

Central Plateau Cleanup Company  
**EVENT REPORT INSTRUCTIONS**

The Event Report is used to document the facts, circumstances, and corrective actions identified during an investigation into events such as occupational injuries and illnesses. Due to its potential use in filing reports with the Department of Energy, it is essential that this information be accurate and provided in a timely manner. Should you have questions or need assistance in completion of the form please contact your assigned Project/Function Safety professional or Case Management Specialist (CMS).

Please know that without uploading pictures from the event, the event report will be considered incomplete. It is a necessary attachment that the Case Management Specialist will need in assisting CPCCo.

All applicable fields on the Event Report are to be completed except the Case Number which will be completed by the CMS. N/A shall be entered in blank fields.

THIS EVENT REPORT IS TO BE FILLED OUT ELECTRONICALLY. ONLY THE EMPLOYEE AND WITNESS SECTIONS MAY BE PRINTED AND COMPLETED BY HAND. THE USER SHALL SUBMIT EVENT REPORT TO THE CMS UPON COMPLETION.

**MANAGER/SUPERVISOR SECTION:**

- **Case No.:** Leave Blank - to be completed by the CMS.
- **Employee:** Provide the involved employee's first name, middle initial and last name. If there are multiple employees from the same event, who shared the same symptoms, had the same treatment, and where performing the same task, use the drop down section to list (*e.g. potential exposures*). Otherwise a separate event form is required for each.
- **HID No.:** Provide the employee's Hanford Identification Number.
- **Job Title/Occupation:** Provide the employee's job title or occupation.
- **Years of Experience:** Select the box that most closely approximates the employee experience.
- **Witnesses Names:** Provide the name of any other people who were present when the reported event occurred. Include even those who do not wish to make a written statement and have them complete the witness section. Enter the date interviewed and who the witness was interviewed by next to each name added. Utilize the add/delete button to enter multiple names if needed.
- **Date/Time of Event:** Note the date/time the event occurred.
- **Time Employee Began Work:** Note the time the employee's shift started on the day the event occurred.
- **Date/Time Reported:** Note the date/time the event was reported.
- **Location of the Event (Room/Bldg/Area/Facility):** Note where the event took place.
- **Weather Conditions:** If outside (*i.e., icy, compact snow, dry, sunny, etc.*)
- **Manager, Supervisor, or Foreman, or Person-in-Charge Name(s)/Phone Number:** Provide the name of the employee's manager and his/her phone number.
- **Company/Contractor:** Provide the name of the contractor for which the work was being performed at the time of the event and the employee's employer (*if different than the contractor*).
- **Organization:** Provide the name of the organization and project to which the employee is assigned by using the drop down menu.
- **Activity in progress at time of accident (*i.e., what employee's work assignment was at the time of injury/illness*):** Provide the type of work task being performed when the event occurred (*preventative maintenance, transport of equipment or material, housekeeping, stocking of PPE, etc.*). Also, list any work packages associated with this work.
- **Events - Describe the event sequentially, beginning with initiating events and ending with the nature and extent of injury/damage (*i.e., laceration left index finger*). Attach a separate sheet for additional information. **Attach pictures from the event investigation below (*work with the project safety professional for investigation pictures*): THE EVENT REPORT WILL BE CONSIDERED INCOMPLETE UNTIL PICTURES ARE ATTACHED.** Describe in order, the situation leading up to, during, and after the event. When possible, identify the involved error pre-cursors, latent organizational weaknesses (*significant*), defenses/barriers that were or were not in place that failed. Provide the causal factors (*weather, vehicle/equipment condition, effectiveness of any involved job hazards analysis, training, work procedures, pre-job briefing, supervision other ISM system elements, workload, etc.*) that caused or contributed to event occurrence or severity. Describe the damage or type of injury(ies) incurred.**
- **Was employee wearing the required level of PPE appropriate for the hazards involved with this event?**  
Check Yes, No or N/A.
- **What type?** If the employee was wearing PPE, list the specific type of PPE.

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**EVENT REPORT INSTRUCTIONS** (Continued)

**INJURY/ILLNESS ONLY**

- Was a work restriction placed on employee as a results of this incident? Check Yes or No
- Does this work restriction preclude the employee from being accommodated to perform their regular work duties? Check Yes or No.
- Did the injury/illness require additional medical treatment beyond that provided by HPMC? Check Yes or No.
  - If Yes, name and address of medical provider.
- If hospitalized overnight, name and address of hospital.

**CAUSES/PREVENTION:**

**A. Conditions (*Causing and/or Contributing to Event*):** State the conditions that existed at the time of the accident (*the specific control factors that were or may have been the apparent or immediate causes of the accident*). For example: *Wheel of utility cart was worn and would not roll properly, Thermostatic control on HVAC system had been improperly installed during recent replacement, Road was covered with ice and the weather was foggy.*

**B. Employee Actions (*Contributing to Event*):** Enter the actions on the part of the employees that contributed to the occurrence of the event. For example: *The employee overloaded the utility cart with wastepaper, Facility maintenance had not inspected the newly installed thermostatic control, Employee exceeded safe speed on icy road and was inattentive to hazard.*

**C. Factors influencing A or B:** Enter the factors that may have influenced either the conditions or employee actions.

• **IMMEDIATE ACTIONS TAKEN: (*Describe measures taken to prevent a similar event*)** - Describe the corrective actions taken to prevent reoccurrence of the event. For example: *Wheels of the utility cart were replaced with larger size wheels, All carts were inspected for safe operation, Maintenance personnel were instructed in overloading hazards, Thermostatic control was inspected and found free of defects; it was then rewired, All security personnel were instructed at the safety training meeting on driving under hazardous conditions.*

• **RECOMMENDED CORRECTIVE ACTIONS: (*Describe corrective actions that are planned*)** - Describe the corrective actions recommended to prevent reoccurrence of the event. For example: *Perform a human factors review of utility carts and other equipment purchases, Management to review maintenance procedures and inspection process, Driver training program will be implemented.*

Provide date that planned corrective actions will be completed.

**Occupational Safety and Health:**

- The corrective actions identified in this event report are appropriate to prevent recurrence. Check Yes or No. If No, provide comments below.
- Corrective actions are completed or tracked in iCAS. Select the box.

Comments: Provide any comments necessary

**EMPLOYEE SECTION: (*This section may be printed and completed by hand.*)**

- **In detail, explain what happened** - Describe in order of occurrence, the situation leading up to, during, and after the event. Provide the causal factors (*weather, vehicle/equipment condition, presence/absence of an Hazard Analysis, training, workload, etc.*) that contributed to event occurrence or severity.
- **Any recommendations on how to prevent this type of event** - Describe any suggestions that you, the employee, may have for preventing this type of event from reoccurring.
- **No Comments** - Check this box if applicable.

**WITNESS SECTION: (*This section may be printed and completed by hand.*)**

- **In detail, explain what happened** - Describe in order of occurrence, the situation leading up to, during, and after the event. Provide the causal factors (*weather, vehicle/equipment condition, presence/absence of an Hazard Analysis, training, workload, etc.*) that contributed to event occurrence or severity.
- **No Comments** - Check this box if applicable.

**SIGNATURES:**

- Obtain the noted signatures and print first and last names, as applicable.
- If obtaining signatures will result in late reporting, contact the CMS for guidance.
- **NOTE: CONTACT CASE MANAGER SPECIALIST IF THERE ARE ANY QUESTIONS OR HELP IS NEEDED BEFORE SIGNATURES ARE OBTAINED!**