

Appendix 3

- **Safety Reporting Forms**
 - **Accident Notification Form**
 - **Monthly Health and Safety Report**
 - **Annual Maintenance Contract Health and Safety Report**
 - **Year End Health and Safety Summary**
 - **Motor Vehicle Traffic Collisions n Maintenance/
Construction Zones**

ACCIDENT NOTIFICATION
INCIDENT REPORT INVOLVING
THIRD PARTY AND/OR CONTRACTOR'S EQUIPMENT
Contract No. _____

DATE OF ACCIDENT: _____ **TIME:** _____ **am** **pm**

HIGHWAY NO. _____ **LOCATION** _____

CONSTRUCTION ZONE YES NO **MAINTENANCE ZONE** YES NO **OTHER** _____

IS HIGHWAY CLOSED YES NO **TRAFFIC RESTRICTED** YES NO **OTHER** _____

WEATHER CONDITIONS _____ **ROAD CONDITIONS** _____

ACCIDENT CAUSE REAREND YES NO SIDESWIPE YES NO HEAD-ON YES NO **OTHER** _____

POLICE CONTACTED YES NO **DETACHMENT** _____ **FILE #** _____

CONTRACTOR'S NAME _____

THIRD PARTY _____

INJURIES (PLEASE CHECK ONE):

CONTRACTOR: NONE • MINOR • SERIOUS • FATAL **THIRD PARTY:** NONE • MINOR • SERIOUS • FATAL

BRIEF DESCRIPTION:

INFORMATION REPORTED BY _____ **DATE** _____

FORM COMPLETED BY _____ **PHONE NO.** _____

IS FOLLOW-UP REQUIRED BY THE DEPARTMENT? YES NO **IF SO, BY WHOM?** _____

CONTACT NAME _____ **PHONE NO.** _____

FAXED TO: Regional Safety Officer (phone number)

REGIONAL SAFETY OFFICER FAX TO:

ADM Office 780/415-1268
Departmental Safety Office 780/422-5138

Monthly Health and Safety Report

For the Month of: _____

Contractor: _____
Contract No: _____

- 1) Number of Safety Meetings Conducted: _____
- 2) Number of Worksite Inspections completed by the Contractor: _____
- 3) Number of Serious Injuries and Accidents (involving contractor or subcontractor)
Refer to the OH&S Act, Section 13 (1.1)
 - a) Fatalities: _____
 - b) Hospitalization longer than 2 days: _____
 - c) Unplanned explosion, fire, or flood: _____
 - d) Collapse or upset of a crane, derrick, or hoist: _____
 - e) Collapse or failure of any component or a building or structure
necessary for structural integrity: _____

Total number of Serious Accidents: _____

- 4) Vehicle/Equipment Accidents (involving Contractor or Subcontractor)
Record an accident only **once**, even if it can fit into more than one category:
 - a) Snowplow: Roll-over _____ Ran off Road _____
 Rear-ended _____ Sideswiped _____
 Head-on _____ Backing _____
 Other _____ Infrastructure Damage _____
 - b) Other vehicle/equipment accident with **Third Party**: _____
(as per the Motor Vehicle Administration Act, Chapter M-22, Section 77(1))
 - c) Other Infrastructure Damage (excluding snowplow related accidents): _____
(guardrail, railway tracks, bridges, manhole covers, government buildings, etc.)

Total number of Vehicle/Equipment Accidents: _____

Contractor Representative (print): _____ Date: _____

Signature: _____

NOTE: Contractors are also required to report accidents as per the General Specifications

The Contractor is to complete this summary and forward to:

Contractor's Head Office Date: _____
AT Operations Manager Date: _____

For Alberta Transportation Use Only:

The Operations Manager will forward a copy to the Regional Safety Officer (RSO).

The RSO will forward a copy to the Department H&S Manager (if required to do so by his Manager).

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**Annual Maintenance Contract
Health and Safety Report**

For the AT Fiscal Year of: _____

This report is to be submitted annually during the month of April. It shall be completed jointly by the Contractor's Representative and the Alberta Transportation Operations Manager. The Health and Safety Report is intended to give an accurate summary of the Contractor's safety program for the previous AT Fiscal Year.

Contractor: _____

Contract No: _____

For the period from: _____ to: _____

Contractor's OH&S Certificate of Recognition (COR) Number: _____

Contractor's Office
Address _____

Contractor's Representative _____

AT Operations Manager _____

	Subcontractors*	OH&S Cert. of Recognition Number	Attend Safety Meetings
1.	_____	_____	YES or NO
2.	_____	_____	YES or NO
3.	_____	_____	YES or NO

*Typical sub-contractor operations could consist of painting, bridge, mowing, spraying, etc.

