



**EHS INCIDENT / NON-CONFORMANCE REPORT
SECTION 1**

This form is to be completed **within 24 hours** of event and submitted to:

ENVIRONMENTAL, HEALTH & SAFETY INCIDENTS

Wendy Horan
Phone: 250-304-5255
Fax: 250-304-6083
Email: cpcops@columbiapower.org

PART A: IDENTIFYING INFORMATION

Identify the general event information

Incident Description:	CPC issued incident #: -	
	Section 1 Completed By:	
Location of event:	Name:	
	Company:	
	Position:	
	Contact #:	

Date/time of event (dd-Mmm-yyyy at hh:mm):	Date/time reported (dd-Mmm-yyyy at hh:mm):	
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Nature of event (check all that apply):

ENVIRONMENTAL	HEALTH AND SAFETY
<input type="checkbox"/> Discharge of deleterious materials to water	<input type="checkbox"/> Worker injury
<input type="checkbox"/> Discharge of deleterious materials to land	<input type="checkbox"/> Non-injury accident (including vehicle)
<input type="checkbox"/> Alteration or destruction of wildlife or habitat	<input type="checkbox"/> Near-miss / or hazards
<input type="checkbox"/> Other (describe):	<input type="checkbox"/> High potential near miss
<input type="checkbox"/> Non-compliance with legislation	<input type="checkbox"/> Property / Equipment Damage
<input type="checkbox"/> Non-conformance with management control, policy or procedure	<input type="checkbox"/> Other (public safety, security) (describe):
<input type="checkbox"/> Archaeological/Heritage Discovery	

Ambient environmental conditions at time of event: (e.g. weather, river stage, etc.)

PART B: CAUSE, SOURCE AND DESCRIPTION OF EVENT

Provide a general description of the incident or non-conformance and the sequence of events leading up to, during, and following the event; including person in charge or person who discovered incident & their contact information.

PART C: NON-CONFORMANCE INFORMATION (if applicable)

Describe the legislation, management control, policy, procedure, etc. with which the activity did not conform. Note act/regulation etc. if there is a specific legal breach.



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PART D: PUBLIC / STAKEHOLDER ISSUES

Describe if the event does, or may, represent a concern to the public and/or stakeholders.
Include contact information if any members of the public and/or stakeholders were involved in the event.

PART E: ENVIRONMENTAL OR HEALTH & SAFETY IMPACTS

Describe any known impacts as a result of the event.

PART F: PERSONS / AGENCIES AT THE SCENE OR NOTIFIED

<i>Name</i>	<i>Agency</i>	<i>Notified or at Scene</i>	<i>Date and time notified (dd-Mmm-yyyy at hh:mm)</i>

PART G: EXTERNAL RESOURCES

List any external resources (eg. Consultants, emergency crews, data collectors, ambulance / medical treatment) that were used immediately (within 24hrs) of the event.

PART H: IMMEDIATE ACTION TAKEN

Describe action taken to address the incident, include the results (if available) of any monitoring or testing that was done.

PART I: FURTHER CORRECTIVE ACTION PROPOSED

NOTE: Corrective actions may not have been identified at this time as the event may require thorough investigation.

<i>Corrective Action</i>	<i>Action by:</i>	<i>Date To Be Completed (dd-Mmm-yyyy)</i>	<i>Corrective Action Log #</i>

PART J: REPORT ORIGINATOR'S SIGNATURE

Signature: _____

Date: _____
(dd-Mmm-yyyy)



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PART K: CPC MANAGEMENT REVIEW

Upon reviewing this report, Columbia Power Corporation may wish to provide direction for further action. Please indicate any such direction or comments in the box below.

- Manager, Environment (for EHS incidents)
- Further Action / Investigation Required (info copy to Chief Operating Officer)
- Incident Closed – No Further Investigation Required (submit for Mgmt review)
- Recommended for Review by Environment, Health & Safety Committee

Print Name: _____

Signature: _____

Date (dd-Mmm-yyyy): _____

Comments / Recommendations:

If applicable;

Corrective Action Log #: _____

Supervisor / Contract Manager

Print Name:

Signature: _____

Date (dd-Mmm-yyyy): _____

Comments / Recommendations:

Vice President Operations

Print Name:

Signature: _____

Date (dd-Mmm-yyyy): _____

Comments / Recommendations: