





SAFETY INCIDENT REPORTING AND INVESTIGATION	Procedure Number SAF-1.21
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ISSUED BY:  Safety Manager Coosa Pines Operations	APPROVED BY:  General Manager Coosa Pines Operations
<u>10-9-18</u> DATE	<u>10-9-19</u> DATE
INTERPRETATION AND PERIODIC REVIEW OF THIS PROCEDURE IS THE RESPONSIBILITY OF: SAFETY MANAGER	
DISTRIBUTION ALL MANAGERS ALL TEAM LEADERS	



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1.0 PURPOSE

- 1.1. The purpose of this policy is to establish a consistent procedure at the Coosa Pines Operations for the investigation of all safety incidents that affect or have the potential to affect the safety of individuals. The investigation process will identify and analyze root causes and provide a system for implementing and tracking corrective actions to prevent future incidents.
- 1.2. The incident investigation is a fact-finding process and is not intended to place blame on individuals, but rather to identify and correct system failures. Discipline for behavior that results in a safety incident will be dealt with separately from this procedure.

2.0 SCOPE

- 2.1 This policy applies to all employees, contractors, visitors and vendors while on the Coosa Pines mill property. Investigations will be performed for serious near-miss incidents, first aid incidents with serious potential, and for all recordable incidents. No third parties (contractors, etc.) are to come onto the Coosa Pines site for the purposes of conducting an investigation without obtaining prior approval from the mill's safety department. A safety department representative will participate in all such investigations. Root cause process will be used on all safety incidents. Depending on the safety incident, a formal investigation will be conducted at the request of the Mill Manager, Operations Manager, or Safety Department.

3.0 DEFINITIONS

- 3.1 **Incident:** For purposes of this policy, an incident is defined as an unexpected and undesirable event which results from or during work, and which has the potential to cause an injury or illness.
- 3.2 **Major Incident with Severity Potential:** A significant event that resulted in or could have resulted in serious injury to one or more employees or significant property damage.

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- 3.3 **First-Aid Injury:** See Attachment 2 – Event Classification.
- 3.4 **Medical-Care:** Injury that requires medical treatment beyond a first-aid as described in Attachment 2.
- 3.5 **Lost-Time Incident:** Any injury suffered by a worker resulting in a loss of time worked beyond the day of the event.
- 3.6 **Modified/Restricted Work:** A physician or other health care professional recommends that the employee not perform one or more of the routine functions of his/her job, or not work the full workday that he/she would otherwise have been scheduled to work. Worker may be assigned to an entirely different job or perform part of his routine jobs. Such assignments must be temporary, under Management’s authority, and within the workplace for the duration of the adapted work or temporary assignments.
- 3.7 **Routine Functions:** An employee’s routine functions are those work activities the employee regularly performs at least once per week.

4.0 PROCEDURE

- 4.1 All safety incidents are to be immediately reported to the individual’s supervisor or project contact. Incidents involving personal injury are to be immediately reported to the Safety Department and Security/ERT.
- 4.2 The supervisor or the investigation team must start gathering the facts during assessment of the site or as soon as practical. Sufficient information must be gathered at this stage to produce a preliminary incident report.
- 4.3 The supervisor or investigation team must complete the investigation within 24 hours of the event if practical to identify the preliminary causes of the incident. The investigation must also identify the appropriate corrective measures.
 - 4.3.1 For Major Incident with Severity Potential, use form Safety Alert Coosa V1 (for contractor, use Safety Alert Contractor V1).
 - 4.3.2 For First Aid, Medical-Care, Lost Time, or Modified/Restricted work, use form Coosa Pines-V3).
 - Reporting forms are located on the Coosa Portal (Safety and Health/Forms/Incident Reporting Forms).

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- 4.4 Given that an incident generally results from multiple causes, it is highly recommended that the investigation team proceed with a simulation of incident at the site of event, when warranted. The incident investigation must focus on all the facts pertaining to each of the work components. These components include:
- 4.4.1 Task being performed and work method used, including adequacy of communication used.
 - 4.4.2 Equipment and tools involved.
 - 4.4.3 Collect and secure equipment, tools, rigging, PPE, permits, monitors, process data, and a list of witnesses.
 - 4.4.4 Take pictures to document the current state.
 - 4.4.5 Materials used.
 - 4.4.6 Quality of work environment such as layout, noise levels, thermal conditions, housekeeping, lighting, etc.
 - 4.4.7 Application and adequacy of policies, procedures, training, etc.
- 4.5 The supervisor or project contact will complete an initial notification in the IRS as soon as possible but no later than the end of the shift in which the incident occurred.
- 4.6 Safety incident investigations are to be initiated as soon as possible, and all the appropriate sections (investigation, corrective actions, etc.) of the incident report on the IRS completed as well as the appropriate report form depending on incident type (see 4.3.1 and 4.3.2).
- 4.7 Upon completion of the incident investigation process, all corrective actions will be documented in the IRS and every effort will be made to complete in 30 days or less from the completion of the investigation process. Corrective action that may involve engineering design or control will be completed no later than 120 days from the completion of the investigation process. However, corrective action requiring capital expense could require longer than 120 days for correction.
- 4.8 Some issues may be of such a serious nature that they will require corrective action to be taken immediately. The supervisor, project contact and/or the safety department will determine if immediate corrective actions are required. If an ongoing danger exists every effort



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(red flagging, barricades, etc.) possible should be taken to prevent exposure to others.

- 4.9 When Occupational Safety and Health Administration (OSHA) is required to be contacted due to an incident, the Safety Manager along with a member of Mill Management will coordinate communications. The Environmental Department along with a designated member of Mill Management will contact Environmental Agencies as required by regulations.
- 4.10 Information obtained through the Incident Investigation process will be communicated to employees and/or other Resolute facilities to share lessons learned for the purpose of preventing future injuries, property damage or process loss.

5.0 TRAINING

- 5.1 All employees will receive an overview of the Safety Incident Reporting and Investigation Policy.

6.0 RESPONSIBILITIES

- 6.1 Employee
 - 6.1.1 Inform immediate supervisor of any incident in which they may have been involved as a victim or a witness.
 - 6.1.2 Collaborate and/or participate in investigation and analysis process as outlined.
 - 6.1.3 Participate in identifying and implementing corrective and preventive measures.
 - 6.1.4 Participate in the incident analysis and improvement process.

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6.2 Safety Department

- 6.2.1 Participate in investigation process.
- 6.2.2 Ensure the Safety Incident Reporting and Investigation policy is current and updated as needed.
- 6.2.3 Audit the quality of the investigations and follow up when needed.
- 6.2.4 Train Coordinators and team leaders on effective investigation techniques and on policy changes.
- 6.2.5 Ensure that the results of all investigations are communicated to all appropriate individuals and facilities to share lessons learned.

6.3 Shift Team Leader

- 6.3.1 Initiate proper investigation.
- 6.3.2 Ensure the injured employee(s) receive(s) the necessary support.
- 6.3.3 Ensure that emergency repairs are carried out promptly and that any source of danger is immediately eliminated and/or controlled.
- 6.3.4 Ensure that incident information is preserved at the time of the event and witnesses are properly identified. Witnesses should be interviewed separately and invited to the investigation meeting.
- 6.3.5 Ensure initial notification made on all incidents in the IRS on a timely basis and complete appropriate reporting form as defined in sections 4.3.1 and 4.3.2.
- 6.3.6 Follow up on corrective action items documented in the IRS and communicate progress to employees.
- 6.3.7 Ensure all sections (investigation, corrective actions, etc.) of the incident report are properly completed and verified in the IRS on a timely basis.
- 6.3.8 Ensure that all reports are communicated to employees. (Names of individuals directly involved in the incident will be removed from the copies distributed.)
- 6.3.9 Conduct re-training of safe work procedures, equipment, TAGs, PPE, etc. when needed.

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- 6.4 Department Manager
 - 6.4.1 Participate and assist in the investigation and follow-up processes as needed.
 - 6.4.2 Ensure Coordinators, Operations Coordinators, and Shift Team Leaders or other individuals are adequately trained in investigation procedure.
 - 6.4.3 Review all incident investigation reports dealing with their area of responsibility.
 - 6.4.4 Ensure corrective action items receive the highest level of priority for completion.
 - 6.4.5 Provide leadership in investigation procedures and support.
 - 6.4.6 Review the quality of incident investigation techniques and ensure Shift Team Leaders are performing investigations by getting to the root cause and that corrective action is adequate to prevent reoccurrence.
 - 6.4.7 Ensure that emergency repairs are carried out promptly and that all immediate sources of danger are eliminated and/or controlled.
 - 6.4.8 Ensure that employees conducting investigations are re-trained as needed.
- 6.5 General Manager
 - 6.5.1 General Manager or designee is responsible for implementation of this procedure and the applicable site Incident Reporting and Investigation Plan.



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7.0 ATTACHMENTS

7.1 Record of Revisions

ATTACHMENT 7.1

RECORD OF REVISIONS

Section	Revision Number	Effective Date	Description Of Changes
ALL	New Policy	02/1/08	New Policy
ALL	2	03-14-13	Change to Resolute
ALL	3	03-23-16	Title changes throughout; changed procedure number to new format; changed title; updated as outlined in Corporate Policy.
Title Page	4	07-08-16	New management signature.
All	5	09-17-19	Period Review; Updated to include Definitions and Incident Reporting Forms/location.
4.3.1 & 4.3.2	6	10-9-19	Corrected form identification for first-aid reporting.

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7.2 Event Classification

**OCCUPATIONAL SAFETY & HEALTH
PROCEDURE FOR REPORTING EVENTS AND INCIDENTS
APPENDIX 1**

EVENT CLASSIFICATION LIST

If care given does not appear in the comprehensive list of first aid treatments, injury must be reported as “medical care or assistance”.

