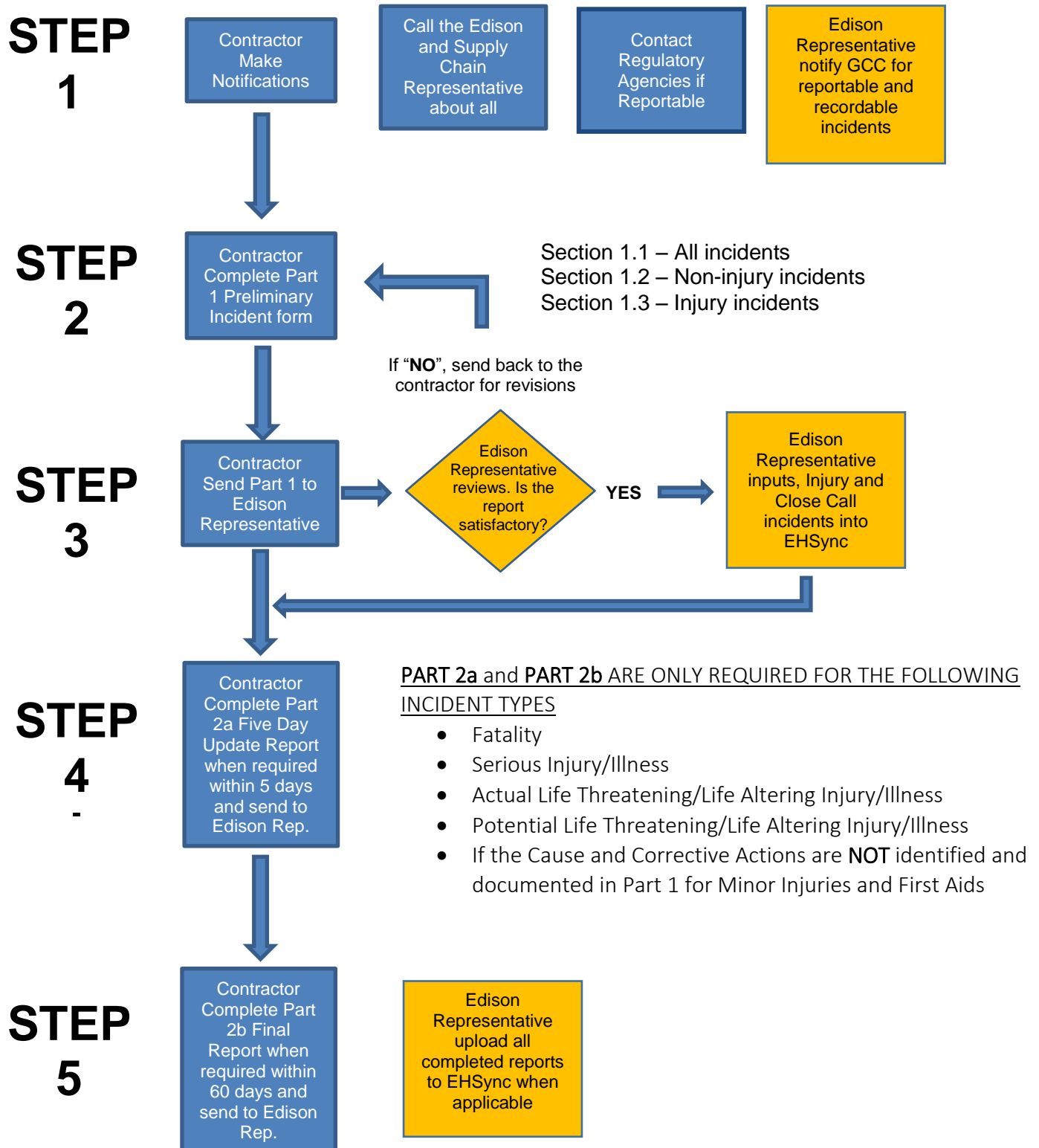


Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

HOW TO COMPLETE ATTACHMENT A – CONTRACTOR CAUSE EVALUATION REPORT



Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

INCIDENT REPORTING

Southern California Edison requires contractors to notify the Edison Representative of all Safety Incidents. These Safety Incidents include: First Aid incidents, injuries above first aid, Close Call, Safety Violation, Vehicle Accident, Property Damage, Equipment Failure, Crew Caused Circuit Interruption, Unplanned Outage, Primary Electrical Flash, Secondary Electrical Flash, Switching, Wiring/Conductor, Grounding Incident, Hazardous Material Release, Environmental Incident, Customer Complaint/Negative Contact, and Fire incident types.

Notification Requirements

Contractor shall take appropriate steps to secure the site to prevent further incident and immediately notify the Edison Representative of the incident with a phone call and e-mail back up confirming the communication.

Contractors shall send completed Part 1, and when applicable Part 2a and Part 2b, reports to the following SCE personnel and emails:

- a. Your Edison Representative or designee (All Incidents)
- b. Your Supply Chain Management Representative (All Incidents)
- c. Notify the IBEW Local 47 of all Circuit Interruptions (Sroberts@ibew47.org, Rpeterston@ibew47.org, MHernandez@ibew47.org).

Agency	Agency Notification Requirement	Outside Normal Work Hours
OSHA	Within 8 hours of the initial report	
DOT	Within 2 hours of knowledge	No longer than 4 hours after becoming aware of a reportable incident

CONTRACTOR REPORTING REQUIREMENTS

Contractors shall complete and send the Contractor Incident and Evaluation Report (Attachment A: Part 1, 2a, & 2b) to the Edison Representative and Supply Chain Representative as follows:

- Within one (1) business day, Contractor completes and submits the Preliminary Incident Report Part 1, Section 1.1 to 1.4.
- Within five (5) calendar days, Contractor updates Sections 1.1 to 1.4 as necessary and completes the Five (5) Day Update Report (part 2a) for the following incidents types: Serious injury/illness, Fatality, Life Altering, Life Threatening, and Potential Life Threatening or Altering Incidents, OR if the cause and corrective actions are NOT identified and documented in Part 1.
- Within sixty (60) calendar days, Contractor shall complete the Final Report Part 2b for the following incidents types: Serious injury/illness, Fatality, Life Altering, Life Threatening, and Potential Life Threatening or Altering Incidents (see Attachment B for guidance). If an extension of due date for Part 2b Final Report is required due to the complexity of the incident, an extension can be approved by the SCE Director of Supply Chain Management, or T&D Director or designee.

