



**BRITISH
COLUMBIA**

Ministry of
Transportation

Providing Human Resource Services to:
Ministry of Agriculture, Food and Fisheries
Ministry of Small Business, Tourism & Culture

JOINT ACCIDENT INVESTIGATION REPORT

TO BE COMPLETED BY WORKER'S SUPERVISOR IN CONJUNCTION WITH OSH COMMITTEE

(Ref: WCB OSH Regulation Part 3 Section 7-14
Ministry Health & Safety in the Workplace Manual)

The personal information on this form is directly related to, and is necessary for, the administration of Ministry health and safety programs. The information collected will be used to assess the accident described. If you have any questions about the collection, use and disclosure of this information, please contact your Regional Safety Officer or the HQ Safety and Health Advisor at (250) 387-7804.
Ministry of Transportation, PO Box 9850 Stn Prov Govt Victoria BC V8W 9T5.

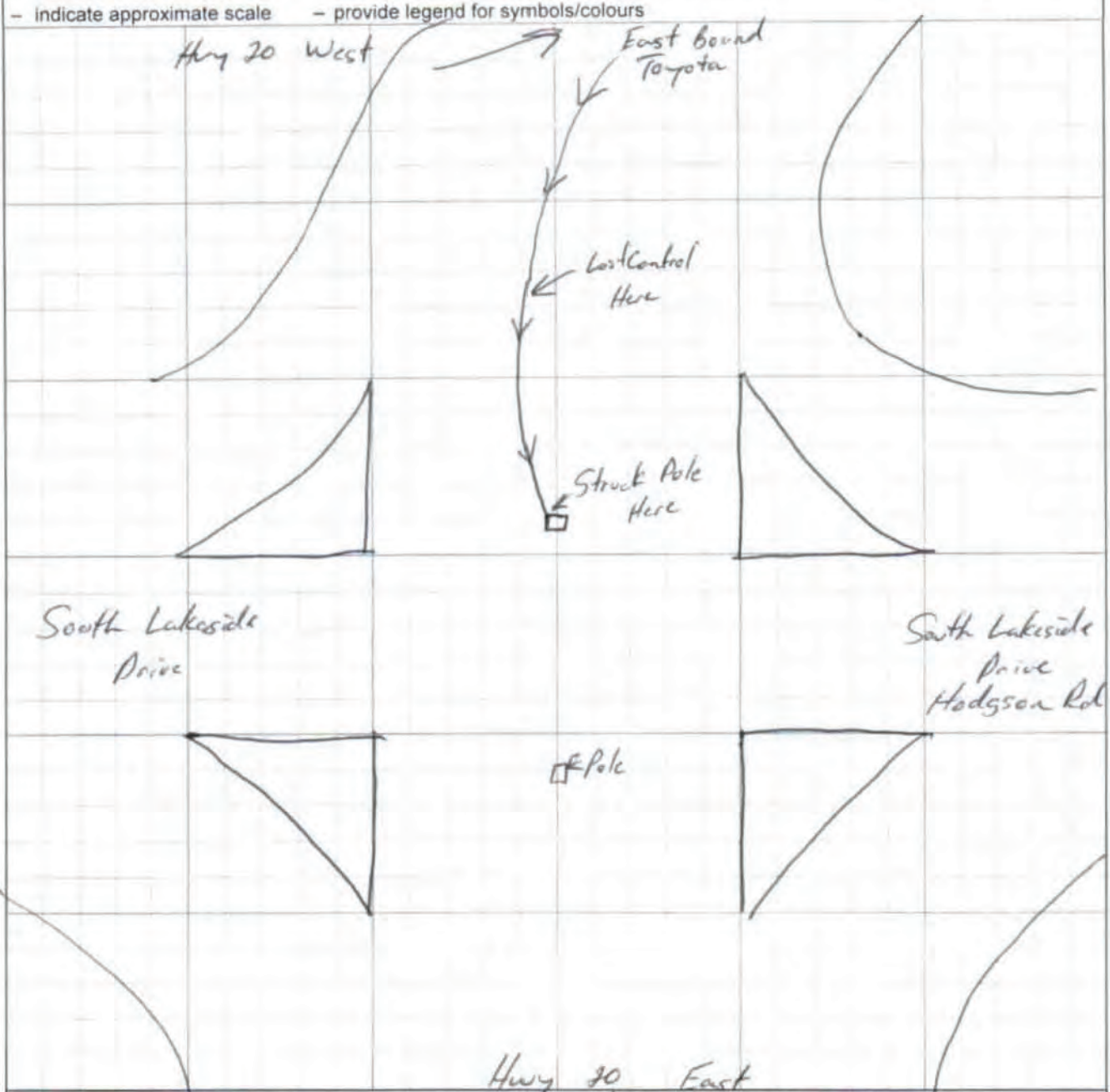
Accident Date (WHEN?) (yyyy/mm/dd) <i>July 6/09</i>		Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <i>9:45</i>		Accident Location (WHERE?) (give specific details) <i>East bound lane Hwy 20 Intersection with Siskiwit Ave</i>	
100 Worker Involved (WHO?) <i>No</i>		Region/District/ Branch			
Occupation <i>N/A</i>		Years of Service (estimate) <i>N/A</i>		Years of Experience in This Job <i>N/A</i>	
Hours Worked Last 2 Days <i>N/A</i>					
Nature of Injury or Illness, Body Part Affected (e.g. bruised left (L) hip)			Check if applicable <input type="checkbox"/> No Injury <input type="checkbox"/> Accident Record Book Entry <input type="checkbox"/> Local First Aid Only <input type="checkbox"/> Worker Sent to Physician/Hospital <input type="checkbox"/> Fatal		
			<input type="checkbox"/> Ergonomic Assessment Attached <input type="checkbox"/> Vehicle Accident Risk 01 Attached <input type="checkbox"/> Form 7A Attached <input type="checkbox"/> Form 7 Attached <input type="checkbox"/> WCB Notified <input type="checkbox"/> Police Notified		
200 Property/Equipment Damaged or Involved? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain below					
Nature of Damage <i>New traffic signal pole + base damaged beyond repair</i>					
Object/Equipment/Substance Involved/Inflicting Damage				Estimated Loss \$	Actual Loss (if known) \$
