

	<b>QUALITY PLAN</b> <b>SYSTEM LEVEL PROCEDURE</b> ISO 9001:2008 SOC NEVADA LLC	DOCUMENT NO.
		QP.EMS.HG.0010
	TITLE	REV. 7
<b>INCIDENT INVESTIGATION- STANDARD PROCEDURE          FOR THE MERCURY STORAGE AND TRANSFER PROGRAM          TO COMPLY WITH THE NDEP- CAPP</b>		PAGE 1 OF 33

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APPROVAL SIGNATURES		
PREPARED/REVIEWED BY:	<i>Karli Wilbur</i> KARLI WILBUR SOC DCA, BASE OPERATIONS	DATE 5/19/16
PREPARED/REVIEWED BY:	<i>Kristi Lamell-Schilling</i> KRISTI LAMELL-SCHILLING, SOC ASSISTANT MANAGER ENVIRONMENTAL SERVICES	DATE 5/17/16
REVIEWED & APPROVED BY:	<i>David Larsen</i> DAVID LARSEN, DIRECTOR SOC BASE OPERATIONS	DATE 5/19/16
REVIEWED & APPROVED BY:	<i>T. Erickson</i> TOM ERICKSON, MANAGER SOC ENVIRONMENTAL SERVICES	DATE 5/17/16
REVIEWED & APPROVED BY:	<i>Rob Mathias</i> ROB MATHIAS, MANAGER DLA STRATEGIC MATERIALS FACILITY	DATE 6/13/16
REVIEWED & APPROVED BY:	<i>Charles R. King</i> CHARLES KING, REPRESENTATIVE HWAD GOVERNMENT STAFF	DATE 6/27/16
<input type="checkbox"/> INITIAL RELEASE <input type="checkbox"/> REVIEW, NO REVISION REQUIRED <input checked="" type="checkbox"/> REVIEW - REVISION REQUIRED (SEE HISTORY BELOW)		

REVISION HISTORY			
REV	CHANGE DESCRIPTION	AUTHOR	DATE
7	Updated signatory authority to reflect current required signatures. Took out column for Hawthorne Site Supervisor as Rob Mathias will be reviewing and signing.	Cody Burke/Karli Wilbur	05/2016
6	Change description Crosswalk Between NDEP CAPP Review Comments (dated 2014-12-09, 2015-01-30 and 2015-02-26) and Mercury Storage and Transfer Program Document Contents March 10, 2015	Burton Packard and Renee Rodriguez	03/2015
5	Reformatted document to comply with the QMS standard 9001. Changed wording in document throughout to state Mercury Storage and Transfer Program. Added DLA personnel responsibilities of the CAPP Training Program procedure. Added administrative changes to the signature block. All Tier 1 documents are available on the G-drive: <b>G:\Intranet\Environmental\environmental_programs\air\CAPP from Intranet</b>	Robert Mathias, SOC FES/ Renee Little BOP's Secretary	09/2014
4	Added Approval Signatures to this document. Added the following to the Approval Signatures, "By reviewing and approving this procedure, the approver understands and will comply with the state procedure. Your signature is proof that training has been provided. The approver also understands that he/she may withhold their signature if he/she has questions about the content and may contact	Yvonne Downs, SOC Env/ Rob Mathias, SOC FES/ Cheri Bryant, SOC Security/ Melissa Waggoner, SOC QA/ Jason Cardenas, SOC HR/ Nancy Rutherford, SOC HR/ Wayne Larson, SOC Safety/ Julie Moss, SOC Maintenance/ Mark Jackson, SOC Eng/ Leanne Cornell, SOC HR/	06/14/11

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	SOC Environmental Services to resolve questions." MOC #0051 Meeting held 05-25-11 Added ISSS Dir to signature line. Updated personnel titles/ Commander would like HWAD Representative to sign documents.	Suzy Berry, SOC QA/ Via email – Teresa McNally, SOC Traffic/ Herman Millsap, DLA/ Tom Erickson, PMSG Dir	
3	Name change from DZHC to SOC. Added Performance Management Support Group Director to signature line. Deleted Base Operations Director.	Yvonne Downs, Env Svcs	
2	Initial Upload	Yvonne Downs, EMS Rep & Mgr of Env Svcs/ Rob Mathias, FES Chief/ Wayne Larson, Safety Mgr/ Dave Musselman, Mgr F&U/ Hugh Qualls, BOP Dir/ Herman Millsap, DLA Rep/ Sandra Carroll, Tetra Tech ORNL Team	04/20/10
1	Employee Participation	All employees who are affected by Mercury Process. For a list of participants please see the sign-in sheet for the training that was provided.	03/17/10

REFERENCE DOCUMENTS	
DOCUMENT NUMBER	DOCUMENT TITLE

DOCUMENTS REFERENCED IN THIS PROCEDURE ARE APPLICABLE TO THE EXTENT SPECIFIED HEREIN.

