

TITLE: Forklift dropped pallet of drums

STEP 1: REPORTING the Incident, Near Miss or Unsafe Condition

Before end of shift

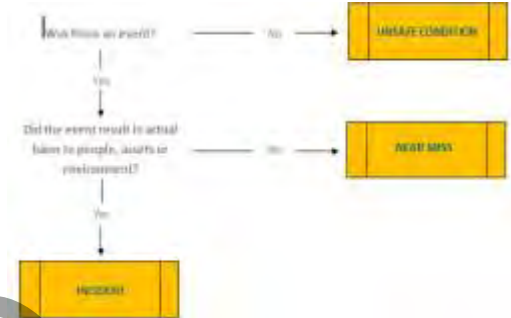
INSTRUCTION: Use this form to collect the initial information required for SAP IM data entry and notification. Record the occurrence in IM before the end of your shift, ensuring to record all of the information in STEP 1.

This form was completed by (print name): CONTRACTOR Representative

Tel #: 705-222-1234

Are you reporting an:

- Incident:** An occurrence that caused harm to people, to assets or to the environment
- Near Miss:** An occurrence that did not cause harm, but had the potential to cause harm
- Unsafe Condition:** A condition with the potential to result in a harmful occurrence.



When did it happen? Date (YYYY/MM/DD): 2017/02/10 Time (24-hr clock): 08:30

Where did it happen? Plant: Creighton Mine Location: L2400 access way

What happened and what immediate actions have been carried out?

Title: Forklift dropped pallet of drums

Description of occurrence or condition: *Note: For contractor related IMs, include project number or work order number:*
 Contractor was moving a pallet of drums using Forklift #234 from the storage bay at L2400 to the maintenance garage at L2400. The forks tilted downwards and the pallet of drums shifted and fell to the ground. No reported injury.

Immediate actions (corrective measures) taken to address the occurrence or condition:
 VALE and CONTRACTOR Representative were contacted and attended the area. Area is roped off pending investigation. Environment department was contacted to assist with the spill.

Related Critical Activity	
<input type="checkbox"/> NA	Not applicable
<input type="checkbox"/> RAC 01	Working at Heights
<input type="checkbox"/> RAC 02	Automotive Vehicles
<input type="checkbox"/> RAC 03	Mobile Equipment
<input type="checkbox"/> RAC 04	Lockout and Tagout
<input type="checkbox"/> RAC 05	Lifting of Loads
<input type="checkbox"/> RAC 06	Confined Spaces
<input type="checkbox"/> RAC 07	Machine Guarding
<input type="checkbox"/> RAC 08	Ground Stability
<input type="checkbox"/> RAC 09	Explosives
<input type="checkbox"/> RAC 10	Working with Electricity
<input type="checkbox"/> RAC 11	Molten Metal

OrgUnit (Supervisor) responsible to manage the incident or condition: 50087583 (VALE Representative)

Who was injured (print): n/a Employee Contractor - include NORCAT # _____

For contractor occurrences Contractor company name: Contractor ABC Project/Work Order # XYZ789
 Vale contact person: VALE Representative

Witness (print): Contractor name Employee Contractor- include NORCAT # ABC1234

JHSC member involved (where applicable): Vale JHSC Name / Contractor JHSC Name

Classify the Severity of the event. For high potential events, follow the HPI protocol.

Incident: Classify Actual and Potential Severity
 Near Miss: Classify Potential Severity

	ACTUAL	POTENTIAL	SEVERITY CLASSIFICATION CRITERIA				
	SEVERITY How bad was it?	SEVERITY How bad could it have been?	A MINOR	B MODERATE	C SERIOUS	D CRITICAL	E CATASTROPHIC
Safety (injury)	N/A	CRITICAL	Incidents requiring only first aid only	Incidents without absence (requiring work restriction, medical treatment)	Incidents with absence.	Permanent disabling incidents or 1 (one) fatality.	Incident resulting in multiple fatalities.
Occ. Health (illness)	N/A	N/A	Low concern reversible effects or without known adverse effect	Reversible effects causing harm	Severe reversible effects	Irreversible effects	Life-threatening or disabling diseases
Financial (asset)	MODERATE	SERIOUS	< US \$10,000	US\$ 10,000 - US\$ 100,000	US\$ 100,000 - US\$ 1,000,000	US\$ 1,000,000 - US\$ 10,000,000	> US\$ 10,000,000

For an **Environment** related incident or near miss, contact the Environment department for direction on how to classify. Contact Environment-On Call outside of normal working hours (if urgent).

