

OGDENSBURG BRIDGE & PORT AUTHORITY ACCIDENT INVESTIGATION & ANALYSIS POLICY

STATEMENT OF POLICY:

Accident investigation and analysis assists the Authority with the implementation of a proactive accident prevention and loss control program. This Policy details the necessary provisions for reporting and recording accidents. All employees of the Authority who witness or are involved in an occupational accident are required to report the accident as outlined in this Policy.

DESCRIPTION OF PROCEDURE:

1. ADMINISTRATION

- A. All employees of the Authority are covered by this procedure.
- B. This procedure will be implemented for all accidents, defined as follows:
 - Any accident which involves an employee of the Authority conducting business that causes injury or illness requiring first aid and/or medical treatment;
 - Any incident or "near miss" involving an employee which does not cause any injuries will be considered an accident if under a different set of circumstances (time, location, etc.) the same incident poses the threat of serious injury to employees (e.g., a scaffold system collapses during the lunch hour and no employees are injured due to their absence from the scaffold); and
 - Any vehicle accidents involving an employee of the Authority while conducting Authority business.
- C. For the purpose of this procedure, a major accident will be any accident involving a single employee hospitalization and/or fatality.

2. RESPONSIBILITIES

- A. Employees
 - Immediately report all accidents to their immediate supervisor or other responsible party as appropriate and assist in preparing the Accident Investigation Report.
 - Notify your immediate supervisor or other responsible party as appropriate if unsafe condition(s) exist.
 - Assist in implementing corrective action(s) to prevent future accidents.

B. Supervisors/Responsible Parties

- Immediately report all accidents to the Authority's Chief Financial Officer.
- Ensure that the examining medical facility is fully appraised of the site condition and/or hazard which caused the medical emergency (i.e., if appropriate, supply medical personnel with MSDS for chemical exposures).
- Immediately investigate all accidents occurring directly under their control, and complete and sign an Accident Investigation Report for each accident and/or injured person. (A copy of the Accident Investigation Report follows this procedure).
- Forward copies of all accident investigation reports and other accident related documentation to the Authority's Chief Financial Officer.
- Assist in selecting and implementing corrective action(s) to prevent future accidents.
- Ensure injured employees receive proper written medical clearance prior to returning to work.

C. Chief Financial Officer

- Immediately report major accident status to the Authority's Legal Counsel.
- Review and maintain records of all accident investigation reports received.
- Prepare and submit required reports for outside agencies based on Accident Investigation Report with assistance from responsible supervisor and affected employee as needed.

D. Authority Health and Safety Consultant

- Provide training on accident investigation and analysis.
- Develop corrective measures to prevent future accidents.
- Periodically review all accident reports, to assist in safety program development and revision.

3. TRAINING

- A. All employees will be trained concerning accident reporting through the distribution and review of this Policy.
- B. All employees will be trained, as needed, regarding their responsibilities within this Policy.
- C. Supervisors will receive additional training as necessary concerning accident investigation methods.
- D. Training will be provided as needed to keep employees informed of changes in this Policy.

4. RECORDKEEPING

- A. Reportable injuries will be recorded on the OSHA 200 Log.
- B. Accident investigation reports will be maintained by the Chief Financial Officer for annual review.
- C. Accident investigation reports will be maintained for five years after the year of occurrence.

**OGDENSBURG BRIDGE AND PORT AUTHORITY
REPORT OF ACCIDENT/INJURY**

Project _____ Date/ Time of Occurrence _____

Exact Location of Accident: _____

Type of Occurrence: (check all that Apply)

Disabling Injury Other Injury

Property Damage + Equipment Failure

Chemical Exposure Fire

Explosion Vehicle Accident

.. Other (explain) _____

Witnesses to Accident/Injury:

Injuries:

Name of Injured _____

What was being done at the time of the accident/injury?

What corrective actions will be taken to prevent recurrence?

SIGNATURES

Supervisor _____ Date _____

Employee _____ Date _____

Reviewer _____ Date _____

Comments by reviewer