## 1. PURPOSE

Incident investigation is the process of identifying causes of incidents and implementing steps to prevent similar events from occurring. The intent of an incident investigation is to learn from past experiences and avoid repeating past mistakes.

This procedure is designed to meet the criteria of the Nevada Division of Environmental Protection (NDEP's) Chemical Accident Prevention Program (CAPP).

Specifically, the SOC Nevada LLC (SOC) must comply with:

**Nevada Administrative Code (NAC) 459.95429 Investigation of incidents; incident reports; corrective action. [Nevada Revised Statutes (NRS) 459.3818, 459.3833]** The owner or operator of a facility with a process that is subject to CAPP shall:

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## 1. PURPOSE (CONTINUED)

1. Investigate any incident that resulted in, or could reasonably have resulted in, a catastrophic release and take corrective action to prevent recurrence of the incident.
2. Initiate the investigation of the incident as promptly as possible, but not later than 48 hours after the incident.
3. Establish a team to investigate the incident. The team must consist of two or more persons and include at least:
  - a. One person who is knowledgeable in the process involved, including, without limitation, a contract employee if his work was involved in the incident; and
  - b. One person who possesses appropriate knowledge and experience to investigate and analyze the incident thoroughly.
4. Prepare an incident report at the conclusion of the investigation which must include, at a minimum:
  - a. The date of the incident;
  - b. The date the investigation of the incident began;
  - c. A description of the incident;
  - d. The factors that contributed to the incident; and
  - e. Recommendations resulting from the investigation.
5. Establish a system to address and resolve the findings and recommendations of the incident report promptly.
6. Document any solutions and corrective actions taken.
7. Ensure that the incident report is reviewed with all affected personnel whose job tasks are relevant to the findings of the incident report, including, without limitation, contract employees where applicable.
8. Retain the incident report for five (5) years.

The incident investigation process will be applied to all accidents, incidents that resulted in, or could reasonably have resulted in, a catastrophic release and near misses that occur at the Mercury Storage warehouses, including the carbon dioxide (CO<sub>2</sub>) fire suppression systems and Mobile Mercury Transfer System (MMTS).

## 2. ACRONYMS AND DEFINITIONS

- **CAPP** – Chemical Accident Prevention Program
- **CO<sub>2</sub>** – Carbon dioxide
- **FES** – Fire & Emergency Services
- **HIRA** – Hazard Identification and Risk Assessment
- **HWAD** – Hawthorne Army Depot
- **ISO** – International Organization for Standardization
- **JSA** – Job Safety Analysis
- **MSTP** – Mercury Storage and Transfer Program
- **NDEP** – Nevada Division of Environmental Protection
- **OSHA** – Occupational Safety and Health Administration
- **SOC** – SOC Nevada LLC
- **MMTS** – Mobile Mercury Transfer System

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**2. ACRONYMS AND DEFINITIONS (CONTINUED)**

OSHA and Nevada Administrative Code-derived definitions of these conditions are as follow:

- **Incident** - An unplanned, undesired event that adversely affects completion of a task. These events include: catastrophic releases, accidents and near miss situations associated with the HWAD Mercury Storage and Transfer Program. NOTE: A planned release of the CO<sub>2</sub> fire suppression system in the event of a fire is not an incident.
- **Catastrophic Release** – A major uncontrolled emission of mercury, and in some cases CO<sub>2</sub>, related to a fire, explosion or equipment failure that presents imminent and substantial endangerment to the health of the employees, the public or the environment. This term includes events that occur within a building or other structure that contains the mercury or CO<sub>2</sub>, but excludes small amounts of mercury released in the drums or in the spill tray on a pallet, as potentially identified during routine inspections.
- **Accident** - An undesired event from a catastrophic release that results in an injury or property/equipment damage.