Contractors shall submit all associated photos and additional documentation in a single PDF file via email to the Edison Representative when submitting Parts 1, 2a, and 2b of the Contractor Incident and Evaluation Report.

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

Contractors shall track corrective action completion with an owner and due date, within their own tracking system.

Contractors shall track corrective action completion with an owner and due date, within their own tracking system.

EDISON REPRESENTATIVE REQUIREMENTS

The Edison Representative or delegate shall ensure the following:

- Notifications are made regarding defined CPUC, OSHA and Serious Injury Incidents to the Grid Control Center immediately.
- The contractor's incident investigation is reviewed for accuracy and acceptance. Within one business day, the Edison Representative shall send the report to the following distribution lists:
 - TDIncidentReporting@sce.com (All Incidents)
 - CCIIncidentReporting@sce.com (Circuit interruptions only)
 - CorpSafetyStatisticsDataMgmt@sce.com (Serious Injury, Fatality, Injury/Illness/Close Calls incidents only)
 - GOTSPILL@sce.com (Hazardous Materials Spills only)
- The Contractor has completed all notification and report requirements within the allotted timeframes as described in the Contractor Notification and Report Requirement sections above.
- Data is entered from Part 1 Preliminary Incident Report (see Attachment A) into EHSync as soon as possible but within 2 business days of receiving from the Contractor.
 - NOTE: When entering incident into EHSync, the response to the question, "Was the Injury Assistance Program (IAP) offered to the employee?" will always be "No."
- Part 2a Five Day Update Report (see Attachment A) is entered as an attachment in EHSync with the associated incident as soon as possible but within 2 business days of receiving from the Contractor.
- Part 2b Final Report (see Attachment A) is attached with any associated photos/documentation as soon as possible but within two (2) business days of receiving from the Contractor.
- The Executive Summary from Part 2b (see Attachment A) Final Report is entered into the EHSync Executive Summary data field. If the summary is too large, summarize to minimally show the findings and corrective actions.
- Part 1, 2a and 2b (see Attachment A) is sent within two (2) business days of receipt to:
 - Contract Representative
 - Contract Manager
 - Immediate Manager
 - Claims Representative (as directed)
- Claims is consulted on sharing/gathering of further information. If advised to do so, the Edison Representative advises the Contractor to add any new details and resubmit Parts 1, 2a, or 2b (see Attachment A).
- The Contractor has a tracking system and completion is monitored periodically.

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

SECTION 1.1 – GENERAL INFORMATION

Complete the table below to indicate the type of incident is being reported. Check **ALL** that apply.

The Edison Representative must enter the incident into EHSync if any boxes in this column are checked.		All other incident information will only be collected on this form					
<input type="checkbox"/>	Injury / Illness	<input type="checkbox"/>	Crew Caused Circuit Interruption	<input type="checkbox"/>	Switching	<input type="checkbox"/>	Property Damage
<input type="checkbox"/>	Close Call	<input type="checkbox"/>	Unplanned Outage	<input type="checkbox"/>	Wiring/Conductor	<input type="checkbox"/>	Customer Complaint/ Negative Contact
<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Primary Electrical Flash	<input type="checkbox"/>	Grounding Incident	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Hazardous Material Release	<input type="checkbox"/>	Secondary Electrical Flash	<input type="checkbox"/>	Operating Tools/Equip	<input type="checkbox"/>	Safety Violation
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Equipment Failure	<input type="checkbox"/>	Vehicle Accident

Reporting Person (Contractor) * indicates required field in EHSync system

First Name: *		Name of Edison employee contacted:				
Last Name: *		Check if Subcontractor involved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Company Name: *		Subcontractor Company Name:				
E-mail:		Date of initial report to SCE (Edison Representative):				
Purchase Order #:		Control Number:				
Work Order#:		(SEE SECTION 1.4 FOR CONTROL NUMBER INSTRUCTIONS)				
USA Ticket #:						

What Happened?

Title (Brief Description): *	
Description of Event: *	
Cause (Why did it happen?):*	
Immediate actions taken (actual actions taken):*	
Extent of Condition (could this event happen anywhere else, if so where?):	
Recommended Actions:*	

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

What Happened? (continued)

Was SCE vehicle involved?		Yes		No	
Were other employees injured or ill:*		Yes		No	Unknown
Injured at Edison Facility?:*		Yes		No	Unknown
Did or could this injury have resulted in a serious injury or fatality (SIF):*		Yes		No	Unknown

Type of work:

<input type="checkbox"/>	Transmission Line Construction	<input type="checkbox"/>	Line Clearing	<input type="checkbox"/>	Civil Construction	<input type="checkbox"/>	Substation	<input type="checkbox"/>	Other
<input type="checkbox"/>	Distribution Line Construction	<input type="checkbox"/>	Vegetation	<input type="checkbox"/>	Power Production	<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>	Office

When did it happen?

Date: *		Time (military time): *	
---------	--	-------------------------	--

Where did it happen?

Department/Where Incident Occurred:	
Location: *	
Area within Location? *	
County: *	
Street address:	
City: *	
State: *	
Postal Code: *	

* - Required Field

NOTE: Minor Injuries and First Aids only require Part 1 to be completed,

HOWEVER if a cause is **NOT** identified,
a Part 2a Five-Day Update Report will be **REQUIRED**

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

SECTION 1.2 – NON-INJURY INCIDENTS

Crew Caused Circuit Interruption/Switching/Wire Conductor/ Other Incident

Project Name:		District:	
Scope of Work:		Sector:	
Circuit:		District/Trans Region:	

SECTION 1.3 – INJURY INCIDENTS

THIS SECTION SHOULD BE COMPLETED AND SENT TO EDISON REPRESENTATIVE FOR INJURY OR ILLNESSES ONLY

Severity of Injury (select the highest level)