STEP 2: Gathering Evidence

Immediately & during investigation

INSTRUCTION: As the supervisor you are likely the first on the scene, giving you valuable insight. Start collecting pertinent information immediately and record it on this form. This will be valuable information during your investigation. This completed form must be attached to the SAP IM for all incidents and near misses. Attach additional information as required (i.e.: photos; maps; etc).

This form was completed by (print name): CONTRACTOR RepresentativeTel #: 705-222-1234**PART A - EQUIPMENT & AREA LAYOUT (add photographs or drawings as required)**

1 Scene layout and positioning of equipment (re-enactment or as located after event). The first rule of capturing the site layout is to take photographs of the scene. Accurate recording of the scene layout is especially important if photographs cannot record everything as is. This should include a sketch of openings of floor layouts as well as where any equipment was located after the event, and if possible, where it came from. Record all equipment numbers.

TAKE PHOTOS.

THIS AREA IS PROVIDED TO DRAW A SKETCH OF THE SCENE.

2	Tools, process, material equipment (what is required, what is missing, and what was involved in the occurrence?)	Forklift#123 is usually used to move materials in this area. Forklift was changed to #234 a few days prior to the task. Forklift #234 met load restriction but it wider than #123.	If hand tools or other non-mobile process equipment or material are involved, record what it is and the condition.
3	Safety devices (what is required, what is missing, and what was involved in the occurrence?)	Pre-use check was completed. Equipment appeared to be fully operational. Hydraulic controls are different from unit #123.	Check the operation of all safety devices (if possible) such as automatic or manual shutoffs; warning devices or conversely if missing safety devices such as lock tags/mechanical stops, etc...
4	Personal protective devices (what is required, what is missing, and what was involved in the occurrence?)	n/a	Check the use of and condition of all personal protective equipment (if possible) such as face shields, harnesses or conversely, if personal protection devices should have been present and are missing such as lifeline, etc...
5	Control panel, signaling and alarm layout.	n/a	Where relevant, check the layout of the control panels and mechanism used for process control and signaling and abnormal operating conditions. Provide a description of any contributing factors that may have been involved and provide photographs or sketches to support the description.

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PART B - CONDITIONS OF WORK

6	Prevailing climate / temperature / humidity	n/a	It is important to record what the climate conditions were, especially if they are contributing factor to the occurrence. Is the area excessively cold or hot or wet? Record what part the prevailing workplace climate may have had to play in the occurrence.
7	General workplace conditions (road or surface conditions / ventilation / structural integrity)	Road surface was a bit wet. Mud had accumulated on shoulders. Sanding and grading was not scheduled until next week.	The physical condition of the workplace can contribute to an occurrence. If conditions are a contributing factor, record the physical issues. Consider the entire workspace from what is underfoot, overhead and around.
8	Visibility and lighting	Adequate	Prevailing lighting conditions that can affect visibility need to be recorded if this is deemed a contributing factor. (This could include whether the area is foggy for example which is possible in some workplaces.)
9	Vibration / noise / radiation	n/a	Was there noise, vibration or radiation that may have contributed to the occurrence? Document the conditions.
10	Housekeeping	Area appears well maintained.	Housekeeping is usually a good indicator of the prevailing level of acceptance of workplace standards. The level of housekeeping in the area must be specifically documented with areas of concern well detailed.
11	Hazardous conditions (chemical/biological) / oxygen deficiency	n/a	Are there hazardous conditions contributing to the occurrence
12	Ease of access to workspace (restrictions, obstructions, tight corners, etc...)	Tight area especially around the storage bay corner to the access way. Pallets were in a difficult area to reach with that particular forklift.	Where this may be a contributing factor, record the ease of access to the workspace. Is it a highly congested, high traffic area or is the access impeded by other obstructions?
13	Physical / ergonomic constraints (cramped, overstretching, repetitive, etc...)	n/a	Look for ergonomic factors contributing directly or indirectly to the occurrence especially where the risk of injury may be due to an over-reaching or cramped type of condition.

