This form is to be completed for accidents, incidents/near-misses, audit findings, workplace inspection findings, work refusals, identified hazards, etc. Please forward the completed and signed form to the Office of Occupational Health & Safety.

### SECTION A: DESCRIPTION OF PROBLEM

(To be completed by Initiator)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Non-conformance / hazard rating:</th>
<th>How was the event discovered?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Major</td>
<td>☐ Accident/incident investigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Moderate</td>
<td>☐ Audit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Minor</td>
<td>☐ Workplace inspection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Opportunity for improvement</td>
<td>☐ Work refusal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Hazardous condition observed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

Have you collected all the information to allow you to do an investigation as required (e.g. witness statements, photographs, training records)?

- Yes
- No

### SECTION B: IMMEDIATE ACTION, ROOT CAUSE AND ACTION PLAN

(To be completed by Implementer, if different from the Initiator)

Take immediate action. What immediate action was/should be taken to prevent recurrence (e.g. isolate hazard, remove hazard, lock out, post signage, restrict access, etc.)?

**Date of First Response:**

- 

Identify the root cause. (use the “5 Whys” – ask Why 5 times to identify the root cause, or other comparable method. Implementer must observe process visually. Also, use the checklist to identify contributing factors and provide additional details for each that apply).

Identify contributing factors:

- Lack of training
- More than one operator/employee
- Hazardous personal attire
- Unsafe equipment/facilities/illumination
- Improper machine operation
- Failure to use PPE
- Improper maintenance
- Improper housekeeping/storage
- Lack of proper safety tool or device
- Unsafe method or procedure
- Distracting, teasing, willful misconduct
- Employee(s) of another company
- Other:

Identify the corrective/preventive action(s) which will permanently address the causes identified above. Identify if the action creates a new risk. If so, do not implement action and contact the OHS Manager. Identify who is the responsible party, due date, and completion date (e.g. instructions of persons involved, reassignment of persons, improved PPE, installation of guard or safety device, notify all department supervision, disciplinary action).

### SECTION C: VERIFICATION

(To be completed by Initiator (if different from Implementer), CSC member, or OHS Manager following completion of PCA)

- Date
- Complete
- Effectiveness of Action
- Verified by
- Date Verified

### SECTION D: SIGNATURES

- Implementer Signature: Title: Date:
- Initiator Signature: Title: Date:
- CSC Member Signature (required when hazards are reported): Date:

* PCA number to be assigned by the Office of Occupational Health and Safety
** If a new risk is created by the PCA, do not implement the action and contact the Occupational Health & Safety Manager for alternative solutions.
*** Following the completion of Section B and prior to the completion of Section C, the form should be signed by the initiator and the implementer and forwarded to the Office of Occupational Health & Safety.

Attach additional sheets if necessary.