<input type="checkbox"/>	Life Threatening Actual (highest)	<input type="checkbox"/>	Life Altering Actual	<input type="checkbox"/>	Minor Injury/Illness
<input type="checkbox"/>	Life Threatening Potential	<input type="checkbox"/>	Life Altering Potential	<input type="checkbox"/>	First Aid (lowest)

Who was injured? *

<input type="checkbox"/>	Employee/Supplemental Worker w/PERNR	<input type="checkbox"/>	Contractor w/o PERNR	<input type="checkbox"/>	Multiple (Use additional comments section below)
Does the injured party report to an SCE supervisor?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
First Name (Injured Person): *				Last Name: *	
Org Unit:				Company: *	
E-Mail:				Phone:	
Job Classification: *					
How did the incident or exposure occur? *					
Date and Time Supervisor first knew of injury? *		Date		Time	
Injured while performing company duties? *	<input type="checkbox"/>	Yes	Comments:		
	<input type="checkbox"/>	No			
	<input type="checkbox"/>	Unknown			
Did a rule, policy, or procedure violation occur?	<input type="checkbox"/>	Yes	Comments:		
	<input type="checkbox"/>	No			
Did an unsafe act or work practice occur?	<input type="checkbox"/>	Yes	Comments:		
	<input type="checkbox"/>	No			
Does the incident meet the criteria for post incident testing set forth in the fitness for duty policy? *	<input type="checkbox"/>	Yes	Comments:		
	<input type="checkbox"/>	No			
	<input type="checkbox"/>	Unknown			

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

Did the individual lose at least one full work day after date of injury? *	Yes	Comments:				
	No					
	Unknown					
Additional Comments:						
Body Part: *	Head	Lower Extremities	Upper Extremities	Neck	Trunk	Multiple Body Parts
Choose one (X)						

Injured Person Condition/Status and Treatment:

Fatality: *	Yes	No	
Treatment Beyond First Aid: *	Yes	No	Unknown
Unconsciousness: *	Yes	No	Unknown
Immediate Resuscitation: *	Yes	No	Unknown
Treated in Emergency Room: *	Yes	No	Unknown
Hospitalized Overnight: *	Yes	No	Unknown
Where is the employee being treated?:			
Physician Name:			

Object or Substance that directly injured individual: * Pick one below (X); Not otherwise classified (NOC)

Abnormal Air Pressure	Absorption, Ingestion, or Inhalation, NOC	Animal or Insect	Broken Glass	Caught In or Between, NOC
Chemicals	Cold Objects or Substances	Collapsing Materials (Sides of Earth)	Collision or Sideswipe with another vehicle	Collision with a fixed object
Contact with NOC	Continual Noise	Crash of Airplane	Crash of Rail Vehicle	Crash of Water Vehicle
Cumulative NOC	Cut, puncture, scrape, NOC	Dust, Gases, Fumes, or Vapors	Electrical Current	Electrical Flash
Explosion or Flare Back	Fall greater than 4 feet	Fall less than 4 feet	Fall, Slip or Trip, NOC	Falling or Flying Object
Fellow Worker, Patient, or other person	Fire or Flame	Foreign Matter in Eyes	From Different Level	Other
Did the individual lose at least one full work day after date of injury? *		Yes	No	Unknown
Date Supervisor first knew of injury? *				
Injured while performing company duties? *		Yes	No	Unknown

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

Activity of injured person? * Check ONE below

<input type="checkbox"/>	Operating Field Tools/Equipment	<input type="checkbox"/>	Phone Calls	<input type="checkbox"/>	Pulling / Pushing	<input type="checkbox"/>	Reaching / Stretching	<input type="checkbox"/>	Routine Field Work – Not Specified
<input type="checkbox"/>	Sitting	<input type="checkbox"/>	Standing	<input type="checkbox"/>	Typing/ Mousing	<input type="checkbox"/>	Walking (Stairs)	<input type="checkbox"/>	Walking (No Stairs)
<input type="checkbox"/>	Bending / Kneeling/ Squatting	<input type="checkbox"/>	Climbing (pole)	<input type="checkbox"/>	Climbing Ladder/ Tower/ Wall	<input type="checkbox"/>	Confidential	<input type="checkbox"/>	Digging
<input type="checkbox"/>	Driving/Riding in Vehicle	<input type="checkbox"/>	Employee Does Not Know	<input type="checkbox"/>	Entering/ Exiting Vehicle	<input type="checkbox"/>	Lifting/ Carrying	<input type="checkbox"/>	Operating Disconnects/ Switching
<input type="checkbox"/>	Working with Office Materials	<input type="checkbox"/>	Working with Customer Offsite	<input type="checkbox"/>	Working on Pole	<input type="checkbox"/>	From ladder or Scaffolding	<input type="checkbox"/>	From liquid or Grease Spills
<input type="checkbox"/>	Hand Tool or Machine in Use	<input type="checkbox"/>	Hand Tool, Utensil, not Powered	<input type="checkbox"/>	Holding or Carrying	<input type="checkbox"/>	Hot Objects or Substances	<input type="checkbox"/>	Into openings – shafts, excavations, floor openings
<input type="checkbox"/>	Jumping or Leaping	<input type="checkbox"/>	Lifting	<input type="checkbox"/>	Machine or Machinery	<input type="checkbox"/>	Motor Vehicle (stuck against or stepping on)	<input type="checkbox"/>	Motor Vehicle, NOC
<input type="checkbox"/>	Moving Parts of Machine (Striking against or Stepping on)	<input type="checkbox"/>	Moving Parts of Machine (Struck or Injured by)	<input type="checkbox"/>	No injury – incident only	<input type="checkbox"/>	Object being lifted or handled (cut, puncture, scrape)	<input type="checkbox"/>	Object being lifted or handled (striking against or stepping)
<input type="checkbox"/>	Object being lifted or handled (struck by or injured by)	<input type="checkbox"/>	Object handled (caught in or between)	<input type="checkbox"/>	Object handled by others (caught in or between)	<input type="checkbox"/>	On ice or snow	<input type="checkbox"/>	On same level
<input type="checkbox"/>	On stairs	<input type="checkbox"/>	Other than physical cause of injury	<input type="checkbox"/>	Other – Miscellaneous, NOC	<input type="checkbox"/>	Person in act of a crime – Robbery or Criminal Assault	<input type="checkbox"/>	Powered hand tool, Appliance
<input type="checkbox"/>	Pushing or Pulling	<input type="checkbox"/>	Radiation						
Does the incident meet the criteria for post-incident testing set forth in the fitness for duty policy? *				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown
What body part? *									
Body Part Description:									
Did a rule, policy, or procedure violation occur?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Did an unsafe act or work practice occur?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