PART C - PERSONAL FACTORS

14	Knowledge and skill	Operator is a certified forklift operator. He was new to the L2400 level. Has worked 2 shifts on this level. Operator had never used Forklift #234 and was not familiar with the different hydraulic system.	Knowledge and skill/experience requirement to safely perform the work. Are these requirements met? What is missing?
15	Physical/Physiological Condition (medical restrictions or disability / physical fatigue / restricted range of motion / etc...)	n/a	Where this may be a contributing factor, chronic or acute conditions that do not allow full capacity to perform the task as currently designed. Remember to respect the confidentiality and integrity of all involved.
16	Mental/Psychological Condition (mental fatigue / distraction / conflicting demands / repetitive or monotonous work)	n/a	Where this may be a contributing factor, identify situations that require deep concentration, complex decision making, repetitive and monotonous work, leading to error.
17	Motivation/Conduct (rush / internal pressures / overconfidence / attempt to save time or effort)	Task was prioritized to be done by 8:30 am before the Access way would close for ventilation work. There were 4 pallets to be moved in a period of less than 1hr.	During the initial information gathering, identify any external pressures (real or perceived) that could have led to performing the work differently than expected and that may have led to the occurrence.


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PART D - SYSTEMS

18	Communication	Forklift #234 is not an appropriate for this work area. Communication with the site Supervisor did not take place prior to this change out. Contractor was not aware of this change. Operator did not communicate with his supervisor when he identified that that the Forklift was different than the one he had used on his last shift.	Inadequate communication, programs, mechanisms or execution for effective transfer of information
19	Emergency Systems	n/a	Lack or failure in emergency systems and/or response.
20	Leadership	Work was given to a new operator in this work area with limited time to complete the task. SLAM was not completed with the operator prior to starting the work.	Lack or failure in planning the work, matching individual qualifications to task requirements, availability of workforce,
21	Maintenance and inspection	Deteriorating road conditions. Increased water on access way this time of year. Mud on shoulder of the road.	Lack or failure in planning and /or execution of maintenance or inspection
22	Management of risk and change	Forklift used was too wide for the access way. Forklift #234 had different hydraulic system. Pallets to be moved were in an awkward area.	Failure to identify and assess risk; manage change; failure to implement controls or monitor effectiveness of controls
23	Operational control	Golden Rule #1: Only perform work that you are trained, qualified, authorized and fit to perform. Golden Rule #3: Always use mobile equipment and light vehicles for the purpose they were designed for and adhere to site pedestrian/vehicle traffic rules. Golden Rule #10: Always conduct a management of change assessment before implementing any temporary or permanent change (process, equipment or facility.	Lack or failure in planning and or execution of operational controls (Example: Golden Rules, Safety and Health programs and procedures; Fatality Prevention; Operational Processes; Work Permit; Critical Activities; etc...)
24	Projects and engineering	n/a	Lack or failure in design, commissioning, shutdown, project criteria and demands (Example: Drawings to identify / operate / isolate process equipment; Project plans for design and commissioning, etc...)
25	Purchasing and management of contractors	n/a	Lack or failure in specification of purchasing requirement; contractor management; materials management/storage.
26	Tools, equipment, machines and devices	Forklift was not appropriate for this work area.	Lack or failure in defining usage requirements; designed vs. installed capacity; availability
27	Training and orientation	Operator was a qualified forklift operator; however had never used Forklift #234. Operator was not sufficiently orientated to the location / area to know the issues with this access way. Operator knowledge of the area was limited to 2 prior shifts.	Lack or failure in adequately defining and/or executing on training or orientation requirements; performing safety toolbox meetings; evaluating employee knowledge; instruction qualification, visitor orientation, etc...
28	Work standards	Work standard for movement of this material in this location was not needs to better specify the appropriate equipment / forklift for the task.	Lack or failure in the development or review of standards including assessment or risk; legal requirements; permits; standards contradict the reality of the area.

