



To be completed by the Event Manager or the Chief Adjudicator in the event of an injury or incident occurring during the course of the MERC (Mine Emergency Response Competition)

| | |
|--------------------------|-----------|
| Name or person involved: | Date: |
| Team name: | Company: |
| Team Mgr. name: | Phone: |
| Scenario involved: | Location: |
| Event Mgr.: | Phone: |
| Incident reported to: | Role: |

| |
|--|
| TYPE OF INCIDENT |
| <input type="checkbox"/> Near miss <input type="checkbox"/> Equip/prop damage <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment |
| Describe the incident in detail: |
| Immediate action to control the situation: |
| Immediate cause of the incident: |
| Basic or root causes: |
| <input type="checkbox"/> Scenario environment <input type="checkbox"/> Actions of people <input type="checkbox"/> Equipment used <input type="checkbox"/> Competency level |
| <input type="checkbox"/> Risk scenario completed for the scenario |
| <input type="checkbox"/> Control measures implemented for the hazards identified |
| <input type="checkbox"/> Team Manager made aware of potential hazards involved in the scenario and the risks associated with those hazards |



RECOMMENDED PREVENTATIVE ACTIONS

| # | Description | Responsibility | Completion date |
|---|-------------|----------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

ADDITIONAL COMMENTS

COMMENTS FROM PERSON(S) INVOLVED IN THE INCIDENT



| | | |
|---|------------------------------|-----------------------------|
| Follow up of injured parties required the next day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copy of this report given to Team Manager? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Causal DOA test required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| COMMENTS | | |
| | | |

| | | |
|--------------------|------------|-------|
| Person involved: | Signature: | Date: |
| Event manager: | Signature: | Date: |
| Chief Adjudicator: | Signature: | Date: |
| MERC Chairman: | Signature: | Date: |