

**Standard Operating Procedure  
Post Incident Alcohol & Drug Testing**

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Incident Description: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project No: \_\_\_\_\_

Form Completed By Senior Site Supervisor: \_\_\_\_\_

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**STEP 1** Significant Event Determination

**1a. Employees & Witnesses Involved**

Please list all Employees involved in the Incident. An "involved employee" is someone who, by their action or inaction, potentially contributed to or caused the Significant Event. For documenting statements, please use the appropriate Witness Statement form.

Print Name	Role (Foreperson, Involved, Witness, etc)

**1b. Significant Event Checklist**

Description	Yes	No
An event resulting in a fatality or fatalities.	<input type="checkbox"/>	<input type="checkbox"/>
An event resulting in a significant injury to an Employee or other person.	<input type="checkbox"/>	<input type="checkbox"/>
An event resulting in a near miss of a significant injury to an Employee or other person.	<input type="checkbox"/>	<input type="checkbox"/>
An event resulting in significant damage to property.	<input type="checkbox"/>	<input type="checkbox"/>
An event resulting in a near miss of significant damage to property.	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above apply, continue to Step 2.

If none of the above apply, a Post Incident A&D test not required. Senior Manager review & approval is required. List name of Senior Manager contacted as part of the testing decision making process \_\_\_\_\_ and Submit Page 1 to \_\_\_\_\_.

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**STEP 2** Investigation / Information Gathering

**Site Management starts preliminary investigation** - The supervisor of an employee must decide that there is reliable information available to believe that a worker(s) was involved in an accident/near miss ("Incident"). Senior Supervisor completes this form.

**2a. Senior Project Leader Brief Description of what happened.**

**2b. Senior Project Leader Description of Scene**

Describe the area where the incident occurred.

**2c. Observations of the Employee**

This is to include observations from the Foreperson or other supervisory/management employees of the worker(s) involved. These observations may have occurred during the toolbox talk, throughout the day, immediately before/after the incident, etc. These observations simply form part of the investigation and are NOT to be confused with reasonable cause observations.

**2d. Foreperson Statement of Incident**

**Briefly describe the incident and the area where the incident occurred.**

**2e. Senior Project Leader Interviews of Worker(s) Involved.**

Ask each worker involved, including the Foreperson if they are a witness, the following questions and document their answers below. Complete questions 1-5 for each employee.

<b>Employee Name:</b>	
<b>Question #1:</b> What did you see or hear regarding the incident? Please describe in detail from the beginning:	
<b>Question #2:</b> What factors would you consider responsible for the incident?	
<b>Question 3:</b> What were you doing at the time of the incident? Please describe in detail.	
<b>Question 4:</b> Were there any circumstances that contributed to the incident such as weather, mechanical/technological malfunctions, environmental factors, recent work schedule, or unusual / out of the ordinary circumstances? If so, please explain in detail.	

Question 5: Is there anything else we should know?

**2f. Review of Investigation Materials**

Have you come to a reasonable belief, through this assessment, that the actions or omissions of the employee materially contributed to the detrimental outcome of the accident or near miss?

- YES** Continue to Step 3.
- NO** A Post Incident A&D test not required. Senior Manager review & approval is required. List name of Senior Manager contacted as part of the testing decision making process \_\_\_\_\_ and Submit Page 1 to \_\_\_\_\_.

**STEP 3 Determination of Other Personnel to be Reviewed Under the Policy**

- YES**  **NO** Could the foreperson have prevented the Incident? (i.e. were they aware of (or ought to have been aware of) situations involving non-compliance or unsafe work practices / conditions) but failed to correct them?
- YES**  **NO** Were there others involved in the Incident (i.e. crew members)?
- YES**  **NO** Were there others who could have prevented the Incident (i.e. witnessed non-compliance or unsafe work practices / conditions but did not intervene)?
  
- Notify Job Steward of requests for testing.
- Worker(s) have been informed of the reason for testing. **This notification must include an opportunity for the worker(s) to respond to any key information and inconsistencies that arose during Step 2. Responses from worker(s) to be recorded below.**

If it is determined the employee will be tested please summarize the reason(s) you have come to a reasonable belief that the actions or omissions of the employee materially contributed to the detrimental outcome of the accident or near miss thus requiring the test.

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### STEP 4 Record of Events

The timeline for all events is to be recorded (to the best of your ability). These events may include when a worker was offered first aid, when a worker arrived at/left first aid, specific observations made, when supervision made observations of the work area, etc. This is critical information that should be recorded below.

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### STEP 5 Based on your investigation, list all personnel required to submit to a Post Incident A&D Test:

Print Name	Role (FM, Involved, etc)	Agreed	Refused
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

- Anyone who has REFUSED to undergo a test for alcohol and drugs has been advised that refusing to do so results in the same consequences as a POSITIVE result.
- Refusal must be reported to CannAmm to document and initiate A&D Non-Compliance procedure. See Appendix 1: Booking Alcohol & Drug Test for contact information.

Prior to sending an employee for a Post Incident Test, Senior Manager review & approval is required.  
List name of Senior Manager contacted as part of the testing decision making process:

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### STEP 6 Booking Alcohol & Drug Tests

Call CannAmm and as much as is reasonable & possible:

- Personnel to be kept in care and custody (no eating, drinking, smoking prior to test)
- Personnel are not to drive.
- Having the A&D test promptly is critical. Having the test within an hour is ideal.

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### STEP 7 Worker(s) advised on the use of “Instant/Express Urine Testing”

To facilitate a timely return to work for employees, when permitted by the client, an instant urine drug screen in addition to the laboratory oral fluid drug test will be completed.

- Negative instant urinalysis results will be used to clear the employee to immediately return to work until the laboratory oral fluid test results are reported.

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### STEP 8 After the Test (pending results)

- Personnel are not to drive.
- Personnel are not to return to work until notification from regional / corporate management is given.

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### STEP 9 A&D Test Result

- The site leadership team will receive a notification from Regional / Corporate Management to state either:
  - o Personnel ARE cleared/approved to return to site, or
  - o Personnel are NOT cleared/approved to return to site.
- For all non-negative test results or refusals, regional / corporate Management will notify the appropriate bargaining agent and non-compliant worker(s) (in writing) identifying the requirements for continued employment as per the A&D Non-Compliance Notification Letter.

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### STEP 10 SOP Submission

Upon completion, submit this form to:

Company representatives listed here.

PRINT NAME	TITLE	SIGNATURE
	Senior Project Leader (PM/SI)	
	Foreman / Supervisor	
	Job Steward	
	Name of senior management contacted as part of the testing decision making process.	