Witnesses (provide additional sheets if more than 1 witness)

First Name:		Last Name	
Organizational Unit:		Company:	
Email:		Phone:	
Comments:			

Attachment A: Contractor Incident and Evaluation Report

Part 1 – Preliminary Incident Report

SECTION 1.4 – CONTROL NUMBER DIRECTIONS

Control Number Determination

- 1) Determine and enter the Control Number and/or Revision Code followed by contractor name into the Control # field. The Control Number (e.g., MMY00-RX) for the report is determined by the month, year, and monthly report count for all work types in the region followed by the revision code (if any).

Example 1: Control # “051501” represents the first report in the region for May.

Example 2: Revision code for subsequent versions are denoted by the letter R and sequence number – “051501-R1”

- 2) Name and save the file as a PDF. The file naming convention (XXX-MMY00-RX-company) is determined by region code, month, year, monthly report count, revision code if applicable, and company name.

For example, the first report for the ACME company working in Metro East in May 2015 - “MET-051501-ACME”.

Revision codes should be denoted in subsequent versions, e.g., “MET-051501-R1-ACME”.

NOTE: The first report submission does not need a revision code but subsequent versions to a report should be denoted by the letter R and sequence number (XXX-MMY00-RX-ACME), i.e., the first revision would be denoted as “MET-051401-R1-ACME”.

Region Code		Control			Revision Code		Name
XXX	-	MM	YY	0	-	R	XXXX
Region		Month	Year	Report Count (by Region)		Revision Count	e.g. ACME
MET = Metro East		01 = Jan	15 = 2015	01 = 1 st Report of the month for Region		“Blank” = Original	
MWT = Metro West		02 = Feb	16 = 2016	02 = 2 nd Report of the month for Region		R1 = 1 st Revision	
SJQ = San Joaquin		03 = Mar	17 = 2017	03 = 4 th Report of the month for Region		R2 = 2 nd Revision	
SJC = San Jacinto		04 = Apr	18 = 2018	04 = 4 th Report of the month for Region		R3 = 3 rd Revision	
NCT = North Coast		05 = May	19 = 2019	05 = 5 th Report of the month for Region		R4 = 4 th Revision	
SRS = South Rurals		06 = Jun	20 = 2020	06 = 6 th Report of the month for Region		R5 = 5 th Revision	
DST = Desert		07 = Jul		07 = 7 th Report of the month for Region			
ORG = Orange		08 = Aug		08 = 8 th Report of the month for Region			
NRS = North Rurals		09 = Sep					
SUB = Substation		10 = Oct					
PPD = Power Prod.		11 = Nov					
LCC = Line Clearing		12 = Dec					

INFORMATION FOR EDISION REPRESENTATIVE ONLY

When entering incident into EHSync, the response to the question, “Was the Injury Assistance Program (IAP) offered to the employee?” will always be “No.”

Attachment A: Contractor Incident and Evaluation Report

Part 2a – Five Day Update Report

Company Name:		Date of Incident:	
Summary of Event: Brief summary in chronological order of relevant events, activities, or equipment status prior to and including termination of the event. State if CAL OSHA or CPUC was notified of this event.			
Immediate Actions Taken: (e.g. steps taken to secure the site, call emergency services, and notify the Edison Representative)			
Status of Injured Person(s) and/or Fatality or Equipment: Person(s) condition (e.g., released from hospital on 01/12/18 or 12 kv Bravo line returned to service on 01/12/18).			
Interim Actions Taken: Temporary actions that are being taken to prevent same or similar events until final corrective actions can be identified. List both open & closed actions.			
Potential Causes: List here any cause(s) that are being explored. These are not considered to be final because the evaluation is not complete.			

Attachment A: Contractor Incident and Evaluation Report

Part 2a – Five Day Update Report

OSHA Notifications:		Date:		Time:		Case#:	
Status of Cause Evaluation: Check all that are completed.							
<input type="checkbox"/>	Evaluation Team Identified	<input type="checkbox"/>	Interviews Scheduled	<input type="checkbox"/>	Report In Progress		
<input type="checkbox"/>	Vendor Hired to Perform Evaluation	<input type="checkbox"/>	Interviews Completed	<input type="checkbox"/>	Report Completed		
<input type="checkbox"/>	Problem Statement Created	<input type="checkbox"/>	Analysis Conducted	<input type="checkbox"/>	Report Submitted		
Challenges: Also, use this section to provide any challenges, reasons for delay, outside entities' involvement, etc.							

Attachment A: Contractor Incident and Evaluation Report

Part 2b – Final Report

FOR GUIDANCE ON ANY SECTION IN THE FINAL REPORT, SEE ATTACHMENT B.

GENERAL INFORMATION

Date of report approval:	
Report approved by:	Name:
	Title:

Evaluation Team Participants:

Name:		Name:	
Company:		Company:	
Title:		Title:	
Name:		Name:	
Company:		Company:	
Title:		Title:	
Name:		Name:	
Company:		Company:	
Title:		Title:	

Date of Incident:		Location of Incident	
Company of the injured worker		Description of injury	

List name of injured person	Title	Title used in the report	Years of Service	Years in Position
List names of involved people	Title	Title used in the report	Years of Service	Years in Position

Attachment A: Contractor Incident and Evaluation Report

Part 2b – Final Report

EXECUTIVE SUMMARY

[1-2 paragraphs - Briefly describe who, what, where, and how the event happened, paraphrase cause and major corrective actions. No more than one page.]

PROBLEM STATEMENT

Requirement

[1-2 sentences - State the governing requirement or standard or expectation.]

Deviation

[1-2 sentences - State the deviation from the requirement.]

Consequences

[1-2 sentences - State the consequences (actual or potential) of the deviation.]