**Near Miss** - An incident where no injury or property/equipment damage occurred and no unplanned release was sustained, but where, given a slight shift in time or position, a catastrophic release easily could have occurred. NOTE: A near miss does not necessarily require a release of mercury or CO<sub>2</sub>. Any incident that reasonably could have resulted in a catastrophic release under different circumstances should be considered a near miss.

**3. RESPONSIBILITIES**

All SOC and DLA Strategic Materials employees and contractors who work with the Mercury Storage and Transfer Program.

Fire & Emergency Services (FES) Chief in consultation with the SOC Safety Manager and DLA Strategic Materials Mercury Program Manager:

1. Has ultimate responsibility for the management of the Incident Investigation and for determining when an incident or near miss subject to this procedure has occurred, because of their extensive experience and training.
2. Will sign off on the "Approval for Employee Input," see Incident Investigation Report below.
3. Will ensure that a root case has been determined, a corrective action has been identified, and the corrective action has been completed.
4. Also signs the Final Approval of the Incident Investigation, see Incident Investigation Report below.
5. Shall form an Incident Review Team, ensuring that the delegated members consist of, at a minimum, two (2) persons including, one (1) representative of each of the following, unless deemed inapplicable by the FES:
  - Operations;
  - Management;
  - Maintenance;
  - In the event a contractor employee was involved, a representative of that contractor shall be assigned to the Review Team;
  - An individual who is knowledgeable in the process where the incident occurred, which can be the Operations, Maintenance, Management or Contractor Review Team Member. NOTE: This requirement applies for all incident investigations.

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**3. RESPONSIBILITIES (CONTINUED)**

- A person with appropriate knowledge and experience to conduct incident investigations and analyze the incident thoroughly. This can be the Operations, Maintenance, Management, or Contractor Review Team Member;
- Criteria for determining the individuals listed above shall be based on the employees' position, aptitude and length of time engaged in the MSP.
- 6. Is responsible for the following:
  - Assigning the Incident Number;
  - Ensuring the Incident Investigation is initiated within 48 hours of reporting any incident where a catastrophic release, a reasonable probability for catastrophic release or a near miss has occurred;
  - Ensure all required documentation is complete.
- 7. The Operator
  - Will assist the FES Chief and/or SOC Safety Manager and DLA Strategic Materials Safety Manager in management of the Incident Investigation Procedure.
- 8. The Direct Supervisor or Manager
  - Will assist with the timely initiation of the Incident Investigation Process.
  - Ensure an Incident Investigation Report Origination Page, see below, is submitted on any catastrophic release, reasonable probability of catastrophic release or near miss incidents within 48 hours of the incident.
  - Ensure the Incident Investigation Report Origination Page is completed properly and add any comments.
- 9. Employees
  - Employees involved in an incident will fill out the Incident Investigation Report Origination Page on any catastrophic release, reasonable probability of catastrophic release or near miss incidents within 48 hours of the incident.

**4. PROCEDURES**

**INITIATE THE INCIDENT INVESTIGATION**

An incident investigation shall be initiated as promptly as possible but no later than 48 hours following the incident and the investigation report shall be retained for five (5) years after issuance. The incident investigation procedure is summarized as follows:

- Documenting the incident occurred
- Reviewing the report details by the direct Supervisor and the Investigation Team
- Investigating the incident (by means of interview, evidence, and data collection, etc.)
- Determine the root cause of the incident
- Once the appropriate parties have reviewed the incident, recommendations for corrective action will be submitted
- Employee input will be received
- Corrective action will be implemented
- Final approval will be authorized

NOTE: See below for a full Incident Investigation process description.

**REPORTING AND FILLING OUT THE FORMS**

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**4. PROCEDURES (CONTINUED)**

The Incident Report Form has two (2) main sections that will be completed anytime a near miss or any type of catastrophic release occurs, including an incident that reasonably could have resulted in any type of catastrophic release at a Mercury Storage warehouse and the MMTS.

