

# Responsibilities Following a Hazardous Occurrence

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## Employee/Member responsibilities following a workplace incident:

The **employee/member** must report the incident to their immediate supervisor as soon as possible. The supervisor will initiate a Hazardous Occurrence Investigation Report Lab1070:

- Employees and members are asked to immediately seek first aid or further medical attention. This may minimize the impact of the injury.
- Reporting an injury, or an incident without injury, to your supervisor will also help to identify a hazard in the workplace through investigation, and result in corrective actions to help prevent a more serious injury to the employee or to their colleagues in the future.
- If an employee/member is involved in an incident and is not comfortable reporting it to their direct supervisor/manager, they must report the incident to the next level in the chain of command to provide them the opportunity to resolve the issue.

*\*\*For members on international missions/deployments that develop an illness abroad, please contact the International Health Protection and Wellness (IHPW) at [RCMP.Health-SanteIntl.GRG@rcmp-grc.gc.ca](mailto:RCMP.Health-SanteIntl.GRG@rcmp-grc.gc.ca) to evaluate if a Lab1070 is warranted (i.e. whether the illness is endemic to Canada or not).*

## Manager/Supervisor responsibilities following a workplace incident:

The **manager/supervisor** of the reporting employee/member:

1. **Must** ensure the affected employee/member was offered/has received the immediate care if needed (i.e. critical incident debrief, first aid, medical and psychological assistance, [Employee Assistance Services](#), etc.)
2. **Must** complete the *Hazardous Occurrence Investigation Form (Lab1070)* immediately following the incident. See below for RCMP-specific Lab1070 instructions on how to complete the form. **THE HRMIS IDENTIFIER MUST BE INCLUDED NEXT TO NAMES IN REPORT (i.e. injured employee, supervisor, witnesses, investigator, and committee representative);**
3. **Must** investigate the incident (or appoint a qualified person to do so);
4. **Must** notify the local Work Place Health and Safety Committee (WPHSC) or Representative (WPHSR) of the incident and the name of the person investigating the incident;  
*\*\*For international missions/deployments, all Lab1070s are to be sent to the International Health Protection and Wellness (IHPW) generic email address at [RCMP.Health-SanteIntl.GRG@rcmp-grc.gc.ca](mailto:RCMP.Health-SanteIntl.GRG@rcmp-grc.gc.ca), who will ensure that section 9 of the Lab1070 is completed.*
5. **Must** indicate the corrective actions and when they will be implemented (or why corrective actions are not necessary); and
6. **Once all sections of the form are completed**, the form **must** be sent to the divisional Occupational Safety Officer for their review (the following link will generate an email to obtain the latest [Occupational Safety Officer List](#)).

For more information on the reporting process, please see the “*Hazardous Occurrence Investigation and Reporting Flowchart*” included in the attachments received by email.

**NOTE:** If the incident/injury resulted in **lost workdays, restricted duties, or medical expenses**, the affected employee **may** be eligible for coverage. An independent process must be initiated within a few days of the incident. Please find more information for PSEs or Members wishing to file a claim in the documents included in the attachments received by email.

- [Q&A for employees/members](#)
- [Q&A for supervisors](#)

Attached:

- **Hazardous Occurrence Investigation Report (Lab1070) Form (page 2)**
- **RCMP-Specific Lab1070 Instructions (page 3)**
- **ESDC Lab1070 Instructions (page 5)**



SCHEDULE 1  
(section 15.8)

**HAZARDOUS OCCURRENCE  
INVESTIGATION REPORT**

<b>1. TYPE OF OCCURRENCE</b> <input type="checkbox"/> Explosion <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Disabling Injury <input type="checkbox"/> Emergency Procedure <input type="checkbox"/> Other _____ <div style="text-align: right;">Specify</div>	<b>2. Department file no.</b>  
	Regional or District Office
	Employer ID No.

<b>3. Employer's name and mailing address</b>  	Postal Code
	Telephone Number

Site of hazardous occurrence	Date and time of hazardous occurrence
	Weather (if applicable)

Witnesses	Supervisor's name
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**4. Description of what happened**

Brief description and estimated cost of property damage

Brief description and estimated cost of property damage

<b>5. Injured employee's name (if applicable)</b>	Age	Occupation
		Years of experience in occupation

Description of Injury	Sex	Direct cause of injury
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Was training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence?

Yes     No                      Specify

**6. Direct causes of hazardous occurrence**

**7. Corrective measures and date employer will implement**

Reasons for not taking corrective measures

Supplementary preventive measures

**8. Contact Information of person investigating**

Surname	Given Name	Telephone Number
Title	E-Mail @rcmp-grc.gc.ca	Date of the investigation
Signature		

**9. Work place committee's or health and safety representative's comments**

Work place committee member's or health and safety representative's information

Surname	Given Name	Telephone Number
Title	E-Mail @rcmp-grc.gc.ca	Date
Signature		

# RCMP INTRUCTIONS – Hazardous Occurrence Investigation Report (Lab1070)

The purpose of the Hazardous Occurrence Investigation Report (Lab1070) is to record and report information related to incidents that cause or have significant potential to cause harm to RCMP employees, including all categories of employees and volunteers. It also serves as a way to ensure corrective measures are identified and implemented to prevent the incident from reoccurring in the future.

- A Lab1070 must be completed for all workplace incidents, regardless if an injury occurred. This includes motor vehicle accidents with no injury. The incident must be investigated and corrective measures must be identified and implemented.
- **The form must be completed by the Supervisor.**
- Include all HRMIS numbers next to identified person's name (i.e. injured employee, supervisor, investigator, witness, WPHSC/R).
- Do not include any medical information (i.e., diagnosis).
- Do not attach any medical paperwork.
- **All fields must be completed.** The form cannot be processed if any field is missing information or signatures. The form will be deemed incomplete and returned to the supervisor for their action.
- **Once completed, the form must be sent to the Occupational Safety Officer for their review and processing.** *Do not send directly to ESDC. Do not send directly to Health Services.*

For hazardous occurrences with multiple injured persons, a **separate** form must be completed for **each injured** employee involved (even if several parts of the form may have identical information).

If you are unsure of how to complete the form (i.e. for historical incidents), please contact your divisional Occupational Safety Officer (the following link will generate an email to obtain the latest [Occupational Safety Officer List](#)).

## 1 – Type of Occurrence (To be completed **only** if the occurrence is reportable to ESDC (no minor injury or near miss))

- **Disabling Injury:** any employment injury or an occupational disease that results in **either time loss, or modified duties on any day subsequent to the day of the occurrence.**
- Indicate **if** the incident is reportable to ESDC by selecting the appropriate incident type.
- Of note, these **incidents have a mandatory reporting timeframe to respect:**
  - 24 hours:**
    - Death of an employee;
    - Disabling injury to more than 1 employee in the same incident;
    - The loss by an employee of a body member/part or complete loss of the usefulness of a body member/part;
    - Permanent impairment of a body function;
    - Explosion;
    - Damage to a boiler or pressure vessel that results in fire or rupture of the boiler or pressure vessel; and
    - Damage to an elevating device that renders it unusable, or a free fall of an elevating device.
  - 14 days:**
    - Loss of Consciousness (electric shock / oxygen deficient or toxic atmosphere);
    - Temporary Disabling injury;
    - Rescue / Revival or other Emergency Procedures: any incident that requires emergency procedures to be implemented, such as a hazardous substance spill, bomb threat or violence prevention procedure; and
    - Fire.

## 2 – Administrative Data

These boxes are reserved for office use only.

## 3/4 – Incident Information

- The description should be as precise as possible. It should answer the basic questions "Who? What? When? Where? How? and if possible Why?" and give an accurate picture of the events leading up to the hazardous occurrence. It should attempt to objectively determine, without trying to blame anyone, each of the factors involved in the hazardous occurrence.
- Provide a description of property that was damaged (e.g. vehicle, forklift, boat, physical property) and estimated damage cost. Enter "no damage" if none occurred.
- Include the date, time and weather at the time of the incident, also, witness names and HRMIS numbers.
- Specify the division where the incident took place and whether it occurred on an RCMP site or on a 3<sup>rd</sup> party site. Include a description of the location, and address or intersection information.
- Include the supervisor's HRMIS number next to their name.

# **RCMP INTRUCTIONS – Hazardous Occurrence Investigation Report (Lab1070)**

## **5 – Employee and Injury Information**

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- If there was no injury, include the name and HRMIS number of the employee directly involved in the occurrence. In description of injury, indicate “none”
- If the employee was injured or is reporting an exposure, please complete all fields in the section and **include the employee’s HRMIS number**. If more than one injury was sustained because of the incident, name the most serious one first, followed by the others.
- If it was indicated that the employee took time off work, or modified / light / restructured duties were assigned to the employee as a result of the incident/injury, on any day subsequent to the incident, this section must be completed.
- Indicate if the employee was trained in the tasks performed at the time of the incident.

**The supervisor must investigate or appoint a qualified person to investigate the incident in order to identify direct causes and corrective actions. The WPHSC/R must participate in this investigation; the supervisor must notify the WPHSC/R of the incident and who will be performing the investigation.**

## **6/7/8/9 – Investigation**

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- The investigation should attempt to identify and record all of the factors leading up to and including the root cause of the hazardous occurrence. A thorough investigation should demonstrate that hazardous occurrences seldom occur as a result of one factor only but of several factors that are closely linked and generally stem from the work environment, the equipment, or the task itself.
- **Corrective measures** that are intended to prevent the hazardous occurrence from recurring **must be included along with the date they will be implemented**. If necessary, temporary controls to prevent immediate recurrence must be implemented until permanent controls can be put in place.
- If the corrective measures identified are outside the control of the unit, or further investigation is required, the appropriate unit must be tasked.
- It is equally important to know why the employer has decided not to take any corrective measures, contrary to the requirements of Part II of the Code and paragraph 15.4(1)(c) of the COHSR.
- Either the supervisor that investigated, or the person the supervisor appointed to perform the investigation, must include their name (with their HRMIS number), and may include comments. They must include their signature. The date of the investigation must be included to show whether it was carried out (and the report sent) by the fourteen days' deadline indicated in subsection 15.8(2) of the COHSR.
- The Work Place Health and Safety Committee (WPHSC) member or Work Place Health and Safety Representative (WPHSR), who participated in the investigation, must record their name, HRMIS number, and comments in the comments section regarding the investigation, corrective measures or other related facts and include their signature.