Notifications: Regional Equipment Clerk (Ministry) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Vehicle Management (Govt) <input type="checkbox"/> YES <input type="checkbox"/> NO ICBC/Police <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
300 Describe Incident/ Accident/ Occupational Illness (WHAT?) (Use separate page if needed for comments or observations.)				For High Potential Incidents/ Serious Injury Accidents, attach (see next page)	
<i>East bound Toyota Landcruiser lost control during rain storm and struck pole</i>				310 Site Diagram(s) <input type="checkbox"/> 320 Photo Log <input type="checkbox"/> 330 Witness Statement(s) <input type="checkbox"/> 340 Other Authority Reports <input type="checkbox"/>	
400 Immediate Practices/Conditions Contributing to Incident (HOW?) (Include descriptions of equipment, materials, chemicals, etc., involved. Use separate page or diagram if needed for comments or observations.)					
500 Root/Basic Causes (WHY?) (Use separate page if needed for comments or observations.)					
<i>RCMP File # s22</i>					
600 Task/Job Hazard Analysis <input type="checkbox"/> Completed <input type="checkbox"/> Attached <input checked="" type="checkbox"/> No			700 Risk Assessment <input type="checkbox"/> Required <input type="checkbox"/> Completed <input type="checkbox"/> Attached <input type="checkbox"/>		
800 Written Safe Work Procedures <input type="checkbox"/> Required <input type="checkbox"/> Available <input type="checkbox"/> Adequate <input type="checkbox"/> Followed <input type="checkbox"/> Used In Training → Date? (yyyy/mm/dd) <i>N/A</i>					
900 Recommendation(s) to Prevent Recurrence (Use separate page if needed for comments. Provide details if possible.)					
<i>N/A</i>					
Responsibility for Implementation (if not supervisor) <i>N/A</i>		Suggested Completion Date (yyyy/mm/dd) <i>N/A</i>		Completion Date (if known) (yyyy/mm/dd) <i>N/A</i>	
1000 Investigating Management Representative (please print)			Investigating Worker (OSH Committee) Representative (please print)		
<i>RCMP File # s22</i>			<i>Gerald Flutty Peterson Contracting</i>		
Signature		Phone Number		Signature	
				<i>[Signature]</i> 250-398-0347	
Investigation Date (yyyy/mm/dd)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Investigation Date (yyyy/mm/dd)	
				<i>July 7/09</i>	