FIELD PERSONNEL

(This section to be completed by Contractor's Representative)

- | | | |
|----|--|-----------|
| 1. | Did the contractor employ competent workers? | YES or NO |
| 2. | Were all flag persons employed on site certified? | YES or NO |
| 3. | Did the contractor meet First Aid legislated requirements? | YES or NO |

SITE CONDITIONS

- | | | |
|----|--|-----------|
| 1. | Were all department's traffic accommodation standards met? | _____ |
| 2. | Did the contractor identify hazards and take the appropriate action? | _____ |
| 3. | Was appropriate personal protective equipment used? | _____ |
| 4. | Did the contractor conduct safety meetings? | _____ |
| 5. | Did the contractor conduct and record safety inspections? | _____ |
| 6. | Number of inspections by Alberta Transportation Safety Officer: | _____ |
| 7. | Number of inspections by Alberta Labour OH&S officers: | _____ |
| 8. | Number of Alberta Labour OH&S orders issued: | _____ |
| 9. | Were there re-occurring health and safety issues | YES or NO |
| | If yes, please explain: _____ | |

NUMBER OF CONTRACTOR INCIDENTS

- 1. For total number of serious injuries and accidents (involving contractor or sub-contractor), refer to the Year End Health and Safety Summary.
 - 2. For total number of vehicle/equipment accidents (involving contractor and sub-contractor) and infrastrucutre damage accidents, refer to the Year End Health and Safety Summary.
 - 3. Number if incidents involving utilities _____
 - 4. Number of investigations conducted by contractor: _____
 - 5. Were authorities involved YES or NO
If so, which authorities? _____
-

CONTRACTOR'S OCCUPATINOAL HEATH AND SAFETY PERFORMANCE

- 1. Overall, was the general contractor/sub-contractors health and safety performance satisfactory? _____
- 2. Please commetn on the contractor's/sub-contractor's OH&S program: _____

- 3. Did the contractor/sub-contractor follow their OH&S Program? _____

Contractor's Representative:

_____ signature date

AT Operations Manager:

_____ signature date

The Contractor is to complete this Report annually during the month of April. Copies to be sent to the department by May 15th.

For Alberta Trannsportation Use Only:

The Operations Manager will forward a copy to the Regional Safety Officer (RSO).

The RSO will forward a copy to the Department H&S Manager (if required to do so by his Manager).

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Year End Health and Safety Summary

January - December:

Contractor: _____
Contract No: _____

1) Number of Serious Injuries and Accidents (involving contractor or subcontractor)

Refer to the OH&S Act, Section 13 (1.1)

- a) Fatalities: _____
- b) Hospitalization longer than 2 days: _____
- c) Unplanned explosion, fire, or flood: _____
- d) Collapse or upset of a crane, derrick, or hoist: _____
- e) Collapse or failure of any component or a building or structure necessary for structural integrity: _____

Number of Serious Accidents this Year: _____

2) Vehicle/Equipment Accidents (involving Contractor or Subcontractor)

Record an accident only **once**, even if it can fit into more than one category:

- | | | | | |
|--------------|------------|-------|-----------------------|-------|
| a) Snowplow: | Roll-over | _____ | Ran off Road | _____ |
| | Rear-ended | _____ | Sideswiped | _____ |
| | Head-on | _____ | Backing | _____ |
| | Other | _____ | Infrastructure Damage | _____ |

b) Other vehicle/equipment accident with **Third Party**: _____

(as per the Motor Vehicle Administration Act, Chapter M-22, Section 77(1))

c) Other Infrastructure Damage (excluding snowplow related accidents): _____

(guardrail, railway tracks, bridges, manhole covers, government buildings, etc.)

Number of Vehicle/Equipment Accidents this Year: _____

Contractor Representative (print): _____ Date: _____

Signature: _____

NOTE: Contractors are also required to report accidents as per the General Specifications

The Contractor is to complete this summary by January 31 of the following year and forward to:

Contractor's Head Office Date: _____

AT Operations Manager Date: _____

For Alberta Transportation Use Only:

The Operations Manager will forward a copy to the Regional Safety Officer (RSO).

