

INCIDENT REPORTING GUIDELINES

On-Line Safety Reporting System

Policy Requirements

- Initial incident reports for all incidents, including near misses, shall be reported within 4 hours.
- Detail incident reports are required within 24 hours.
- Reporting is done via on-line (PWeb) incident report form.
- Injuries with Days Away from Work - immediate supervisor and PM must teleconference with GBU President within 4 hours.
- Projects enter hours via on-line form by FIRST Friday of new period.

Reporting Incidents

Corporate policy requires that all employees report safety incidents to their supervisor immediately. Supervisors must report all incidents to the appropriate Project Manager (Department Manager if the incident is not related to a project), who must officially report the incident to the GBU within four hours. This official reporting is done via the PWeb, unless PWeb is unavailable, in which case the incident can be reported by email, fax or telephone.

“Incidents” include work related injuries, work related illness, accidents with property damage only and near misses. “Near misses” are any unplanned event that had the potential to (but did not) result in injury or property damage.

Incident reports should reflect the best available information at the time. Where exact information is not known (recordability, days away from work, etc.) the PM’s best judgment should be used when completing the initial incident report. This information can be subsequently revised when the detail incident report is submitted.

When in doubt, submit an initial report or contact the GBU Safety Manager.

On-line Safety Reporting System

The on-line reporting system can be found on the PI&T Safety Page on PWeb. To locate the system, follow these steps:

1. From the Corporate PWeb Homepage, select PI&T from the Org Units menu
2. Locate and select “Safety” from the list of pages in the right hand column
3. Select the “Incident Reporting Form” link

To create and submit a new incident report, select the orange “Add” button from the main page of the reporting system. To update an existing incident report or complete the Detail Incident page, locate and select the appropriate incident from the list.

Creating or Updating Incidents

The Initial Incident page of the report must be completed within four hours of the incident occurring. This page includes basic information needed for the first notification to our insurance carriers. If possible, all of the fields should be completed in the initial report. A list is provided at the end of this document describing all fields contained on the initial incident page.

Incident Detail Reports

Within 24 hours of the incident occurring, the Incident Detail page of the on-line report must be completed. This page includes detailed information about the injured party, the nature and extent of injuries, medical treatment provided, corrective actions taken, and witness statements. In the event of property damage, this page also includes descriptive information on the property owner. Finally, the page includes a section to include electronic attachments. These might include photographs, signed witness statements, etc.

Monthly Reporting of Hours

Hours must be entered into the on-line reporting system no later than the first Friday of the new period. If an accurate accounting of hours is not available, estimated hours are submitted into the system. The estimated hours can be revised later in the month, or the following month, when accurate data is available.

From the “Hours” page, select the GBU and the period (month and year) that is being reported. The system only allows hours to be entered for the period selected. MTD and PTD figures are calculated totals based on the sum of all monthly entries. To enter or correct a prior period entry, simply select that month from the drop-down box and correct the figures for that month.

Be sure to select the correct month and year when entering hours.

Hours must be entered for each (as applicable) of six different labor categories. The categories are as follows:

1. Contractor (Field/Craft)
2. Contractor (Office/Admin)
3. JV Partner (Field/Craft)
4. JV Partner (Office/Admin)
5. Parsons Employee (Field/Craft)
6. Parsons Employee (Office/Admin)

Monthly Statistics Summary Reports

The on-line reporting system automatically calculates incident rates based on incidents and hours entered into the system. To view the statistics, select the “Reports” page from the on-line system. Select “Parsons Safety Statistics Summary”, the appropriate GBU, and the appropriate period. (NOTE: The system does not yet provide

reports at the Division and Sector level. That enhancement is pending.) Use the checkboxes to select the labor categories desired.

