

# BEST PRACTICE & SAFETY COMPLIANCE LOSS ANALYSIS REPORT

*Use for reporting losses or potential losses to "company name" or its customers*

<b>Report Number</b>		<b>Date Received by Safety Department</b>		<b>Date Circulated:</b>	
1. a) Department Involved:			3. Date of occurrence		
b) Supervisor			4. Time		
c) Foreman / Leadhand			5. Date Reported		
2. Person with most control of Occurrence			6. Exact Location of Occurrence		
5					
<b>INJURY OR OCCUPATIONAL ILLNESS</b>		<b>EQUIPMENT, PROPERTY LOSS OR DAMAGE</b>		<b>INTERRUPTION TO PROCESS ENVIRONMENT</b>	
7a. Person Injured/ Ill /Job Title		11a. Vehicle #		16a. Extent	16b. Affecting
8. Nature of Injury/Illness		11b. Property		17. Nature of Interruption/Environment	
9a. Inflicted by:		12. Nature of Damage			
9b. Near Miss <input type="checkbox"/> Accident <input type="checkbox"/>		13a. Inflicted as a result of....		18. Inflicted by	
9c. Medical Aid <input type="checkbox"/> Lost Time <input type="checkbox"/>					
File Purpose <input type="checkbox"/> Reoccurrence <input type="checkbox"/>					
9d. Light Duty <input type="checkbox"/> Days Lost <input type="checkbox"/>		13b Highway Traffic Act Charge Yes <input type="checkbox"/>		19. Duration	
10. Part of body affected		14. Cost Estimated		20. Estimated Cost	
5					
<b>D E S C R I P T I O N</b>	21. DESCRIBE OCCURRENCE CLEARLY (ATTACH DIAGRAMS OR PICTURES) More lines are available on page 3				
<b>O B S E R V A N C E S</b>	<b>WHAT IMMEDIATE CAUSES CONTRIBUTED TO DOWNGRADING OCCURRENCE</b>				
	<b>22. SUBSTANDARD PRACTICES</b>		<b>23. SUBSTANDARD CONDITIONS</b>		
	<input type="checkbox"/> a) Failure to use guards/ barriers		<input type="checkbox"/> a) Inadequate guards or barriers available		
	<input type="checkbox"/> b) Failure to use adequate/ proper PPE		<input type="checkbox"/> b) Inadequate or improper PPE available		
	<input type="checkbox"/> c) Using defective tool, material, equipment		<input type="checkbox"/> c) Defective tool, material, equipment		
	<input type="checkbox"/> d) Using tools/ equipment improperly		<input type="checkbox"/> d) Substandard housekeeping		
	<input type="checkbox"/> e) Operating without authority		<input type="checkbox"/> e) Inadequate illumination or ventilation		
	<input type="checkbox"/> f) Failure to warn or secure		<input type="checkbox"/> f) Inadequate warning/ security devices		
	<input type="checkbox"/> g) Removing safety device		<input type="checkbox"/> g) Uneven or slippery surface		
	<input type="checkbox"/> h) Failure to maintain safe clearance		<input type="checkbox"/> h) Contact or impact points		
	<input type="checkbox"/> i) Failure to test for hazardous energy		<input type="checkbox"/> i) Fire, explosion or pressurized hazards		
	<input type="checkbox"/> j) Improper or excessive lifting for task		<input type="checkbox"/> j) Hazardous atmospheric conditions		
<input type="checkbox"/> k) Improper loading or placement		<input type="checkbox"/> k) Tip/ overturn hazard			
5	<b>24. EVALUATION: LOSS SEVERITY POTENTIAL</b>		<b>25. PROBABLE RECURRENCE RATE</b>		
	<input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		<input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> RARE		