Attachment A: Contractor Incident and Evaluation Report

Part 2b – Final Report

EXTENT OF CONDITIONS (EOCo)

[Perform an evaluation that focuses on identifying where the same or similar problem or condition exists or may exist with other equipment, processes, personnel, or written instructions. State the parameters of the evaluation performed and if they can be used to determine if the same or similar condition exists.

Example: We reviewed all the other work being performed for SCE – two identified Work Orders, #1234AB and #5432XZ. It was determined the same equipment defect exists on Work Order# 1234AB.]

List the actions taken to address each extent of condition scenario.

- *When an extent of condition evaluation identifies more problems that are the same or similar, then develop corrective action(s) to address those problems and list in the Corrective Action Matrix section of this report.*
 - *In the event an extent of condition evaluation cannot be completed within the time period of this cause evaluation, then assign a Corrective Action to complete the review.*
 - *The Corrective Action should include direction to create additional corrective actions as identified during the extent of condition evaluation.]*
- *EOCo 1: [List the corrective action for the extent of condition identified (e.g. Defective capacitor on Work Order# 1234AB replaced with a new model capacitor on 01/22/18 and passed acceptance test).*

Attachment A: Contractor Incident and Evaluation Report

Part 2b – Final Report

SEQUENCE OF EVENTS

[Use a list or paragraph form to describe the sequence of events so the reader can get a visual picture of the timeline of events. Include times if relevant to the event and state whether the times are exact or approximate.]

ANALYSIS AND CAUSES

[Document your analysis process and the identified causes. For suggested analysis methods, see Attachment B of the EHS Handbook for Contractors]

OPERATIONAL EXPERIENCE

[Evaluate if there have been other similar events in the past 3 years while on a project for SCE and what the corrective actions were. State here if there have been similar events, the corrective actions, completion date and if they were successful or not.]

Attachment A: Contractor Incident and Evaluation Report

Part 2b – Final Report

LESSONS LEARNED (Not directly related to causal factors of this evaluation)

[State the lesson learned]

Lesson Learned #1 – *[State the reasoning behind the lessons learned and the actions being taken to address the lesson learned (e.g., During the course of this evaluation it was identified that the Crane driver had an expired driver's license. This expired driver's license did not cause or contribute to the equipment failure that caused this event.)]*

Attachment A: Contractor Incident and Evaluation Report

Part 2b – Final Report

CORRECTIVE ACTION MATRIX

Cause Evaluation Element	Description	Owner/OU/ Due Date
Problem Statement	<i>[State the consequence, paraphrase]</i>	Completed
	<i>[State the actions taken immediately after incident]</i>	
Immediate & Interim Actions	<i>[Describe the actions that have been taken as interim until the evaluation could be completed. If multiple actions list them all.]</i>	Owner
		OU
		Due Date
Apparent Cause (AC):	<i>[State the AC (paraphrase), and describe the action that addresses the AC. Add additional lines for each AC identified. If there are multiple actions, list them all].</i>	Owner
		OU
		Due Date
Contributing Cause (CC):	<i>[State the CC (paraphrase), and describe the action that addresses the CC. Add additional lines for each CC identified. If there are multiple actions, list them all.]</i>	Owner
		OU
		Due Date
Extent of Condition:	<i>[State the EOC (paraphrase), and describe the action that addresses the EOC. Add additional lines for each EOC identified. If none state NONE]</i>	Owner
		OU
		Due Date

Attachment B: Contractor Incident and Evaluation Report

Final Report Guidance

GENERAL INFORMATION

List the date this report was approved, who approved it, and their title.

List those who participated as part of the evaluation team.

List general information about the event and persons involved in the incident:

- Date of Incident
- Location of Incident (e.g., city and general description; also state if this was an SCE facility)
- Company of the injured worker (e.g. Subcontractor ABC Company)
- Description of injury (e.g., 2nd degree burn to left side of face and left arm 3rd degree burn)
- List name of injured person, those involved with the incident (e.g. their foreman, supervisor, co-workers) including their formal work title, years of service with the company and years in position.
- List name of involved person, those directly involved with the incident (e.g. their foreman, supervisor, co-workers, planner, driver, etc.) including their formal work title, years of service with the company and years in position.
- Title used in report – Do NOT use individual names in the report, list them once in the general information section and associate their name with a title that is used through the report (e.g. Johnny Doe – Foreman #1, John Roe – Lineman #1, Jane Doe – Crane Driver #1).

EXECUTIVE SUMMARY

1-2 paragraphs - briefly describe who, what, where, and how the event happened, paraphrase cause and major corrective actions. No more than one page. State if an OSHA or CPUC or DOT notification was made, time and date.

PROBLEM STATEMENT

The Problem Statement aligns management and evaluators so they are both in agreement as to what problem is to be solved.

The Problem Statement should be brief and should include the requirement/standard/expectation, deviation, and consequences (actual and potential). The Problem Statement does NOT include the cause.

The Consequence should highlight both the actual and potential consequences.

Example:

- Requirement, Standard, or Expectation: ABC company policy is committed to ensure all employees work safely and go home in the same condition they came.
- Deviation: On 01/22/18, Foreman #1 was involved in an ABC company vehicle roll-over accident.
- Consequence: Actual: Foreman #1 (driver) sustained four stitches to his right hand and the vehicle was salvaged. Potential: The accident was severe enough that Foreman #1 could have suffered Life Threatening Injuries.

Attachment B: Contractor Incident and Evaluation Report

Final Report Guidance

IMMEDIATE ACTIONS

Immediate Corrective Action, steps taken without delay to resolve situations or conditions involving same or similar concerns, usually requires prompt attention.

Examples:

- Lineman #1 was taken by ambulance to Fairfield Hospital, treated and released with 4 stitches.
- The GCC was called and de-energizing a downed power line (12kv Bravo line in Barstow).
- Communicated the fall hazard to next two shifts (on 01/22/18) and barricaded the slippery floor with cones and safety tape.

INTERIM ACTIONS

A temporary action taken between the time a problem is discovered and when the final actions are complete to prevent or mitigate the effects of the problem, and/or minimize the probability of a repeat problem.

Examples:

- Removed the faulty Wire Cutter (SAP# 10148066) and destroyed those found on all ABC company trucks to prevent use.
- Stopped work using Chopper Truck until ABC Company workers (15 lineman) using this equipment received training from ABC Company Safety Representative on proper use of truck and associated equipment.

