with individuals qualified in the technical aspects of processes and equipment involved in the accident or events that led to the accident. This may include process engineers, area managers, equipment manufacturers or the EH&S Department. Discuss all direct and underlying root causes of the incident and develop an action plan to address and/or correct any conditions, processes or equipment to prevent recurrence.

Review findings and description of the accident with responsible management and employees for accuracy. Review the findings with, Human Resources representative, Medical and/or Legal representative as required.

### **DEVELOP CORRECTIVE ACTION PLAN**

Following the investigation, the EH&S Department shall develop a formal, written corrective action plan that shall address each direct and underlying root cause identified during the investigation phase set forth in above.

The corrective action plan must be reviewed and approved by each person involved in the accident investigation. Recommended corrective actions may include, but is not limited to:

- Upgrade of engineering controls, such as local exhaust ventilation, use of a lift assisting device or improvement of safety guards
- Re-design of the work area or equipment to reduce the hazard or risk
- Development or revision of procedures, policy, plans or processes
- Development or revision of administrative controls, such as worker rotation, restriction on access to work areas or warning signs
- Upgrade of personal protection equipment (PPE) requirements

In developing a corrective action plan, and in accordance with the MABS Health & safety procedure SP\$ - Risk Assessments, the area shall review and, if applicable, revise the relevant Risk/Hazard Assessment for the area or task involved in the accident or incident, including existing controls identified in the assessment.

The review must determine whether a hazardous condition, equipment or process exists absent completion of corrective actions and whether the condition, equipment or process poses an unreasonable risk to health and safety of employees. If so, then the area shall shut down and isolate the equipment, area or process until such time that it can be made safe for operation.

Progress on corrective action plans shall be tracked on at least a monthly basis to completion.

### **ACCIDENT REPORT PREPARATION**

Once the investigation is completed, the EH&S Department shall compiled a full incident Investigation Report (Appendix B ). All accidents or incidents,

When completing the Accident/Incident Investigation Report, ensure that only factual information regarding the causes of the incident is included that is not based upon speculation or subjective interpretation. All witness statements, photographs, diagrams and additional information gathered during the investigative phase shall be attached to the completed Form.

If possible, the accident investigator should obtain a written statement from the injured employee as soon as possible after the accident. If this is not possible, the investigator should prepare a description of the accident based on the injured employee's statements from interviewing the other employees who witnessed the accident first-hand. Statements must be recorded on form shown in Appendix C. All statement will be given a unique reference number by the EH&S department, and all statement must be signed and dated.

### **ACCIDENT REPORT INFORMATION**

1. The objective of accident / illness investigation and reporting is to identify root causes of the accident and to prevent recurrence. Therefore, reports should generally not contain classified information requiring security classification beyond the "Company Private" designation.

Accident/Incident Investigation Reports shall not to be released outside of MEGGITT without the express approval of the Meggitt PLC Vice President, HSE. No statements or other information shall be provided by any Meggitt employee to the public or the media concerning a workplace accident or injury unless expressly authorized by the Meggitt PLC Vice President, HSE.

Accident/Incident Investigation Reports are to be retained in active files and permanent records stored in accordance with company record retention requirements and any requirements set forth in applicable laws and regulations.

**EXTERNAL REPORTING REQUIRMENTS**

MABS Cov shall comply with the accident or illness reporting requirements to the HSE under the RIDDOR Regs as set forth in SP 8.1 . All reports to the HSE Shall be made by the EH&S Department

On a monthly basis, each Meggitt facility shall submit a Health, Safety and Environmental Report to the Meggitt PLC Vice President, HSE by the 15<sup>th</sup> of each month covering the prior month which shall include:

- The number of reportable accidents or incidents
- The number of accidents or incidents resulting in lost days
- The number of days lost resulting from the accident or incident
- A brief, narrative summary of each accident or incident resulting in lost days
- A brief description of corrective action taken or planned.

This information shall be forwarded by the MABS Cov EH&S Department

In addition to reporting requirements set forth in above, MABS Cov must report to the Meggitt PLC Vice President, HSE the following:

- **Immediately:** Any workplace accident or incident resulting in a fatality or life threatening injury
- **Within 3 days:** Any accident or incident resulting in an injury or illness requiring hospitalization over two days.
- **Within 7 days:** Any illness allegedly caused by a workplace exposure to any chemical substance.

These reports will be made by the MABS Cov EH&S department.