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26. Originated by:		27. Date:	
ANALYSIS	<b>WHAT ARE THE BASIC CAUSES (What allowed the trigger to exist)</b>		
	<b>28. PERSONAL FACTORS</b>		<b>29. JOB FACTORS</b>
	<input type="checkbox"/> a) Lack of awareness/ skill	<input type="checkbox"/> a) Inadequate training needs assessment	
	<input type="checkbox"/> b) Not following engineering standards	<input type="checkbox"/> b) Inadequate engineering	
	<input type="checkbox"/> c) Using incompatible material/ equipment	<input type="checkbox"/> c) Inadequate purchasing	
	<input type="checkbox"/> d) Improper motivation	<input type="checkbox"/> d) Inadequate inspection	
	<input type="checkbox"/> e) Not following proper task procedures	<input type="checkbox"/> e) Inadequate work standards	
	<input type="checkbox"/> f) Not adhering to maintenance standard	<input type="checkbox"/> f) Inadequate maintenance	
	<input type="checkbox"/> g) Management/ employee complacency	<input type="checkbox"/> g) Abnormal usage/ operation	
	<input type="checkbox"/> h) Stress/ exertion	<input type="checkbox"/> h) Inadequate supervision/ management	
<input type="checkbox"/> i) Physical / mental problems	<input type="checkbox"/> i) Inadequate tool/ equipment		
CORRECTION	<b>WHAT TEMPORARY ACTION HAS BEEN TAKEN:</b>		
	<b>30. TEMPORARY ACTION REQUIRED</b>		<b>31. Person Responsible</b>
<b>WHAT PERMANENT ACTION IS REQUIRED TO PREVENT RECURRENCE:</b>			
<b>33. ACTION REQUIRED</b>		<b>34. Person Responsible</b>	<b>35. Completion Date</b>
<b>36. PERFORMANCE STANDARD ACTIONS FOR DEFUSING BASIC CAUSES</b>			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Hiring and Selection</div> <div style="width: 50%;"><input type="checkbox"/> Clinical Assessment</div> <div style="width: 50%;"><input type="checkbox"/> Incident Analysis</div> <div style="width: 50%;"><input type="checkbox"/> Standard Job Procedures</div> <div style="width: 50%;"><input type="checkbox"/> Engineering Controls</div> <div style="width: 50%;"><input type="checkbox"/> Rules and Practices</div> <div style="width: 50%;"><input type="checkbox"/> Proper Task Analysis</div> <div style="width: 50%;"><input type="checkbox"/> Personal Communications</div> <div style="width: 50%;"><input type="checkbox"/> Purchasing Controls</div> <div style="width: 50%;"><input type="checkbox"/> Group Meetings</div> <div style="width: 50%;"><input type="checkbox"/> General Promotion</div> <div style="width: 50%;"><input type="checkbox"/> Proper Task Instruction</div> <div style="width: 50%;"><input type="checkbox"/> Incident Investigation</div> <div style="width: 50%;"><input type="checkbox"/> Supervisory Training</div> <div style="width: 50%;"><input type="checkbox"/> Planned Observation</div> <div style="width: 50%;"><input type="checkbox"/> Proper Job Orientation</div> <div style="width: 50%;"><input type="checkbox"/> Planned Inspections</div> <div style="width: 50%;"><input type="checkbox"/> Special Skill Training</div> <div style="width: 50%;"><input type="checkbox"/> Protective Equipment</div> <div style="width: 50%;"><input type="checkbox"/> Behaviour Reinforcement</div> </div>			
REVIEW	<b>37. FULLY REVIEWED WITH INITIATOR PRIOR TO CIRCULATION</b>		
	Supervisor's Signature:		38. Date:
	5		39. REVIEWED BY DEPARTMENT MANAGER:
			40. Date
	<b>Comments</b>		
	5		
	<b>41. REVIEW COMM.</b>		42. Date
	Yes <input type="checkbox"/>		44. Date
	<b>43. HEALTH &amp; SAFETY COMM.</b> INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/>		46. Date
	Yes <input type="checkbox"/>		46. Date
<b>45 CEO</b> Yes <input type="checkbox"/>			
<b>Comments</b>			
5			
<b>47. HEALTH &amp; SAFETY DEPT:</b>		<b>49. REPORT TO BOARD</b> Yes <input type="checkbox"/>	
48. Date		49a) Type of Incident: <input type="checkbox"/> Health & Safety <input type="checkbox"/> Environment <input type="checkbox"/> Power Outage	
<b>Comments</b>		<input type="checkbox"/> Equipment Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Misc. _____	
<b>50. OCCURRENCE FULLY REPORTED &amp; PREVENTATIVE MEASURES COMPLETED (Distributed to) DATE:</b>			
Safety Assoc. <input type="checkbox"/> MIN. of LABOUR <input type="checkbox"/> MIN. of Environment <input type="checkbox"/> Police <input type="checkbox"/>			

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