COPIES TO:

- Manager, Health, Safety & Employee Development, Victoria
- Health & Safety Officer (Region)
- Manager, Human Resources (Region) or Employee WCB Claims File (District)
- Worksite Health & Safety Bulletin Board or equivalent

- Local Occupational Health & Safety Committee
- Local Applicable Union Office
- Nearest WCB Office

OPTIONAL ATTACHMENT FOR SECTION 300
For High Potential Incidents / Serious Injury Accidents

310 Site Diagram Please: - indicate North with "N ^" - include signage (traffic control lights, directional, road markings, speed signs, etc.) - indicate approximate scale - provide legend for symbols/colours															
320 Photo Log - date - location - direction of shot - objective for taking shot	Please indicate: - environmental conditions (if significant) - corresponding negative number - file location of originals	330 Witness Statement Please: - print witness name - outline relationship (e.g. co-worker, passerby, etc.) - ensure witness signs statement(s) and provides a contact telephone number													
340 Other Authority Reports Reports attached from other authorities involved: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Police Department</td> <td><input type="checkbox"/> Utility Companies</td> <td><input type="checkbox"/> Coroner's Office</td> <td><input type="checkbox"/> Ministry of Energy & Mines</td> </tr> <tr> <td><input type="checkbox"/> Fire Department</td> <td><input type="checkbox"/> Transport Canada</td> <td><input type="checkbox"/> Ministry of Health</td> <td><input type="checkbox"/> Environmental Agencies</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td colspan="3"></td> </tr> </table>				<input type="checkbox"/> Police Department	<input type="checkbox"/> Utility Companies	<input type="checkbox"/> Coroner's Office	<input type="checkbox"/> Ministry of Energy & Mines	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Transport Canada	<input type="checkbox"/> Ministry of Health	<input type="checkbox"/> Environmental Agencies	<input type="checkbox"/> Other _____			
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<input type="checkbox"/> Other _____															