The RSO will forward a copy to the Department Health & Safety Manager

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**Report of Motor Vehicle
Traffic Collisions
Occurring in Work Zones**

1) Date of Collision: _____ Time of Collision: _____
Day Month Year

2) Hwy:Control Section _____ , _____ kms _____ of _____
(#) (east/west/north/south)
 _____ Region _____
(nearest key point/intersection highway/landmark)

Contract Number: _____ Station Number _____

3) Type of Construction Involved _____
 Consultant's/Department's Representative _____
 Consulting Engineering Company _____

4) Contractor _____

5) Number of persons injured _____

6) Number of persons killed _____

7) Names and addresses of Operators involved
 1 _____
 2 _____
 3 _____

8) Names and addresses of Pedestrians involved
 1 _____
 2 _____

- 9) Weather Conditions
1. Clear
 2. Cloudy
 3. Fog
 4. Mist
 5. Smoke
 6. Dust
 7. Rain
 8. Snow
 9. Sleet
 10. Not Known

- 10) Light Conditions
1. Daylight
 2. Dusk
 3. Dawn
 4. Darkness with Road not Lighted
 5. Darkness with Road Lighted
 6. Flares
 7. Flashing Lights
 8. Not Known

- 11) Road Surface Type
1. Oilbound
 2. Subgrade
 3. Gravel
 4. Soil Cement
 5. Chip Seal
 6. Gravel Base Course
 7. Concrete
 8. Pavement (a) Tacked (b) Not Tacked
 9. Soil Asphalt
 10. Dust Control

- 12) Road Surface Condition
- | | |
|----------|-------------------------|
| 1. Dry | 5. Icy |
| 2. Wet | 6. Loose Sand or Gravel |
| 3. Muddy | 7. Oily |
| 4. Snowy | 8. Not Known |

13) Names of Consultant's Personnel Involved (if any)
1 _____
2 _____
3 _____

14) Was maintenance contractor's personnel involved? YES _____ NO _____

15) Was maintenance contractor's equipment involved? YES _____ NO _____

If yes, unit was
1 Parked off highway (yes or no) _____
2 Parked on highway (right or left side) _____
3 Traveling along highway (in direction of travel or against direction of travel) _____
4 Making turning movement _____
5 Backing _____

16) Details of Involvement with Project _____
(gravel truck, packer, earth mover, etc.)

17) All signs and barricades on diagram were:
1 Reflectorized in accordance with standards for construction signs
Details, if otherwise _____
2 Clean _____
3 Dirty _____

General Condition of Signs
1 Good
2 Fair
3 Unacceptable

18) Flares were lighted (yes or no) _____
Flashing lights were operating (yes or no) _____

19) Pavement markings were
1 Spotting Only _____
2 New _____
3 Adequate _____
4 Badly Worn _____
5 Davidson Markers _____
6 Reflectorized Tape _____
7 None _____
8 Other (details) _____

20) Number of Flagpersons on duty at time of collision: _____

21) Were Flagpersons wearing proper uniform: _____

22) What action was taken after the collision was reported to correct any hazardous conditions?

When and by whom? (contractor, consultant, maintenance contractor, etc.)

- 23) Attached diagram must indicate:
- 1 Location of collision
 - 2 Paths of vehicles immediately before and after collision
 - 3 Location and position of vehicles after collision
 - 4 North arrow
 - 5 All signs, flares, flashing lights, etc., and barricades in place at time of collision (show chainage)
 - 6 Pavement markings at location of collision
 - 7 Location of any flagpersons on duty
 - 8 Geometrics of highway including width of travel surface, entrances, detours, etc.
 - 9 All physical hazards such as potholes, bumps, excavations, and windrows leading up to and including those at the collision scene.

24) Visible damage to public property (barricades, flexbeams, signs, etc.) _____

Estimated cost of damaged property: \$ _____

25) Full written description of collision:

26) Consultant's/Department Representative opinion or impressions as to what may have caused the collision:

Consultant's/Department Representative

Date

DIAGRAM OF CONSTRUCTION COLLISION

Diagram to Show all Project Signs and Road Conditions (each side of collision)

Draw diagram in this space

North Arrow

Note: Detailed plans from contractor can be used if more convenient.

Information Needed (also see Item 23):

- 1 Roadway Widths
- 2 Location and type of all pavement markings, signs, and delineators
- 3 sign distances from all directions
- 4 percent of grade
- 5 degree of curve
- 6 number of vehicles
- 7 Use solid line to show path before collision; use dotted/dashed line after collision
- 8 Distance to nearest intersection, bridge, or section line (landmark)
- 9 Nearest town by arrow in each direction of travel
- 10 Date of inspection

Sketch of Cross Section of Road Where Collision Occurred

Draw cross section in this space

Information Needed (also see Item 23):

- 1 Type and width of roadway for:
 - a) shoulder
 - b) pavement
 - c) median
- 2 Slope of pavement and shoulders