Contact Rick McAlpin Or Jim Owen for Assistance

Initial Incident Report Fields

1. GBU – Select the GBU from the drop down box. Incidents are reported primarily by project, and the GBU should reflect the unit responsible for the project. This may be different from the GBU that employees the person injured.
2. Field Project Name, Office Location or Other – If the applicable project is listed in the “Field Project” list, select from that box. If not, and if the incident occurred in a Parsons corporate office, select the office from the drop box. Otherwise, type in the name of the responsible organizational unit in the “Other” field. The GBU must be selected BEFORE attempting to select a Project/Office. Do NOT select both a field project AND an Office Location (or Other). If the appropriate Project or Office name can not be found, manually enter it into the “Other” field.
3. Job and WBS Numbers – These fields should reflect the charge number responsible for the incident. In general, that will be the number that the employee was charging at the time of the incident. Projects are responsible for visitors, regardless of what charge number they use while visiting the job. For example, if the Division Manager is injured while visiting Project X, the project number is entered, not the division overhead account.
4. Near Miss – Check this box if the report is for a near miss only (no injury or property damage occurred).
5. Emergency Response Notified – Check this box if fire, police or ambulance was called as a result of the incident.
6. Three or More Employees Hospitalized – Check this box if three or more employees were injured as the result of a single incident. In this case, the GBU or Corporate Safety Manager must also be immediately notified by telephone.
7. Extent of Injury – Select the appropriate radio button. First aid cases are as defined by OSHA 1904 criteria. All other injuries are considered recordable.
8. Restricted Duty (# of days) – If the injured person was limited (by a physician) to less than normal work duration or duties, enter the number of days. Estimate the days if unknown, and correct the number later. NOTE: this is the number of CALENDAR days (not scheduled work days), and it does NOT include the day of the injury.
9. Days Away From Work (# of days) – If the injured person was ordered by a physician not to return to work, enter the number of days missed. Estimate the days if unknown, and correct the number later. NOTE: this is the number of CALENDAR days (not scheduled work days), and it does NOT include the day of the injury. Injuries with Days Away From Work require a phone call to the GBU President within 4 hours.

Figure B-1 Parsons incident/Accident Report Form

Project Information	Project Title		Location
	Subcontractor		
	Address		
	City, State, Zip		
	Contact name		Phone Number

Incident Type	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> General Liability	<input type="checkbox"/> Builder's Risk
	<input type="checkbox"/> Emergency Response Notified (Police, fire, Medic, etc.)	<input type="checkbox"/> Bodily Injury/Illness	<input type="checkbox"/> Equipment
	<input type="checkbox"/> First-Aid Only	<input type="checkbox"/> Real Property Damage	<input type="checkbox"/> Supplies
	<input type="checkbox"/> Recordable Injury	<input type="checkbox"/> Personal Property Damage	<input type="checkbox"/> Machinery
		<input type="checkbox"/> Utility Property Damage	<input type="checkbox"/> Work

Incident Location	Date of Loss		Time of Loss	
	Place (exact location)			

Incident Description	4. Detailed Description of Incident
	5.

Incident/Accident Report Form (Contd)

Workers Comp or Personal Injury (circle one)	Injured Name			
	Address			
	City, State, Zip			
	Home Phone		Date of Birth	
	Nature of Injury			
	Medical Facility		Work Status	
	Treatment Received			

Property Damage or Builder's Risk (circle one)	Owner's Name			
	Address			
	City, State, Zip			
	Home Phone		Work Phone	
	Damage Type		Estimated Cost	
	Utility Type		Marked or Unmarked	
	Description of Damage			

Witness Information	Name			
	Address			
	City, State, Zip			
	Home Phone		Work Phone	
	Where to contact		Time to contact	

Contractor Subcontractor Action	Describe actions taken

Signature _____
 Print Name _____
 Phone No. _____

Employer _____
 Date _____
 Fax Number _____

PARSONS – Camp Stanley PROGRAM

Procedures following a Parsons/Subcontractor Incident

Incident Definition: any unexpected or unplanned event that results in a personal injury requiring medical treatment beyond first aid, or property damage over \$1,000.

Near Miss Definition: near misses are incidents where no property was damaged and no personal injury sustained, but where damage and/or injury easily could have occurred.

At the Scene:

- Provide necessary medical attention to injured worker
- Properly secure the scene for an effective investigation

Within two (2) hours of an incident, notify the following:

- Project Manager, Program Safety Manager and Program Manager

If the incident results in a lost work day case or worse, the GBU President and GBU Safety Manager must be notified. 4/05

PARSONS – Camp Stanley PROGRAM

For all First Aid cases or Near Miss incidents, notify the Program Safety Manager and Program Manager within 24 hours.

By the Close of Business after an incident/near miss:

- Submit an Accident Report Form
<https://pwebtools.parsons.com/safety>