1. Incident Report - The Incident Report Form has two (2) sections for origination and submittal:
  - A. Origination Section: Is completed within 48 hours of the incident by the individual who is involved with a potential near miss situation or incident. This section includes areas to explain in detail what caused the incident and other details, including the time, location and date of the incident;
  - B. Submittal Section: The direct Supervisor or Manager of the person who had experienced the incident will sign and date that they received the Incident Report Form to include the Supervisor's comments regarding the incident. The Incident Report will then be forwarded to the FES Chief and SOC Safety Manager and DLA Strategic Materials Safety Manager. The FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager will initiate an incident investigation if the incident meets the definition of catastrophic release or near miss (above) and will assign an investigation team if warranted.
2. Investigation Report:
  - A. Within 48 hours of the incident and once the direct Supervisor / Manager have signed the submittal portion of the Incident Report, the report will then be sent to the FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager;
  - B. The FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager or their designee will start the investigation;
  - C. The Team Members will carry out their inspection using two (2) documents:
    - I. A "Review Team Investigation" Form that contains the investigation findings;
    - II. A Guideline Questionnaire will be completed to determine the causal factors of the incident and the corrective actions that shall be carried out; see below.
  - D. Incident Review Team will:
    - I. Interview and Collect data:
      - a. The first purpose of the investigation team is to interview the individuals involved in the incident to determine the scenario and time line of the incident as accurately as possible. The team will ask questions to see how the individuals handled the incident and also review any printouts or schematics as necessary to fully understand why and how the incident occurred. Once the interview portion is complete, the team shall gather and evaluate how the incident/near miss was handled and what should have been done, if anything, to better handle the incident;
      - b. The Review Team shall determine what type of event occurred: catastrophic release, accident or near miss;
      - c. Once all the information has been collected and discussed by the Review Team, their findings shall be documented in the Investigation Report Form;
      - d. If there are additional documents, they must be attached to the Investigation Report Form.
    - II. Analyze Causal Factors and Corrective Actions:
      - a. The Review Team will use the Guideline Questionnaire to thoroughly analyze the causal factors that contributed to the incident;
      - b. During the review it is critical that the Review Team evaluate potential causes to determine root causes that, if corrected, will prevent a reoccurrence of the incident.
      - c. The Team will suggest corrective and preventive actions that should be taken to prevent reoccurrence of the incident and will evaluate the suggested corrective actions for root causes to ensure that each proposed action: (1) will prevent a recurrence, (2) is feasible, (3) will meet

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**4. PROCEDURES (CONTINUED)**

- primary objectives, (4) does not introduce new risks and (5) if immediate actions were undertaken, were they appropriate and effective.
- d. The FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager will enter the recommendations into the report.

**CIRCULATION/EMPLOYEE PARTICIPATION**

1. Once the Incident Investigation has been conducted and recommendations have been reported, circulation of the incident report for employee input will begin. If the incident involved a contractor, a copy of the entire Incident Investigation will be forwarded to that contractor company for employee input. The records will be available on the G-drive (G:\Intranet\Environmental\environmental\_programs\air\CAPP from Intranet) for all employees, and a printed copy can be made available by the FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager.
2. The FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager will sign the Investigation Report.
3. Any resolutions suggested by the Incident Review Team shall be reviewed by the FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager for additional employee input and, if warranted, these additional resolutions/corrective actions will be incorporated into the final Incident Investigation Report if so warranted.
4. Inputs and resolutions from all personnel will be documented by the FES (or designee) on the Form.
5. A hard copy of the completed report, any supporting documentation and the Incident Investigation Employee Review shall be circulated via the Management of Change process for input and resolution. The records shall be maintained for a minimum of five (5) years.

**CORRECTIVE ACTION AND IMPLEMENTATION OF RECOMMENDATIONS**

1. Following Employee Review, any additional resolutions suggested by employees will be added when deemed warranted by the FES, SOC Safety Manager and DLA Strategic Materials Safety Manager and set into motion.
2. All findings and recommendations are to be implemented in a prompt manner. FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager will assure implementation has been completed.
3. FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager are responsible for tracking the implementation of all resolutions to completion and for ensuring that corrective actions are in place to prevent a recurrence. The FES and Safety Manager shall monitor the progress of each resolution until complete.

**FINAL APPROVAL**

1. Once input and resolutions have been documented, the corrective actions that were determined to resolve the root cause and prevent a similar incident in the future are documented in the Final Approval Section of the Form.
2. The responsible party shall be listed in the table along with a deadline date for completion of the corrective action/resolution.
3. Once a corrective action/resolution is completed, it will be verified and signed by FES Chief and Safety Manager.
4. Once signed by the FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager and with the Management of Change documentation added, this incident will be reviewed at the next Safety Meeting.