EXTENT OF CONDITIONS (EOCo)

Extent of Condition (EOCo) answers the question – ***where else does the same or similar problem or condition exist*** so the latent problem or condition can be eliminated or mitigated to prevent future events.

Determine where the same problem or condition exists or may exist with other equipment, processes, personnel, or written instructions. This review should be performed to the level of detail commensurate to the significance and consequence of the cause evaluation and should be performed early in the evaluation report process. For Potential Life Altering incidents, the EOCo may be bound to just this crew involved or specific equipment, for a fatality the EOCo should expand to the entire company.

Example:

A newly issued AMP Meter gives a mild shock to a technician. All newly issued AMP meters should be taken out-of-service until the cause and corrective action determined.

If a newly issued AMP Meter gives a shock and causes a fatality. All AMP meters should be taken out-of-service until the cause and corrective action determined.

Attachment B: Contractor Incident and Evaluation Report

Final Report Guidance

ANALYSIS

The value in Analysis is it organizes large amounts of data, displays the logic for presentation, ensures quality to the evaluation, ensures a thorough evaluation, and builds credibility for the analysis.

Through analysis causes and corrective actions are identified.

Causal Factors are any factors that initiate the event, contribute to its outcome, or exacerbate its consequences. Causal factors are those actions, conditions, or events that directly or indirectly influence the outcome of a situation or problem.

Causes should have the following criteria:

- The problem would not have occurred had the cause(s) not been present.
- The problem will not recur due to the same cause(s) if the cause(s) are corrected or eliminated.
- Correction or elimination of the cause(s) will prevent occurrence of similar conditions.
- The magnitude of the incident would have been significantly less if the cause(s) had not been present.

Analysis Types

The depth of analysis is dependent on the actual and potential consequences of the event.

- Potential and actual Life Threatening or Life Alerting incidents require at least two types of analysis to ensure different perspectives are used to identify causal factors (e.g. Barrier Analysis and Event & Causal Factor Analysis are the two most widely used analysis types)
- Lesser injuries such as Minor Injury would only require one type of analysis (e.g. usually Standard Cause Evaluation Tool)

Note: Interviewing, data review, training document reviews, troubleshooting, records review, equipment testing, etc. are not analysis – this is how we start gathering information to determine “WHY” the Equipment Failed or Undesired Action/Condition occurred.

Event & Causal Factor Analysis (ECFA)

ECFA is a flow chart-based analysis method that uses symbols and directional flow lines to reconstruct the event by defining the sequence of events, Equipment Failure or Undesired Action/Condition, causal factors and causes (aka ECFA Chart).

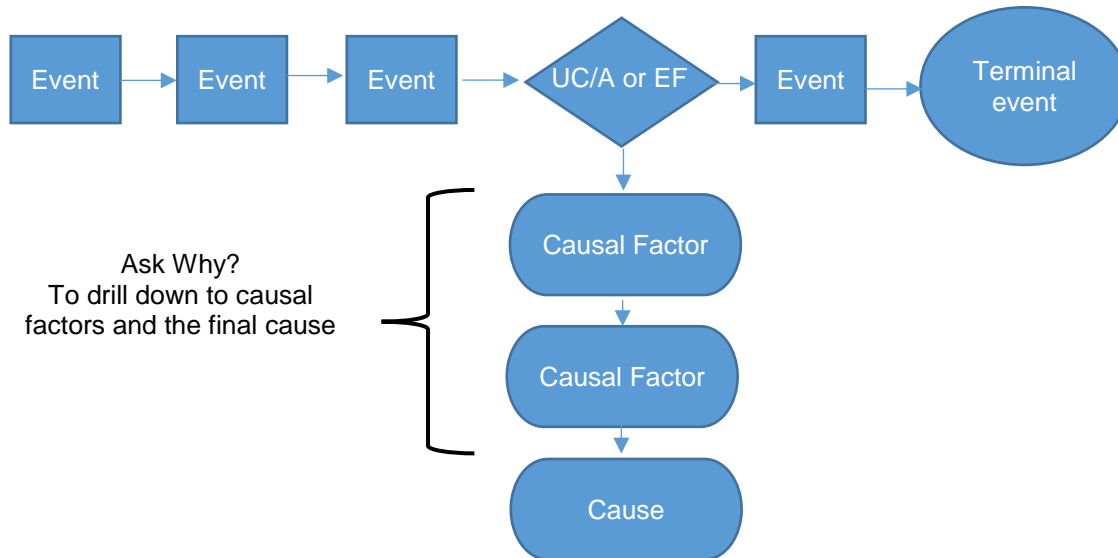
How to perform an Event & Causal Factor Analysis:

- 1) Gather initial information, sequence of events and data
- 2) Define the Terminal Event (e.g. the injury or when the injured person is in a safe condition such as at the hospital)
- 3) Construct a preliminary timeline of steps leading up to the Terminal Event
- 4) Identify the Undesired Action/Condition (UC/A) or Equipment Failure (EF)
- 5) Identify the Causal Factors for each UC/A or EF
- 6) Determine the Cause(s) by asking “WHY” – Apparent Cause(s), Contributing Cause(s)
- 7) Determine corrective action(s) for each cause.

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Example ECFA Chart



Barrier Analysis

How to perform a barrier analysis:

- 1) Become Familiar with The Task/Activity
- 2) Determine those barriers/controls that should have caused/directed proper performance
- 3) Analyze to determine why they were ineffective
- 4) Evaluate potential missing barriers/controls that would have prevented the event
- 5) Determine “WHY” those barriers/controls did not exist

Barrier or control - any device, measure, or process that does one of the following:

- Promotes appropriate actions or conditions
- Prevents/Discourages/Detects/Compensates for Undesired Actions/Conditions or Equipment Failures

A table can be effective to demonstrate a barrier analysis. For example:

Consequence	Barrier analyzed	Effective or Ineffective and Why
Vehicle Accident	Company Policies	Effective: The company has policies that restrict employees from using cell phones while driving
	Policy Use	Ineffective: The employee did not adequately apply the company policy.
	Qualification	Weak: The employee was qualified (life time qualification) 20 years ago on use of this vehicle, but has not driven this vehicle in the last 15 years.

