



CITY OF CORNER BROOK

Policy Statement

Index	Human Resources	Section	Health and Safety		
Title	Accident Reporting	Policy Number	10-07-01	Authority	
Approval Date		Effective Date		Revision Date	

Purpose:

To outline the reporting guidelines to follow in the event an accident occurs in the work place.

Detailed Action Required:

1. The Equipment Coordinator will complete a standard "machine accident report form" of the accident/incident. This report will include a signed statement by the driver, estimated costs, witnesses, photographs, etc., and when complete, will be forwarded to the Supervisor for assessment.
2. The Supervisor will review details of the accident/incident, meet with the employee(s) if considered necessary, and complete "Supervisor's Accident Investigation Report." A copy of this report with back up details from the Equipment Coordinator will be forwarded to the Department Head and Human Resources Officer.
3. The Department Head will assess the Supervisor's report, make comments and/or recommendations, and forward to the Human Resources Officer.
4. The Human Resources Officer will determine action to be taken, having regard to the seriousness of the event, and commensurate with policy and practice.
5. The Human Resources Officer shall consult with the City Manager and Department Head. If deemed necessary, a hearing to effect final disposition or liability will be held.

IN WITNESS WHEREOF this policy is sealed with the Common Seal of the City of Corner Brook.

CITY CLERK

MAYOR