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**4. PROCEDURES (CONTINUED)**

5. Following review, the final signature indicating that all employees are aware of the incident, investigation, findings, root causes and recommendations/corrective actions, the report will be filed with SOC FES, SOC Safety Office and SOC Environmental Services.

**PROCEDURE IMPLEMENTATION, CONTROL AND COMPLIANCE**

The FES Chief, SOC Safety Manager and DLA Strategic Materials Safety Manager have the overall responsibility for the implementation of the Incident Investigation Procedure. This procedure follows the ISO 14001 Document Control Standard Procedure and the Standard Operating Procedure Program for CAPP documents at HWAD. This procedure is reviewed at least annually, and the level of compliance with the Incident Investigation Procedure is reviewed every three years as part of the Compliance Audit Program under CAPP.

**5. RECORDS**

Records pertaining to investigated incidents will be retained by the FES for a minimum of five years after an incident report has been issued. Applicable records (see forms attached to this procedure) include:

- Completed Incident Investigation Report (Employee and Supervisor),
- Root Cause Analysis records,
- Completed Incident Investigation Team Guide for Identifying Causal Factors and Corrective Actions, and
- Completed Incident Investigation Report (Investigation Team) and associated supporting documentation (including employee participation per the Employee Participation Procedure.

**6. REFERENCES AND SUPPORTING DOCUMENTS**

- SOC, Policy 1101-01, Safety, Health & Environmental Policy
- Compliance Audit Program
- Management of Change Standard Procedure
- Employee Participation Procedure
- Standard Operating Procedure Program
- ISO 14001 Document Control Standard Procedure (Intranet)
- Hazard Identification and Risk Assessment (HIRA) Occupational Health and Safety Assessment Series 18001 Section 4.3.1 Standard Procedure
- Specific Job Safety Analysis documentation, available in each shop, written for work not covered in HIRA, supervisor and worker developed prior to start of work.
- DOE-NE-STD-1004-92, Department of Energy Guideline, Root Cause Analysis Guidance document

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**Incident Investigation Report**

**INCIDENT INVESTIGATION REPORT**

Incident #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**ORIGINATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor / Manager Notified – Name: \_\_\_\_\_ Date: \_\_\_\_\_

Was the Supervisor / Manager present at the incident? \_\_\_\_Yes / No\_\_\_\_

Names of Witnesses and Titles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Describe how the Incident Occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Event Sequence: Describe in reverse order of occurrence events preceding the incident. Starting with the Incident and move backward in time: \_\_\_\_\_

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A. Consequent Injury / Equipment Damage: \_\_\_\_\_

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B. Incident Event: \_\_\_\_\_

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C. Preceding Event 1: \_\_\_\_\_

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D. Preceding Event 2, 3, 4, etc: \_\_\_\_\_

Task and Activity at the Time of the Event: \_\_\_\_\_

Employee Was Working: \_\_\_\_\_

If Incident was NOT Reported on the Day it Occurred, Reason for Delay: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMITTAL**

Supervisors Comments: \_\_\_\_\_

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**QUALITY PLAN  
SYSTEM LEVEL PROCEDURE**  
ISO 9001:2008 SOC NEVADA LLC

DOCUMENT NO.

QP.EMS.HG.0010

TITLE

**INCIDENT INVESTIGATION- STANDARD PROCEDURE  
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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Incident #: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

**ORIGINATION**

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor / Manager Notified – Name: \_\_\_\_\_ Date: \_\_\_\_\_

Was the Supervisor / Manager present at the incident location?  Yes  No

Names of Witnesses and Titles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Describe how the Incident Occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Sequence: Describe in reverse order of occurrence events preceding the incident. Starting with the Incident and move backward in time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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A. Consequent Injury / Equipment Damage: \_\_\_\_\_

B. Incident Event: \_\_\_\_\_

C. Preceding Event 1: \_\_\_\_\_

D. Preceding Event 2, 3, 4, etc: \_\_\_\_\_

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Task and Activity at the Time of the Event: \_\_\_\_\_