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Other barriers to consider:

Change Management	Job Hazard Analysis	Barrier tape
Policies and Practices	Supervisory Oversight	Pre-job walk-down
Work Orders	Tailboards	Regulations
Qualifications	Training	Ground fault protective devices
Formal communications	Procedures/Guidelines	Job preparation
Specifications	Verification practices	Management Expectations

Standard Cause Evaluation Tool

The analysis assesses people, process, and equipment break-downs from an *individual, supervisory, program, procedure, and equipment failure perspective* and includes typical breakdowns associated with each area.

The analysis starts on the left with individual performance, progress through supervisor, plan/procedure performance, to program/process performance as one ask question moving to the right. Equipment failures are also addressed.

Once a cause is identified (a YES), then perform a “WHY” Analysis

In some cases, there may be an individual performance issue that is not caused by a problem in one of the columns to the right. In cases like this, the performance issue is best dealt with in the performance management system, like coaching.

Asking “WHY” Analysis is the art of systematically drilling down to an actionable cause. It’s a simple, yet effective way to determine the apparent cause in almost any situation. You must approach this analysis step by step with logical questions summarizing the observations from earlier questions. Essentially, you can find the apparent cause of a problem and show the relationship of causes by repeatedly asking the question, “Why?”

Another critical point in this analysis is knowing when to stop asking why. Knowing when to stop mostly depends on three questions:

1. How relevant are the questions and answers to the original problem you are investigating?
2. Did you find a cause that helps you control or prevent the problem?
3. Are the questions and answers significant enough, considering your problem statement?

The Standard Cause Evaluation Tool is useful in determining the Apparent Cause of an incident and stops when an individual/supervisor, procedure or process performance issue is identified. This is in contrast to a Root Cause, which identifies organizational and programmatic causes as when a fatality occurs.

STANDARD EVALUATION TOOL

Document the cause(s). For human performance incidents document the person's response in your evaluation (analysis section), as to *"WHY they behaved the way they did."*

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STANDARD EVALUATION TOOL

Using the Standard Evaluation Tool

The Standard Evaluation Tool assesses human performance, process, program, procedure and/or equipment failures from a “people” (individual, supervisory), “procedure/program/process” or “equipment” perspective and includes typical breakdowns associated with each area.

Start the analysis on the left with individual performance, and progress to the right.

Answer each **Yes/No** question.

Once a causal factor is identified (a **YES**), then perform a WHY Analysis, simply ask WHY until a fixable cause is identified.

For Human Performance incidents, when a **YES** is identified then ask WHY until you get to one of the “Human Performance Error Precursors” listed below, then ask WHY one more time, this is your cause.

Document the person’s response in your evaluation, as to “WHY they behaved the way they did.”

Human Performance Error Precursors

Task Demands (HPT) <ol style="list-style-type: none">1. Time Pressure2. High workload3. Simultaneous, Multiple tasks4. Repetitive actions/monotony5. Irrecoverable Actions6. Interpretation Requirements7. Unclear goals, roles, or responsibilities8. Lack of/unclear standards	Individual Capabilities (HPI) <ol style="list-style-type: none">1. Unfamiliar with task/first time2. Lack of knowledge3. New technique not used before4. Imprecise communication habits5. Lack of proficiency/inexperience6. Indistinct problem solving skills7. Can do attitude for crucial task8. Illness or fatigue
Work Environment (HPW) <ol style="list-style-type: none">1. Distractions/Interruptions2. Changes/departure from routine3. Confusing displays/controls4. Work around/OOS instrumentation5. Hidden system response6. Unexpected equipment conditions7. Lack of alternate indication8. Personality conflicts	Human Nature (HPH) <ol style="list-style-type: none">1. Stress2. Habit patterns3. Assumptions4. Complacent/overconfidence5. Mind set (intentions)6. Inaccurate risk perception7. Mental shortcuts (biases)8. Limited short term memory

Other Analysis Types

Support/Refuting Analysis	Failure Modes & Effects Analysis
Kepner-Tregoe Analysis	Tap Root analysis
Process Analysis	Management Oversight and Risk Tree (M.O.R.T.)
Task Analysis	Fault Tree Analysis
Change Analysis	Comparative Time Line

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CORRECTIVE ACTIONS

Measures taken to correct an adverse condition and to minimize the potential for recurrence of the condition. Corrective Actions alleviate symptoms of a problem or to eliminate or diminish causes of problems. They generally have to change design or behavior.

Corrective Actions should always be SMART. If the incident resulted in severe consequences, then the Corrective Action should be SMARTS:

- **Specific** - do you know exactly what you expect, would a reasonable reviewer arrive at the same expectation, can you determine that you are done?
- **Measurable** - is there a number, a level of quality, an object or analysis that you can point to?
- **Achievable** - is 100% error-free performance achievable?
- **Realistic** - does it place undue stress on the organization, would it pass a cost benefit test, are the corrective actions within the capability of the organization to implement, does it allow the organization to continue to meet its primary objective of safe, reliable, clean, efficient power generation?
- **Timely** - does it consider the next threat, does it consider the risk associated with non-performance?
- **Sustainable** - is it captured programmatically, can it be easily removed or undone, will you be able to tell it is still there in two years?

Corrective Actions within the CA Matrix addresses four (4) aspects:

- Restores the condition
- Addresses immediate & interim actions until final actions are put in place
- Prevents or mitigates the cause
- Addresses Extent of Condition

Corrective Actions shall have an owner and a due date.