PART E - OTHER COMMENTS

29	What else can help this investigation? Attach separate sheets as necessary.		What other information might have not been captured here and would be useful to the investigation?
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STEP 3: Sequence of Events 7 days

INSTRUCTION: The sequence of events is important to the ultimate goal of finding root causes. Once the sequence of events are understood, you can start looking at the causes that resulted in each step leading up to the occurrence.

Completed by: CONTRACTOR RepresentativeDate: February 12, 2017

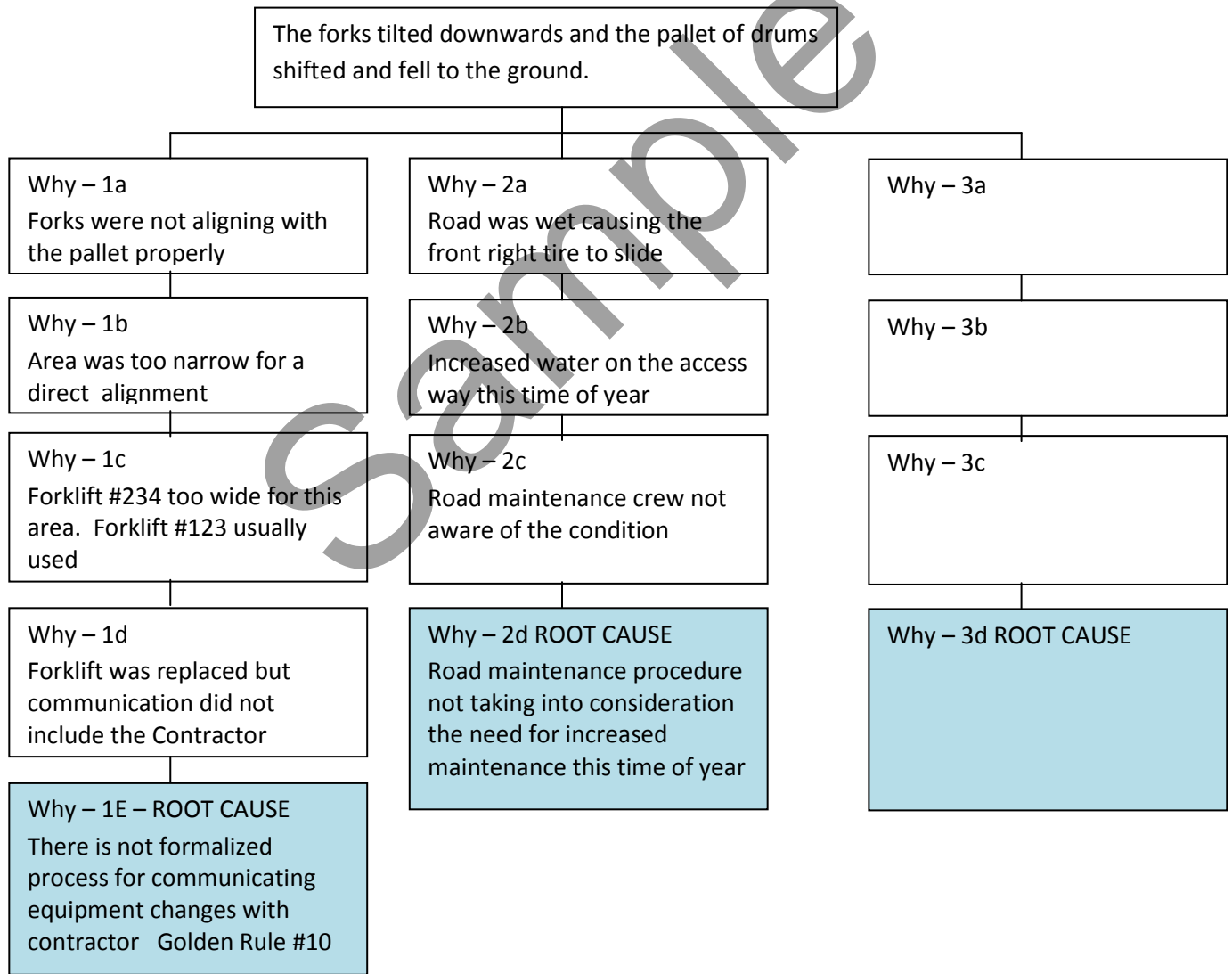
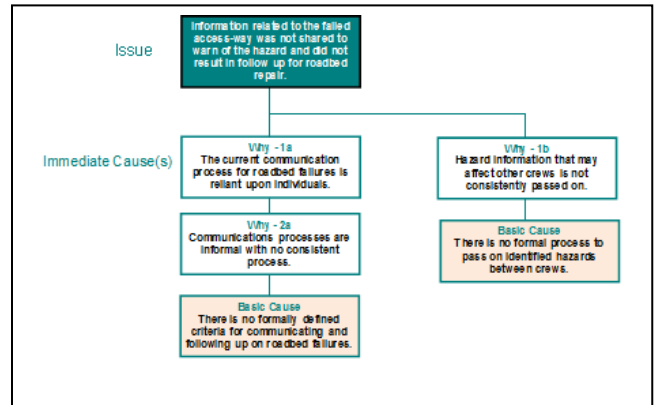
#	DATE	TIME	EVENT
1	Feb 7/17	9:00 am	Forklift #123 was removed for routine management and replaced with Forklift #234
2	Feb 10/17	7:00 am	Contractor line up meeting held by contractor supervisor to assign work for the day. Contractor tasked with moving 4 pallets of drums from the storage bay at L2400 to the maintenance garage at L2400. Access bay will be closed after 8:30am for ventilation maintenance.
3	Feb 10/17	7:20 am	Operator performed his pre-inspection and noted that the hydraulic controls were a different configuration than Forklift #123
4	Feb 10/17	7:25 am	Operator started the forklift engine and tested for controls.
5	Feb 10/17	7:30 am	Forklift was used to pick up the first pallet of drums.
6	Feb 10/17	7:30 am	Forklift operator pushed the hydraulic to lift the forks
7	Feb 10/17	7:30 am	The forks tilted downwards and the pallet of drums shifted and fell to the ground.
8	Feb 10/17	7:35 am	Operator turned of the forklift and contacted his supervisor
9	Feb 10/17	7:55 am	CONTRACTOR Supervisor and VALE Supervisor attended the scene. Area roped off pending investigation. Environment department contacted to assist with the spill.
10			
11			
12			
13			
14			
15			