---

Employee Was Working: \_\_\_\_\_

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If Incident was NOT Reported on the Day it Occurred, Reason for Delay: \_\_\_\_\_

---

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SUBMITTAL**

Supervisors Comments: \_\_\_\_\_

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Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#	Causal Factors	Yes No NA	Comments	Possible Corrective Actions	Recommended Corrective Actions
<b>PART 1 - EQUIPMENT</b>					
<b>1.0</b>	<b>Was a Hazardous Condition a Contributing Factor? If yes, answer the following. If NO proceed to Part 2 - Environment</b>				
1.1	Did any defects in equipment / tools / material contribute to a hazardous condition?			Review procedure for inspecting, reporting, maintaining, repairing, replacing, or recalling defective equipment / tools / material used.	
1.2	Was the hazardous condition recognized? If yes, answer A and B. If no, proceed to 1.3.			Perform Job Safety Analysis (JSA). Improve employee ability to recognize existing or potential hazardous conditions. Provide test equipment as required to detect hazard. Review any change or modification of equipment / tools / material.	
1.2a	Was the hazardous condition reported?			Train employees in reporting procedures. Stress individual acceptance of responsibility.	
1.2b	Was employee informed of the hazardous condition and the job procedures for dealing with it			Review job procedures for hazard avoidance. Review Supervisory responsibility. Improve Supervisor – Employee communications. Take	

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	as an interim measure?			action to remove or minimize hazard.	
1.3	Was there an equipment inspection procedure to detect the hazardous condition?			Develop and adopt procedures (eg. An inspection system) to detect hazardous conditions. Conduct test.	
1.4	Did the existing equipment inspection procedures detect the hazardous condition?			Review procedures. Change frequency or comprehensiveness. Provide test equipment as required. Improve employee ability to detect defects and hazardous conditions. Change job procedures as required.	
1.5	Were the correct equipment / tools / material used?			Specify correct equipment / tools / material in job procedures.	
1.6	Were the correct equipment / tools / materials readily available?			Provide correct equipment / material. Review purchasing specifications and procedures. Anticipate future requirements.	
1.7	Did employee know where to obtain equipment / tools / material required for the job?			Review procedures for storage, access, delivery, or distribution. Review job procedures for obtaining equipment / tools / material.	
1.8	Were substitute equipment / tools / material used in place of correct one?			Provide correct equipment / tools / material. Warn against use of substitutes in job procedures and in job instruction.	
1.9	Did the design of the equipment / tools / create			Review human factors engineering principles. Alter equipment / tools	

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	operator stress or encourage operator error?			to make it more compatible with human capability and limitations. Review purchasing procedures and specification. Check out new equipment and job procedures involving new equipment before putting into service. Encourage employees to report potential hazardous conditions created by equipment design.	
1.10	Did the general design or quality of the equipment / tools contribute to a hazardous condition?			Review criteria in codes, standards, specification and regulations. Establish new criteria as required.	
1.11	List other causal factors in "Comment" column				
<b>PART 2 - ENVIRONMENT</b>					
<b>2.0</b>	<b>Was the Location / Position of Equipment / Materials / Employees a Contributing Factor? If yes, answer the following. If NO, proceed to Part 3 - People</b>				
2.1	Did the location / position of equipment / material / employees contribute to a hazardous condition?			Perform JSA. Review job procedures. Change the location, position, or layout of the equipment. Change position of employees.	
2.2	Was the hazardous condition recognized? If yes, answer A and B. If NO, proceed to 2.3			Perform JSA. Improve employee ability to recognize existing or potential hazardous conditions. Provide test equipment, as required to detect hazard. Review any change or	

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				modification of equipment / tools / material.	
2.2a	Was the hazardous condition reported?			Train employees in reporting procedures. Stress individual acceptable of responsibility.	
2.2b	Was employee informed of the job procedure for dealing with the hazardous conditions as an interim action?			Review job procedures for hazard avoidance. Review Supervisory responsibility. Improve employee – supervisor communication. Take action to remove or minimize hazard.	
2.3	Was employee supposed to be in the vicinity of the equipment / material?			Review job procedures and instruction. Provide guard rails, barricades, barriers, warning lights, signs, or signals.	
2.4	Was the hazardous condition created by the location / position of the equipment / material visible to employee?			Change lighting or layout to increase visibility of equipment. Provide guard rails, barricades, barriers, warning lights, signs, or signals.	
2.5	Was there sufficient workspace?			Review workspace requirements and modify as required.	
2.6	Were environmental conditions a contributing factor (e.g. Illumination, noise levels, air contaminant, temperature extremes, heavy rain/snow, strong wind, ventilation,			Monitor, or periodically check, environmental conditions as required. Check results against acceptable levels. Initiate action for those found unacceptable.	