Corrective Actions have a range of effectiveness

Most effective	Design to minimize energy	Low human interaction
	Physical barriers/safety device	
	Warning device, signs & signals	
	Protective procedures	
	Training	
	Tailboards	
Least effective	Email communication	High human interaction
	Accept the risk	

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DEFINITIONS

Apparent Cause:	The reason for an Equipment Failure or Undesired Result based on available evidence and facts. If corrected, then an apparent cause should reduce the probability of repeating the same or similar events, incident or problems. Apparent causes are not discussed in or part of Root Cause Evaluations.
Barrier:	Is an item that reduces or is intended to reduce the adverse impact of a threat or hazard on a target. Four elements: <ul style="list-style-type: none"> • Effective barrier: Is a barrier that was in place to protect the object. • Missing barrier: Is a barrier that was not in place to protect the object. • Weak barrier: Is a barrier whose effectiveness is compromised to one extent or another through poor design, degradation, and misapplication for the object it is protecting. • Ineffective barrier: Is a barrier that did not work to provide protection from the object it is protecting.
Business Action:	An action assigned as part of an issue that is not a corrective action, corrective action to prevent recurrence, or effectiveness review.
Contributing Cause (CC):	A cause contributing to an event or problem or making the event or problem more difficult to detect, but one that singularly by its elimination would not have prevented the event or problem.
Corrective Action:	Measures taken to correct an adverse condition and to minimize the potential for recurrence of the condition. Measures taken to alleviate symptoms of a problem or incident to eliminate or diminish causes of problems.
CPUC Reportable Incident:	The CPUC defines reportable injuries as those that meet any of the following criteria: <ul style="list-style-type: none"> • Fatality or personal injury rising to the level of in-patient hospitalization; • Are the subject of significant public attention or media coverage; or • Damage to property of the utility or others estimated to exceed \$50,000 and are attributable or allegedly attributable to utility owned facilities.
DART Injury:	(Days Away, Restrictions and Transfers) An injury resulting in lost time, restricted duties, or transfer of the employee.
Direct Cause	The immediate reason of an event, accident or an injury.
DOT-Reportable Incidents	During the course of transportation in commerce (including loading, unloading, and temporary storage) as a direct result of a hazardous material: <ul style="list-style-type: none"> • A person is killed. • A person receives an injury requiring admittance to a hospital. • The general public is evacuated for a one hour or more. • A major transportation artery or facility is closed or shut down for one hour or more or the operational flight pattern or routine of an aircraft is altered. • Fire, breakage, spillage, or suspected radioactive contamination occurs involving a radioactive material. • Fire, breakage, spillage, or suspected contamination occurs involving an infectious substance other than a diagnostic specimen or regulated medical waste. • A release of a marine pollutant in a quantity exceeding 450 L (119 gallons) for liquids or 400 kg (882 pounds) for solids; or a situation exists

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	<p>of such a nature (e.g., a continuing danger to life exists at the scene of the incident) that, in the judgment of the person in possession of the hazardous material, it should be reported to the National Response Center even though it does not meet these criteria.</p> <p>An unintentional release of a hazardous material from a package (including a tank) or any quantity of hazardous waste that has been discharged during transportation.</p>
Equipment Failure (EF):	An equipment malfunction or cessation of normal operation that results in an unintended condition.
Extent of Condition (EOCo):	The extent to which the problem identified currently exists or is at risk of experiencing the same or similar consequences as the event or problem being evaluated.
First Aid Incident:	Can be described as an injury, illness or incident requiring medical attention that is usually administered immediately after the injury occurs and at the location where it occurred, and often consists of a one-time, short-term treatment and requires little technology or training to administer. First aid can include cleaning minor cuts, scrapes, or scratches; treating a minor burn; applying bandages and dressings; the use of non-prescription medicine; and drinking fluids to relieve heat stress.
Hazardous Material Release:	Any incident involving a release of potentially hazardous material and/or unauthorized substance into the air, ground, storm drain, waterways, etc., or any action that violates Federal, State, or local environmental laws and regulations and results in an actual or potential regulatory response. Any release that requires reporting to any Federal and/or State agency is considered an environmental incident. The reporting requirement applies only to incidents that occur in the course of performing authorized contracted work and/or services on behalf of SCE.
Immediate Action:	An action taken immediately upon discovery of an event or problem to make the situation safe.
Interim Action:	A temporary action taken between the time a problem or incident is discovered and when the final actions are complete to prevent or mitigate the effects of the problem, and/or minimize the probability of a repeat problem.
Life Altering Incidents:	Injury, illness or fatality occurring in a place of employment, or in connection with employment, requiring immediate life-preserving rescue action, that if not applied in an immediate fashion, would likely result in the death of that person. These cases usually require the intervention of emergency response personnel to provide life-saving support. Some common examples would include significant blood loss, damage to the brain or spinal cord, use of CPR or AED, chest or abdominal trauma affecting vital organs, and serious burns (3rd degree over a major portion of the body).
Life Threatening Incidents:	Injury, illness or fatality occurring in a place of employment, or in connection with employment, resulting in a permanent and significant loss of a major body part or organ function; permanently changes or disables normal life activity; or requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation. Some examples include significant head injuries, spinal cord injuries, paralysis, major amputations, catastrophic fractured bones, and serious burns (highly visible such as to the face or neck).
Minor Injury/Illness:	Injury, illness or incident that is not Life Threatening or altering but requires more attention than just First Aid.

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Potential Life Threatening or Altering Incidents:	An injury or illness or possible injury/illness that is more likely to occur than NOT to occur had the circumstances been different. A potential incident would violate one of the “Rules That Will Keep You Alive”, but does not include an accident on a public street or highway, psychological stress, event where noise exposure is sole stressor, slip/trip/fall at ground level, or physical over-exertion (sprain/strain).
OSHA-Recordable Injury:	(Occupational Safety and Health Administration) Work-related injuries and illnesses (including lost time injuries) that result in loss of consciousness, restricted duty, job transfer, medical treatment beyond first aid, fatality or a significant injury or illness diagnosed by a physician or other licensed health care professional.
Problem:	An event, incident, failure, deficiency, or trend involving equipment, human performance, or programs contrary to good business practices or regulatory requirements.
Property Damage Incident:	Any incident involving loss and/or damage to SCE owned or non-SCE owned property. The reporting requirement applies only to incidents that occur in the course of performing authorized contracted work and/or services on behalf of SCE.
Root Cause:	The most fundamental reason for an event or problem and, if eliminated or controlled, will prevent recurrence of the event or problem and similar events or Problems
SCE	Southern California Edison
Serious Injury:	Any injury or illness (including death) occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.
Undesired Actions/Conditions (UA/C):	An action taken, or action NOT taken, that results in an unintended condition, nonconformance, or noncompliance.
Operating Experience (OE):	Data sets that include examples of company and industry events and lesson learned.