**DISTRIBUTION: Once the investigation section and supervisor is made aware of the corrective measures to implement, the signed form must be sent to the divisional Occupational Safety Officer (OSO), for their review and processing.**

## **Occupational Safety Officer**

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- The OSO reviews form to ensure process was followed appropriately.
- If reporting to ESDC is necessary, send the completed form to ESDC and indicate date and time of reporting.
- OSO ensures the LAB1070 is recorded into HRMIS in a timely manner.
- Once entered in HRMIS, copy of form must be sent to:
  - WPHSC/R, for filing in the appropriate section of the G-450 file and kept for a period of 10 years;
  - The supervisor, and, if applicable, the injured employee; and
  - For members, Health Services for inclusion in the member’s medical file; OR
  - For PSE, Divisional Human Resource Office (Labour Relations), for inclusion in PSE’s personnel file.

# ESDC INSTRUCTIONS TO EMPLOYER ON THE COMPLETION OF THE HAZARDOUS OCCURRENCE INVESTIGATION REPORT

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## 1. Type of occurrence

Part II of the Canada Labour Code stipulates in paragraph 125. (1)(c) that every employer has to investigate all hazardous occurrences. Part XV of the Canada Occupational Health and Safety Regulations (COHSR) defines which hazardous occurrences they must report electronically, written report (s. 15.8) or by telephone (s. 15.5).

## 2. Administrative data

These boxes are reserved for Labour Program use only.

## 3. Basic information

Give all information required, including weather if applicable.

## 4. Description of what happened

The description should be as precise as possible. It should answer the basic questions "who?, what?, when?, where? and why?" and give an accurate picture of the events leading up to the hazardous occurrence. It should attempt to objectively determine, without trying to blame anyone, each of the factors involved in the hazardous occurrence.

## 5. Information about the injured employee

This section provides information about the injured employee and the nature of the injury.

The investigation should pinpoint the distinction between the direct cause of the injury and the direct causes of the hazardous occurrence (covered by the following section). Take, for example, the case of an eye injury caused by a flying piece of metal: The injury happened because the piece of metal flew into the employee's eye. However, the occurrence as such, that is, the fact that a piece of metal flew out, came about as a result of various other factors which together produced the hazardous occurrence. The direct cause of the injury and the direct causes of the hazardous occurrence are not necessarily the same.

Finally, it is important to determine whether the injured employee had received any training on performing his duties safely, and if not, why not?

## 6. Direct causes of hazardous occurrence

This section should indicate all factors identified in the investigation as being direct causes of the hazardous occurrence. A thorough investigation will demonstrate that:

- 1) Hazardous occurrences never occur as a result of one factor only, but of several;
- 2) These factors are closely linked; and
- 3) These factors generally originate outside the employee himself, and stem instead mainly from the work environment, the equipment, the organization or the task

## 7. Corrective measures and date employer will implement

Corrective measures will be effective if they prevent a hazardous occurrence from recurring, that is, if they eliminate each of its direct causes. This demonstrates the importance of conducting a conclusive investigation that will obtain an accurate description of the hazardous occurrence and reveal a precise knowledge of its causes. Furthermore, it is essential to know the date the corrective measures will become effective and equally important to know why the employer has decided not to take any corrective measures, contrary to the requirements of Part II of the Code and paragraph 15.4(1)(c) of the COHSR.

Finally, the employer can also take additional measures as part of a more general accident prevention program.

## 8. Information about the investigation

The person making the investigation prints his name and title, then attests with a checkmark in the appropriate box the validity of the information submitted. He must also give the date of the investigation to show whether it was carried out (and the report sent) within fourteen days as indicated in subsection 15.8(2) of the COHSR.

## 9. Health and Safety Committee's or representative's comments

The work place committee or health and safety representative, who participates in the investigation by virtue of the authority vested in him under paragraph(s) 135(7)(e) or, 136(5)(g) of Part II, records his comments on the hazardous occurrence, investigation, corrective measures or other related facts if appropriate. He then attests with a check mark in the appropriate box the validity of the information submitted. The Health and Safety Committee or representative dates the report.

## 10. Circulation of the report

The employer sends one copy of the report to the Minister of Labour within fourteen days of the hazardous occurrence, sends one copy to the work place committee or health and safety representative. The employer also keeps one copy of the report.