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	vibration, radiation)?				
2.7	List other causal factors in "Comment" column				
<b>PART 3 – HUMAN FACTORS</b>					
<b>3.0</b>	<b>Was the Job Procedure Used a Contributing Factor? If yes, answer the following. If NO proceed to Part 4.0 PPE and Emergency Equipment</b>				
3.1	Was there a written or known procedure (rules) for this job? If yes, answer A, B, and C. If NO proceed to 3.2			Perform JSA and Develop safe job procedures.	
3.1a	Did job procedures anticipate the factors that contributed to the accident?			Perform JSA and change job procedures.	
3.1b	Did employee know the job procedure?			Improve job instruction. Train employees in correct job procedure.	
3.1c	Did employee deviate from the known job procedure?			Determine why. Encourage all employees to report problems with an established procedure to supervision. Review job procedure and modify if necessary. Counsel or discipline employee. Provide closer supervision.	
3.2	Was employee mentally and physically capable of performing the job?			Review employee requirements for the job. Improve employee selection. Remove or transfer employees who are temporarily, either mentally or physically, incapable of performing	

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				the job.	
3.3	Were any tasks in the job procedure too difficult to perform (eg. Excessive concentration or physical demands)?			Change job design and procedures. Improve tasks tracking systems.	
3.4	Is the job structured to encourage or require deviation from job procedures (eg. Incentive, piecework, work place)?			Change job design and procedures.	
3.5	List other causal factors in "Comment" column				

**PART 4 – PPE AND EMERGENCY EQUIPMENT**

<b>4.0</b>	<b>Was Lack of Personal Protective Equipment or Emergency Equipment a Contributing Factor? If yes, answer the following. If NO, proceed to Part 5 - Management</b>				
4.1	Was appropriate PPE specified for the task or job? If yes, answer A, B, C. If NO, proceed to 4.2			Review methods to specify PPE requirements.	
4.1a	Was appropriate PPE available?			Provide appropriate PPE. Review purchasing and distribution procedures.	
4.1b	Did employee know that wearing specified PPE was required?			Review job procedures. Improve job instruction.	
4.1c	Did employee know how to use and maintain the PPE?			Improve job instruction.	

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4.2	Was the PPE used properly?			Determine why and take appropriate action. Implement procedures to monitor and enforce use of PPE.	
4.3	Was the PPE adequate?			Review PPE requirements. Check standards, specifications, and certification of the PPE.	
4.4	Was emergency equipment specified for this job (eg. Emergency showers, eyewash etc.)? If yes, answer the following. If NO, proceed to Part 5 – Management			Provide emergency equipment as required.	
4.4a	Was emergency equipment readily available?			Install emergency equipment at appropriate locations.	
4.4b	Was emergency equipment properly used?			Incorporate use of emergency equipment in job performance.	
4.4c	Did emergency equipment function properly?			Establish inspection / monitoring system for emergency equipment. Provide for immediate repair of defects.	
4.5	List other causal factors in "Comment" column				
<b>PART 5 – MANAGEMENT</b>					
<b>5.0</b>	<b>Was a Management System Defect a Contributing Factor? If yes, answer the following. If NO, STOP. Your causal factor identification is complete.</b>				
5.1	Was there a failure by supervision to detect, anticipate,			Improve supervisor capability in hazard recognition and reporting procedures.	

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	or report a hazardous condition?				
5.2	Was there a failure by supervision to detect or correct deviations from job procedure?			Review JSA and job procedures. Increase supervisor monitoring. Correct deviations.	
5.3	Was there a supervisor / employee review of hazard and job procedures for tasks performed infrequently? (not applicable to all accidents)			Establish a procedure that requires a review of hazards and job procedures (productive actions) for tasks performed inadequately.	
5.4	Was supervisor responsibility and accountability adequately defined and understood?			Define and communicate supervisor responsibility and accountability. Test for understandability and acceptance.	
5.5	Was supervisor adequately trained to fulfill assigned responsibility in accident prevention?			Train supervisors in accident prevention fundamentals.	
5.6	Was there a failure to indicate corrective action for a known hazardous condition that contributed to this accident?			Review management safety policy and level of risk acceptance. Establish priorities based on potential severity and probability of reoccurrence. Review procedure and responsibility to initiate and carry out corrective actions.	

