

Standard Operating Procedure Post Incident Alcohol & Drug Testing

Incident Description: Employee struck by forklift

Date & Time of Incident: 8/20/23 (11:35 AM)

Project Name: Nereda Refinery Shutdown Project No: 3476

Form Completed By Senior Site Supervisor: Sunny Jolson

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)
Dave Johnson	Forklift driver
Parker Mandel	Injured worker (Pipefitter)
Sarah Smith	Foreperson of injured worker (present)

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 checked="" 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 Anisha Bakshi.

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.

Forklift driver was driving on north side of road close to the tool shed, traveling at approx. 5 km/h. (No load on forklift.)

Driver approached tool shed as pipefitter was exiting tool shed through door A to cross road at designated walkway.

The forklift's right fork struck injured worker in right leg and worker fell to ground, his head striking backrest before rolling to ground.

Driver stopped immediately and turned off the vehicle. Injured worker's foreperson, already present on scene, assessed worker as driver called site First Aid.

2b. Senior Project Leader Description of Scene

Describe the area where the incident occurred.

Incident occurred at designated walkway by pipefitter's tool shed.

Road conditions were good. Traffic signs clearly marked. Weather was fair. Intersection was unremarkable.

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.

Forklift driver's foreperson indicated he had arrived 15 min. late for work that morning. No other concerning observations.

2d. Foreperson Statement of Incident

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

Injured worker was struck by forklift outside tool shed and knocked to the ground.

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.

Employee Name:	Sarah Smith (Injured worker's foreperson)
Question #1: What did you see or hear regarding the incident? Please describe in detail from the beginning:	
As I exited tool shed behind worker, forklift approached from west on road and struck worker on his right leg with left fork. Worker was knocked off feet. I rushed to his side and assessed him. The worker expressed he was in pain. Pulse: 135 bpm. Forklift driver called site FA immediately.	
Question #2: What factors would you consider responsible for the incident?	
Forklift driver was on wrong side of the road and failed to yield to worker at walkway. Driver appeared as if he'd been crying. Red eyes, erratic speech, repeatedly apologetic. Possibly a factor? Speed of vehicle didn't appear to be factor.	
Question 3: What were you doing at the time of the incident? Please describe in detail.	
Returning tools to tool shed, post-job. Exiting building (Door A)	
Question 4: 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.	
Not to foreperson's knowledge. Forklift maintenance records were up to date.	

Question 5: Is there anything else we should know?

Not to foreperson's knowledge.

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.**

Forklift driver was initially argumentative, then apologized multiple times. Driver became upset (cried).

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.

Not using due care and attention while operating machinery

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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.

11:35 - Worker struck by forklift. (No observable environmental factors contributing to accident.)
 11:35 - Foreperson assessed employee, driver called FA. (Injured worker had bruise on right forehead/temple, slight swelling. Responsive. Breathing and heart rate normal.)
 11:38 - FA personnel (two) conducted scene assessment and treated injured worker onsite before taking back to FA office for further examination.
 11:42 - Supervisor began investigation with injured worker and his foreperson.

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
Dave Johnson	Forklift driver	<input checked="" 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:

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.

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.

STEP 9 A&D Test Result

- The site leadership team will receive a notification from Regional / Corporate Management to state either:
 - Personnel ARE cleared/approved to return to site, or
 - 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.

STEP 10 SOP Submission

Upon completion, submit this form to:

Company representatives listed here.

PRINT NAME	TITLE	SIGNATURE
William Shaw	Senior Project Leader (PM/SI)	<i>William Shaw</i>
Sarah Smith	Foreman / Supervisor	<i>Sarah Smith</i>
Toni Washington	Job Steward	<i>Toni Washington</i>
	Name of senior management contacted as part of the testing decision making process.	