This form must be completed and submitted to the Tri-Energy Services Ltd. Safety Department and the applicable Tri-Energy Construction Manager within four hours of the incident as part of the Tri-Energy Incident Notification Process. Completion of this form does not replace the requirement to immediately notify Tri-Energy Construction Management and the Tri-Energy Health and Safety Department, nor does it replace the obligation to complete and submit a full incident investigation report and any additional supporting documentation.

A. GENERAL INFORMATION

Incident Date:	**Incident Time:**	**Business Unit:** ☐ Tri-Energy Services Ltd. ☐ Canadian Safety Services Ltd.
Reporting Person (who is completing this form):		
Tri/CSS Health and Safety Representative:		**Tri/CSS Construction Manager:**
Tri/CSS Supervisor (Name, Contractor, Position):		**Affected Person (Name, Contractor, Position):**
Affected Worker's Experience in Position: [Select Option]		**Affected Worker's Experience with Tri-Energy/CSS** [Select Option]
Incident Location:		**Specific Incident location/area:**
Incident Sub-type: [Select Option]		**Type of Event:** [Select Option]
Nature of injury: [Select Option]	**Part of Body:** N/A	**Side of Body:** N/A

B. TRI-ENERGY CONTACT INFORMATION

Tri-Energy Health and Safety Manager:	**Tri-Energy Construction Manager:**

C. POTENTIALLY SERIOUS INCIDENTS

Is the incident considered a Potential Serious Incident (PSI) as per section 40, AB OHS Act: ☐ **Yes** ☐ **No**

Tri-Energy Health and Safety has been notified of any PSI or potential PSI prior to reporting to AB OH&S and direct contact has been made with an Tri-Energy Health and Safety representative: ☐ **Yes** ☐ **No** ☐ **N/A**

Explanation:

D. INCIDENT DESCRIPTION

Incident Description: Provide a brief summary of the incident and the immediate outcome. Do not use given names; refer only to position titles (e.g., operator, welder's helper).

Equipment (Include Unit / Serial #) / Tools / Material Involved (Include Make, Model, Size, etc.):

Explain Why These Specific Tools / Equipment Were Selected / Used:

Weather Conditions / Lighting Conditions / Ground Conditions:

Describe the Consequences and / or Loss:

Describe the Assigned task (What were you trying to achieve?):

Describe How the Assigned Task Was Expected to Be Completed (What did you think would happen?):

E. IMMEDIATE ACTIONS TAKEN

Immediate Actions Taken:

Additional Controls Implemented - if any:

Drug and Alcohol Testing Completed:
☐ **Yes** ☐ **No** **If No, Justification is Required:**

F. INCIDENT INVESTIGATION CHECKLIST (ALL ITEMS ARE MANDATORY MINIMUMS UNLESS OTHERWISE STATED)

- ☐ **Notifications Made Immediately after the Incident**
- ☐ **Incident Scene Frozen / Safed-Out**
- ☐ **Photos of the Incident Scene/Location / Worker Positioning**
- ☐ **Photos of Tools, Equipment and Material Placement**
- ☐ **If required, Quality Department contacted for QC/QA Verification**
- ☐ **Other:**

G. ADDITIONAL SUPPORTING DOCUMENTATION TO BE INCLUDED WITH FINAL REPORT

- ☐ **Hazard Assessments (FLHA, JHA, SOP, SWP)**
- ☐ **Procedure for the Completion of the Task**
- ☐ **Work Authorization or Safe Work Permit**
- ☐ **Worker / Witness Statements (Signed and Dated by Worker(s))**
- ☐ **Worker(s) Orientation and Training Records**
- ☐ **Worker(s) Competency Assessment / Evaluation Records**
- ☐ **Inspection Records for Tools, Equipment or Materials**
- ☐ **Energy Isolation Logs / LOTO Logs (If Applicable)**
- ☐ **Pre-entry Hazard Assessment Plan (For Confined Space Entry, If Applicable)**
- ☐ **P&ID, Plot Plans or Other Drawings**
- ☐ **Other:**

H. TO BE COMPLETED WITHIN 24 HOURS

- ☐ **Preliminary Incident Report Completed**
- ☐ **Preliminary Incident Report Sent to the Tri-Energy Health and Safety Department**
- ☐ **Preliminary Incident Report Forwarded to the Applicable Construction Management Team**
- ☐ **Other:**

Email Form