

Accident/Incident Investigation Form

PERSON AND TIME

Name: Byron Giliss Employee #: Arctic Fuel
 Department: Road (AWAR) Work station: Truck driver
 Supervisor: Mike Hachey Witness: n/a
 Date: 11/28/2016 Time: 8h15 am Overtime: ☐ Yes ☒ No
 Shift: ☐ 8H ☐ 10H ☒ 12H ☒ Day ☐ Night

Supplementary details in the statement (if applicable) ☐ Appendix
No

Witness statements (if any):
N/A

TASK & ORGANIZATION

Task at the time of the accident: Driving truck and trailer
 Experience in this task: 10 years Frequency of this task: Daily
 Movement at the time of the accident:
Climbing up the hill on turn.

Body position: Seated
 Type of work: ☐ Team ☒ Solo
 Is there a written work procedure: ☐ Yes ☐ No ☒ N/A
 Was it followed: ☐ Yes ☐ No ☒ N/A

Training received for this task: ☒ Yes ☐ No Date: Class 1 permit Length: _____
 Information received for this task: ☒ Yes ☐ No Date: 11/28/2016 Length: _____

LOCATION AND ENVIRONMENT

Exact location of the accident: Km65
 Layout and cleanliness of the site:
Good condition

Physical condition of the site (ground conditions, ventilation, temperature, lighting, dust, etc.):
☒ Compliant ☐ Non-Compliant ☐ N/A

Details (if non-compliant):