INFORMATION ATTACHMENT: Options and Supplementary Instructions

- 100/200** Complete to best of your ability/knowledge. For an ergonomic injury or industrial disease, the Accident Investigation Report should be supplemented by an Ergonomic Assessment completed by your local ergonomic assessor. Contact your Regional Safety Officer for more information. For up-to-date WCB forms contact your local WCB office.
- 300** Give a step-by-step description of what events occurred immediately before, during and after the accident. What was the worker doing? What type and level of effort was required? What were any unusual conditions that may have contributed to the accident?
- 400** **IMMEDIATE PRACTICES / CONDITIONS CONTRIBUTING TO INCIDENT**
- Unauthorized equipment operation
 - Failure to warn or signal
 - Failure to secure
 - Operating at improper speed
 - Defective tools, equipment, materials
 - Inappropriate equipment
 - Making safety devices inoperable
 - Improper lifting
 - Removing safety devices
 - Horseplay
 - Using defective devices/equipment
 - Improper mixing of materials
 - Inadequate/improper protective equipment
 - Unsuitable clothing/jewelry
 - Failure to use PPE correctly
 - Improper loading
 - Written work procedure not followed
 - Inadequate guards/safety devices
 - Improper position for task
 - Improper lockout of equipment
 - Inadequate warning systems
 - Fire and explosion hazard
 - Improper placement
 - Under influence of intoxicants
 - Poor housekeeping/disorder
 - Oily, slippery floors/equipment
 - Noise exposure
 - Vibration
 - Radiation exposure
 - Hazardous environmental conditions, e.g., gases, smoke, fumes, etc.
 - High/low temperature exposure
 - Inadequate/excess illumination
 - Congestion or restricted action
- 500** **ROOT / BASIC CAUSES**
- Inadequate capability for job
 - Lack of experience
 - Low level of skill
 - Improper motivation
 - Inadequate instruction
 - Stress/fatigue
 - Tried to save time
 - Illness
 - Intoxicants involved
 - Acted to avoid discomfort
 - Misuse of tools, equipment
 - Repetitive physical motion
 - Inadequate leadership/management/supervision
 - Inadequate training program
 - Unsafe job design/task
 - Inadequate work standards/procedure
 - Inadequate engineering
 - Inadequate engineering controls
 - Inadequate purchasing standards
 - Inadequate tool/equipment/materials
 - Unsafe design of equipment/tools
 - Normal wear and tear of tools, etc.
 - Inadequate labeling system
 - Inadequate inspection routine
 - Inadequate ventilation
- 600** **TASK/JOB HAZARD ANALYSIS** – Should involve an inventory of tasks for a particular job and providing safety controls for critical task identified (those with accident potential). These can take the form of administrative (job rotation, adding personnel, additional training, written safe work procedures, etc.) and operational (new tool, equipment upgrade, process change, etc.). In progressive order, try to:
1. Eliminate the hazard
 2. Reduce the hazard
 3. Remove worker from direct impact/effect
 4. Use personal protective equipment
- 700** **RISK ASSESSMENT** – Required for some work activities that include ergonomics, violence in the workplace, asbestos, emergency washing facilities, noise, cold/heat stress, and confined spaces. Typical criteria for the assessment can include, but are not limited, to:
- Probability of occurrence of hazardous condition/practice
 - Past occurrence of hazardous condition/practice
 - Past claim/injury history
 - Workers' physical characteristics affecting safety, e.g. age, gender, disability
 - Adequacy of existing programs
 - Geographic location, e.g. in bear country, near 24-hr convenience store
 - Communication and training methods
 - Direct job observations/task hazard analyses
 - Photographic/video records review
 - Worker surveys and questionnaires
 - Direct measurements, e.g. reach, lighting levels
- 800** **WRITTEN SAFE WORK PROCEDURES** – Required for tasks with a high incident probability (highly repetitive; rarely performed; difficult; fast paced) and/or high incident severity (consequences of errors or deviation from procedure can be severe and costly). Typical examples would be working near energized conductors; at heights; in, near or over water; in confined spaces, or near machinery.
- 900** **PREVENTION** – Solutions should be realistic and workable and should include consultation of workers and management if possible.
- Upgrade local maintenance program/standards
 - Upgrade work group loss management program
 - Ergonomic re-design of task/tools, etc.
 - Perform pre-job training
 - Request further pre-job training
 - Upgrade/institute training programs for new and existing workers
 - Install adequate ventilation system
 - Temporary reassignment of worker
 - Permanent reassignment of worker
 - Education program for management
 - Improve inspection program
 - Improve housekeeping standards
 - Prepare job standards
 - Complete task/job hazard analysis
 - Carry out risk assessment
 - Prepare written work procedures
 - Repair/replace equipment
 - Install safety devices
 - Improve plant layout
 - Improve/purchase correct PPE
 - Improve local purchasing standards
 - Improve job design
 - Correct congestion
 - Substitute safer materials/tools, etc.
 - Inform all department supervisors of problems
 - Request Safety Officer assistance

From: Gerald Fluttert [gfluttert@petersoncontracting.com]
Sent: Monday, July 13, 2009 12:20 PM
To: Makayev, Malcolm B TRAN:EX; Hubner, Todd B TRAN:EX; Antifaeff, Nick TRAN:EX
Cc: Chad Beaulieu; Dave Underwood
Subject: Hwy 20 Traffic accident
Attachments: hpsc14.pdf

Malcolm,

Please find attached a completed copy of the Joint Accident Investigation Report form that you provided to me.