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5.7	List other causal factors in "Comment" column	
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**Incident Investigation Review Team Investigation Report**

INCIDENT INVESTIGATION REPORT  
 REVIEW TEAM INVESTIGATION

Incident #: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date Investigation Started: \_\_\_\_\_ Date Investigation Ended: \_\_\_\_\_

Name of Person Filling Out this Report: \_\_\_\_\_

Names and Titles of the Investigation Team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Incident: \_\_\_\_\_

DESCRIPTION OF INCIDENT / OBSERVATIONS

Name of Person Involved: \_\_\_\_\_

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Incident Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Causal Factors: (events and conditions that have contributed to the incident see the Guide for Identifying Causal Factors and Corrective Actions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Actions: (those that have been, or will be taken to prevent reoccurrence see the Guide for Identifying Causal Factors and Corrective Actions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of Outside experts – Name and Title: \_\_\_\_\_

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**FINAL APPROVAL**

Resolutions	Responsible Party	Date Assigned	Resolution Suggested By:	Due Date	Date Completed	Verified by FES and/or Safety

The Incident Investigation Report has been reviewed and discussed with all affected parties and all corrective actions are ready for implementation.

FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Incident Investigation Report has been completed and all corrective actions have been implemented. The Incident Investigation Report is ready for review at the next regularly scheduled monthly safety meeting.

FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Incident Investigation Report has been reviewed with all affected parties.

FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_





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Type of Incident: \_\_\_\_\_

**DESCRIPTION OF INCIDENT / OBSERVATIONS**

Name of Person Involved: \_\_\_\_\_

Incident Summary: \_\_\_\_\_

Causal Factors: (events and conditions that have contributed to the incident see the Guide for Identifying Causal Factors and Corrective Actions) \_\_\_\_\_

**INCIDENT INVESTIGATION REPORT**

**REVIEW TEAM INVESTIGATION**

Corrective Actions: (those that have been, or will be taken to prevent reoccurrence see the Guide for Identifying Causal Factors and Corrective Actions) \_\_\_\_\_



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List of Outside experts – Name and Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of Reviewed Documents: (to be included as an attachment) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVAL FOR EMPLOYEE INPUT**

The incident investigation has been properly conducted according to procedure and report circulation for employee input should start immediately.

FES Chief Signature \_\_\_\_\_

Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_

**INCIDENT INVESTIGATION EMPLOYEE REVIEW**

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Employee signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL FOR EMPLOYEE INPUT**

The incident investigation has been properly conducted according to procedure and report circulation for employee input should start immediately.

FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL APPROVAL**

Resolutions	Responsible Party	Date Assigned	Resolution Suggested By:	Due Date	Date Completed	Verified by FES and/or Safety

The Incident Investigation Report has been reviewed and discussed with all affected parties and all corrective actions are ready for implementation.

**THIS DOCUMENT WILL BE REVIEWED AT LEAST ANNUALLY TO ENSURE ITS SUITABILITY**



**QUALITY PLAN  
SYSTEM LEVEL PROCEDURE**  
ISO 9001:2008 SOC NEVADA LLC

DOCUMENT NO.

QP.EMS.HG.0010

TITLE

**INCIDENT INVESTIGATION- STANDARD PROCEDURE  
FOR THE MERCURY STORAGE AND TRANSFER PROGRAM  
TO COMPLY WITH THE NDEP- CAPP**

REV. 7

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FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Incident Investigation Report has been completed and all corrective actions have been implemented. The Incident Investigation Report is ready for review at the next regularly scheduled monthly safety meeting.

FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Incident Investigation Report has been reviewed with all affected parties.

FES Chief Signature \_\_\_\_\_ Date: \_\_\_\_\_

SOC Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

DLA Safety Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THIS DOCUMENT WILL BE REVIEWED AT LEAST ANNUALLY TO ENSURE ITS SUITABILITY**