Comprehensive List: First Aid

- Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes).
- Visit to a physician or other health care professional solely for observation or counselling.
- Diagnostic procedures such as x-rays and blood tests, including the administration of prescription medication used solely for diagnostic purposes (e.g. eye drops to dilate pupils).
- Administering tetanus immunizations.
- Using hot or cold therapy.
- Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes).
- Using temporary immobilization devices while transporting an accident victim. (e.g., splints, slings, neck collars, back boards, etc.).
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
- Applying eye patches.
- Removing foreign bodies from the eye using only irrigation or a cotton swab.
- Removing splinters or foreign material from areas other than the eye by irrigation, or using tweezers, cotton swabs or other simple means.
- Using finger guards.
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for recordkeeping purposes).
- X-rays with negative diagnosis.
- Using wound coverings such as bandages, Band-Aids, gauze pads.
- Using butterfly bandages or ~~Stet~~-Strips, to close wounds (other wound closing devices such as sutures, staples, ~~Demahond~~/~~Derma glue~~, etc., are considered medical treatment).
- Cleaning flesh wounds and applying light bandages.
- Drinking fluids for the relief of hypothermia or hyperthermia.



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Reporting Forms

7.3 Safety Alert Coosa V1



**OCCUPATIONAL SAFETY & HEALTH
PROCEDURE FOR REPORTING EVENTS AND INCIDENTS
APPENDIX 3**

Distribution by Headquarters Safety and Health Department
Division: (Please X appropriate box)

<input type="checkbox"/> Peacocks	<input type="checkbox"/> Sawmills	<input type="checkbox"/> Woodlands	<input type="checkbox"/> Recycling
<input type="checkbox"/> OVP's	<input type="checkbox"/> SVP's	<input type="checkbox"/> President and CEO	<input type="checkbox"/> Executive Chairman

SAFETY ALERT

DIVISION:
DEPARTMENT:
DATE:
TIME:
TYPE OF INCIDENT:

EVENT DESCRIPTION:

CONSEQUENCE(S):

ROOT CAUSES:

IMMEDIATE CORRECTIVE MEASURES:

PERMANENT CORRECTIVE MEASURES:

Date Issued: April 2008

PICTURES

For information, contact:

Name: _____ Phone Number: _____

Distribution by Safety Department Only

Send to Greg Barnett and Carolyn Lee by email when completed.

Date Issued: April 2008



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7.4 Safety Alert Contractor V1

**OCCUPATIONAL SAFETY & HEALTH
PROCEDURE FOR REPORTING EVENTS AND INCIDENTS
APPENDIX 2**

Distribution by Headquarters, Safety and Health Department
Division: (Please X appropriate box)

<input type="checkbox"/> Executive	<input type="checkbox"/> Sawmills	<input type="checkbox"/> Woodlands	<input type="checkbox"/> Recycling
<input type="checkbox"/> OVP's	<input type="checkbox"/> SVP's	<input type="checkbox"/> President and CEO	<input type="checkbox"/> Executive Chairman

**SAFETY ALERT
Contractor**

DIVISION:
DEPARTMENT:
DATE:
TIME:
TYPE OF INCIDENT:

EVENT DESCRIPTION:

CONSEQUENCE(S):

ROOT CAUSES:

IMMEDIATE CORRECTIVE MEASURES:

PERMANENT CORRECTIVE MEASURES:

Date Issued: April 2008

PICTURES

For information, contact:
Name: _____ Phone Number: _____

Distribution by Safety Department Only

Send to Greg Barrett and Carolyn Lee by email when completed.

Date Issued: April 2008



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7.5 Coosa Pines V3

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Forest Products

**OCCUPATIONAL SAFETY & HEALTH
PROCEDURE FOR REPORTING EVENTS AND INCIDENTS
APPENDIX 2**

REPORT ONLY or FIRST AID

SAFETY AND HEALTH INCIDENT REPORT

Division:		Site recordable number:			
Date:		Time:			
Date report received by Safety Dept.:					
Type of incident:	Fatality []	Major Incident high severity []	Lost time []	Modified / Restricted work []	Medical Ass. []
EE Name:		Department:			
EE Supervisor:		Location:			
Job title:		Date of Hire:			
Job at time of incident:		Employment :			
Current time in job at time of injury:		IRS/NM :			
		Witnesses:			
Incident description: (description, location and causes – attach appendix if necessary)					
Injury description:					
Root cause:					
Corrective Actions: (must be complete)					
Immediate:					
•					
Permanent:					
•					
Property Loss:		YES []		NO []	
W.C. Issued:		YES []		NO []	
Date recommendations to be completed by:					
Report prepared by:			Contact person:		
Tel.:			Tel.:		

EE Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Signature: Actions Complete: _____ Date: _____

Distribution by Safety Department Only

Pictures:

Send to Greg Barnett and Carolyn Lee by email when completed.