Gerald

TRUE CONSULTING GROUP

INSPECTION REPORT

Project: City of Williams Lake South Lakeside/Highway 20 Improvements

Project #: 602-191

Date: July 6, 2009

Weather/Site Conditions: Rain - 18 degrees.

Inspector: Chad Beaulieu

General Contractor: Peterson Contracting

Time of Visit: 9:00 AM.

STATUS OF WORK:

- Cariboo Curb and Gutter on-site poured medians on Tolko side of intersection (covered in poly) before rain started.
- Gene's Paving patching some small areas around medians to ensure proper curb placement.
- No other work completed.
- BREC Traffic Control on-site.

EQUIPMENT:

- Deere 200 LC Excavator	
- Bomag BW 145DH-3 Smooth Drum Roller	
- Case 580M Backhoe c/w Hoe-Pac	
- Case 850G Dozer	
- Misc. Gravel Trucks, End-dumps	
- Jumping Jack	
- Plate Compactor	
- Champion Grader	
- John Deere Wheel Loader	

Date: July 6, 2009

Inspector: Chad Beaulieu

TRUE CONSULTING GROUP

INSPECTION REPORT

Project: City of Williams Lake South Lakeside/Highway 20 Improvements

Project #: 602-191

Date: July 7, 2009

Weather/Site Conditions: Cloudy - 15 degrees – rain in the morning.

Inspector: Chad Beaulieu

General Contractor: Peterson Contracting

Time of Visit: 9:00 AM, 1:00 PM.

STATUS OF WORK:

- At approximately 9-10 PM July 6, a Toyota Landcruiser heading eastbound struck the light post in the median on the west side of the intersection. The post was badly bent and the top of the concrete base was badly fractured – it was determined that both would need to be replaced. To minimize damage to the new pavement, the top will be broken off of the damaged base, the remainder will be buried and the new one will be placed behind (west) of it, as it was found to be too close to the intersection anyway.
- Concrete base just east of the intersection was found to be too close to the intersection, so it was removed, reinstalled and the excavation was filled with non-shrink concrete. The light post was then installed on this base.
- Bicycle pushbutton posts installed.
- Traffic counting loops installed in the eastbound through lanes were found to be installed too far towards the intersection (about 2-3 m). Mike from Michael's Electrical said this would not affect functionality, so they will be left as-is.
- Metro Materials testing on-site obtaining asphalt core samples.
- BREC Traffic Control on-site.

EQUIPMENT:

- Deere 200 LC Excavator	Michael's Electrical Equipment
- Bomag BW 145DH-3 Smooth Drum Roller	
- Case 580M Backhoe c/w Hoe-Pac	
- Case 850G Dozer	
- Misc. Gravel Trucks, End-dumps	
- Jumping Jack	
- Plate Compactor	
- Champion Grader	
- John Deere Wheel Loader	

Date: July 7, 2009

Inspector:

Chad Beaulieu

TRUE CONSULTING GROUP

INSPECTION REPORT

Project: City of Williams Lake South Lakeside/Highway 20 Improvements

Project #: 602-191

Date: July 8, 2009

Weather/Site Conditions: Cloudy - 18 degrees – some rain.

Inspector: Chad Beaulieu

General Contractor: Peterson Contracting

Time of Visit: 8:30 AM, 12:30 PM, 4:30 PM.