**INCIDENT/ACCIDENT INVESTIGATION REPORT FORM**

<p><b>1 WHERE AND WHEN</b></p> <p>Where did the Incident happen? Pls. Specify</p> <p>Building <input style="width: 90%;" type="text"/></p> <p>Department <input style="width: 90%;" type="text"/></p> <p>Exact Location <input style="width: 90%;" type="text"/></p> <p>When did the incident happen?</p> <p>Date: / / Time : am/pm</p> <p><b>2 THE INCIDENT</b></p> <p>Description of what happened (facts only)</p> <div style="border: 1px solid black; height: 100px;"></div> <p>Type of incident? (please tick any applicable)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Lifting/handling</td> <td><input type="checkbox"/> Ill health</td> </tr> <tr> <td><input type="checkbox"/> Fall from height/stairs</td> <td><input type="checkbox"/> Slip/trip/fall</td> </tr> <tr> <td><input type="checkbox"/> Contact with electricity</td> <td><input type="checkbox"/> Hot/cold contact</td> </tr> <tr> <td><input type="checkbox"/> Dangerous occurrence</td> <td><input type="checkbox"/> Cut with sharp object</td> </tr> <tr> <td><input type="checkbox"/> Near miss incident</td> <td><input type="checkbox"/> Fire</td> </tr> <tr> <td><input type="checkbox"/> Property loss/damage</td> <td><input type="checkbox"/> Allergies / Rash</td> </tr> <tr> <td><input type="checkbox"/> Threatening behaviour</td> <td><input type="checkbox"/> Verbal Abuse</td> </tr> <tr> <td><input type="checkbox"/> Person to person assault</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Equipment failure/misuse</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Struck by/against something</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Contact/exposure to equipment/machinery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Contact/exposure to harmful substance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fatality</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Environmental Incident (Emissions / Spills etc)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (please specify)</td> <td></td> </tr> </table>	<input type="checkbox"/> Lifting/handling	<input type="checkbox"/> Ill health	<input type="checkbox"/> Fall from height/stairs	<input type="checkbox"/> Slip/trip/fall	<input type="checkbox"/> Contact with electricity	<input type="checkbox"/> Hot/cold contact	<input type="checkbox"/> Dangerous occurrence	<input type="checkbox"/> Cut with sharp object	<input type="checkbox"/> Near miss incident	<input type="checkbox"/> Fire	<input type="checkbox"/> Property loss/damage	<input type="checkbox"/> Allergies / Rash	<input type="checkbox"/> Threatening behaviour	<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Person to person assault		<input type="checkbox"/> Equipment failure/misuse		<input type="checkbox"/> Struck by/against something		<input type="checkbox"/> Contact/exposure to equipment/machinery		<input type="checkbox"/> Contact/exposure to harmful substance		<input type="checkbox"/> Fatality		<input type="checkbox"/> Environmental Incident (Emissions / Spills etc)		<input type="checkbox"/> Other (please specify)		<p><b>3 PERSON INVOLVED/ AFFECTED</b></p> <p>Type of Person involved/ affected?(pls. tick)</p> <p><input type="checkbox"/> Member of Staff</p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> Contractor</p> <p>Company name <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> Visitor</p> <p>Host <input style="width: 90%;" type="text"/></p> <p>Details of person involved/affected?</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Surname <input style="width: 90%;" type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth / /</p> <p>Address <input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p>Post Code <input style="width: 50%;" type="text"/></p> <p>Phone (home) <input style="width: 50%;" type="text"/></p> <p>Phone (work) <input style="width: 50%;" type="text"/></p> <p><b>4 IMPACT ON INDIVIDUAL OR ENVIRONMENT</b></p> <p>Severity of injury or Incident</p> <p>None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/></p> <p>Part of body <input style="width: 60%;" type="text"/> left/ right</p> <p>Type of injury/incident</p> <table style="width: 100%; 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(Immediate and Long-term action)</p> <div style="border: 1px solid black; height: 100px;"></div> <p>Has the Risk Assessment been reviewed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><b>9 SIGNATURES</b></p> <p>Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.</p> <p>Person completing this form</p> <table style="width: 100%; border: none;"> <tr> <td>Signature <input style="width: 60%;" type="text"/></td> <td>Date / /</td> </tr> <tr> <td>Print name <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>Job title <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>Phone <input style="width: 90%;" type="text"/></td> <td></td> </tr> </table> <p>Manager/ Supervisor</p> <table style="width: 100%; border: none;"> <tr> <td>Signature <input style="width: 60%;" type="text"/></td> <td>Date / /</td> </tr> <tr> <td>Print name <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>Job title <input style="width: 90%;" type="text"/></td> <td></td> </tr> <tr> <td>Phone <input style="width: 90%;" type="text"/></td> <td></td> </tr> </table> <p><b>FOR SAFETY OFFICE USE ONLY</b></p> <table style="width: 100%; border: none;"> <tr> <td>Report to HSE</td> <td>Date / /</td> <td>Time :</td> </tr> <tr> <td><b>Form F2508 sent to HSE:</b></td> <td>Date / /</td> <td></td> </tr> <tr> <td><b>Received by (print name):</b></td> <td>Date / /</td> <td></td> </tr> </table>	Signature <input style="width: 60%;" type="text"/>	Date / /	Print name <input style="width: 90%;" type="text"/>		Job title <input style="width: 90%;" type="text"/>		Phone <input style="width: 90%;" type="text"/>		Signature <input style="width: 60%;" type="text"/>	Date / /	Print name <input style="width: 90%;" type="text"/>		Job title <input style="width: 90%;" type="text"/>		Phone <input style="width: 90%;" type="text"/>		Report to HSE	Date / /	Time :	<b>Form F2508 sent to HSE:</b>	Date / /		<b>Received by (print name):</b>	Date / /	
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**HEALTH & SAFETY INCIDENT INVESTIGATION**

Date –	Time –	Area –
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Incident Type –	RIDDOR Reportable –
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**Description of Incident**

**Immediate Cause**

**Immediate Corrective Action Taken**

1

**Evidence / Documents Collected**

**Root Cause**

**Conclusion /Long Term Corrective Action Required**

Investigation Conducted by	
Date of Investigation	



## Statement of witness

Statement Number

Name

Surname

Home Address

Date of Birth

Area of Work

Contact Number

Statement taken by

Other persons present

Location

Date



Statement of witness to facts

The information contained in this statement is true to the best of my knowledge and belief

Signed

Statement taken by  Date