STATUS OF WORK:

- Michael's Electric on-site – installed new concrete base and signal pole to replace damaged ones and installed signal head.
- Installing misc. emergency sensors, etc. and completing wiring.
- Westcana Electric on-site working on traffic controller.
- Traffic signals fully functional by mid-afternoon – both left-turn lanes open.
- BREC Traffic Control on-site.

EQUIPMENT:

- Deere 200 LC Excavator	Michael's Electrical Equipment
- Bomag BW 145DH-3 Smooth Drum Roller	
- Case 580M Backhoe c/w Hoe-Pac	
- Case 850G Dozer	
- Misc. Gravel Trucks, End-dumps	
- Jumping Jack	
- Plate Compactor	
- Champion Grader	
- John Deere Wheel Loader	

Date: July 8, 2009

Inspector: Chad Beaulieu

TRUE CONSULTING GROUP

INSPECTION REPORT

Project: City of Williams Lake South Lakeside/Highway 20 Improvements

Project #: 602-191

Date: July 9, 2009

Weather/Site Conditions: Cloudy - 15 degrees – heavy rain in the afternoon.

Inspector: Chad Beaulieu

General Contractor: Peterson Contracting

Time of Visit: 8:00 AM, 10:00 AM, 4:00 PM.

STATUS OF WORK:

- Cariboo Curb and Gutter on-site – completed all median curbing.
- Eradicating existing lane lines eastbound, west of intersection – inlaid thermoplastic ground off 12" wide and 1.5" deep due to extensive erosion around such. Gene's Paving patched grind areas.
- Applied temporary paint markings in same area.
- BREC Traffic Control on-site.

EQUIPMENT:

- Deere 200 LC Excavator	Gene's Paving Equipment
- Bomag BW 145DH-3 Smooth Drum Roller	
- Case 580M Backhoe c/w Hoe-Pac	
- Case 850G Dozer	
- Misc. Gravel Trucks, End-dumps	
- Jumping Jack	
- Plate Compactor	
- Champion Grader	
- John Deere Wheel Loader	

Date: July 9, 2009

Inspector: Chad Beaulieu

TRUE CONSULTING GROUP

INSPECTION REPORT

Project: City of Williams Lake South Lakeside/Highway 20 Improvements

Project #: 602-191

Date: July 10, 2009

Weather/Site Conditions: Cloud/Sun - 28 degrees – drying.

Inspector: Chad Beaulieu

General Contractor: Peterson Contracting

Time of Visit: 7:00 AM, 11:30 AM

STATUS OF WORK:

- Cariboo Curb and Gutter on-site – removed and replaced about 100m of median curb westbound, east of intersection that was damaged by heavy rain during construction yesterday (Curt Morben assisted with curb removal).
- Nick Antifaeff was on-site to discuss the extents to which the curb needed to be replaced. It was agreed that some curb with very superficial damage was OK left as is.
- Installed post for new survey monument in south corner median. Interior Power installed with auger truck.
- Re-installing some sign bases that were found to be too low after median construction
- BREC Traffic Control on-site.

EQUIPMENT:

- Deere 200 LC Excavator	
- Bomag BW 145DH-3 Smooth Drum Roller	
- Case 580M Backhoe c/w Hoe-Pac	
- Case 850G Dozer	
- Misc. Gravel Trucks, End-dumps	
- Jumping Jack	
- Plate Compactor	
- Champion Grader	
- John Deere Wheel Loader	

Date: July 10, 2009

Inspector:

Chad Beaulieu

From: Chad Beaulieu [cbeaulieu@true.bc.ca]
Sent: Monday, July 13, 2009 8:16 AM
To: Makayev, Malcolm B TRAN:EX
Subject: South Lakeside / Highway 20 Improvements
Attachments: July 6 to 10, 2009 South Lakeside Highway 20 Improvements.pdf

Inspection reports attached...

Chad Beaulieu, AScT, CPWI 1

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