STEP 4: Root Cause Analysis (5-WHY worksheet)

 14 days

INSTRUCTION: Use this worksheet to help you work through the 5-WHY to identify the cause-effect relationship in an occurrence. By repeatedly asking the question “why?” you peel away layers of issues and symptoms that can lead to the **root cause**.

Start with a statement of the occurrence and ask why it occurred. Turn the answer to the first question into a second why question, etc... until you identify the root cause.




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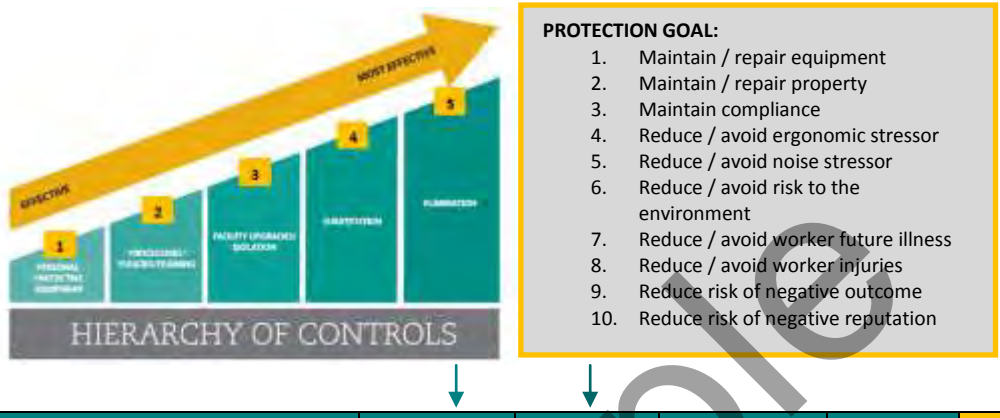
INSTRUCTION: Circle the immediate, underlying and root cause(s) below that you identified in your 5-WHY Analysis. The causes below align with SAP IM.

IMMEDIATE CAUSES				
1. ACTS / DECISIONS (behaviour)				
1A	Deactivation of safety devices	1B	Deviation from work standards (rules, standards, permits)	1C Failure to identify risk situation
1D	Failure to lock/secure	1E	Failure to warn/inform/ communicate	1F Inadequate elevation/lifting handling of load
1G	Inadequate position for task	1H	Inadequate use of PPE	1I Operation at inadequate speed
1J	Operation of equipment without authorization or training	1K	Performing repairs/service of equipment in operation	1L Restricted/unauthorized area access
1M	Use of defective tools/ equipment/devices	1N	Use of inadequate material	1O Use of tools/equipment/ devices in an inadequate or improvised manner
2. CONDITIONS				
2A	Adverse weather conditions	2B	Adverse/inadequate road conditions	2C Congested/restricted space for action
2D	Defective PPE	2E	Inadequate/defective guards or barriers	2F Inadequate/defective tools/equipment/ devices
2G	Deficient structural integrity	2H	Excessive/insufficient lighting or visibility	2I Extreme temperatures (heat/ cold)
2J	Favourable conditions for fire or explosion	2K	Hazardous conditions (chemical or biological agents)	2L Inadequate instructions/procedures
2M	Inadequate housekeeping	2N	Inadequate material	2O Inadequate soil/surface conditions
2P	Inadequate ventilation	2Q	Inadequate or non-existent warning/alarm system	2R Noise level above OEL
2S	Oxygen deficiency	2T	Radiation level above OEL	2U Vibration level above OEL
UNDERLYING (INTERMEDIATE) CAUSES				
3. PERSONAL				
3A	Knowledge/Skill (Example: Lack of awareness; Lack of experience or understanding of task requirements)	3B	Physical/Physiological Condition (Chronic or acute physical condition, including fatigue that does not allow full capacity to perform the task as currently designed.)	3C Mental/Physiological Condition/Stress (Situation that requires deep concentration, complex decision making, or, repetitive and monotonous work, that may lead to error.)
3D	Physical/Physiological Capacity (Illness that impairs the normal execution of work.)	3E	Motivation/Conduct (unintended or intended deviation from expected standards / practice based on the existing perceptions of an individual.)	
ROOT (BASIC) CAUSES				
4. SYSTEMS				
4A	Communication (Inadequate communication, mechanisms, or execution for effective transfer of information)	4B	Emergency systems (Lack or failure in emergency systems)	4C Leadership (Lack or failure in planning the work, matching individual qualifications to task requirements, availability of workforce)
4D	Maintenance and Inspection (Unimplemented, incomplete or failure of maintenance program, equipment monitoring and/or inspection programs.)	4E	Operational Control (Inadequate hazard controls, or lack of consistent application of existing controls. Example: Procedures; Rules; PPE; Golden Rules; Work Permit)	4F Project and Engineering (Lack or failure in design, commissioning, shutdown, project criteria and demands (Example: Drawings to identify / operate / isolate process equipment; Project plans for design and commissioning, etc...))
4G	Purchase and management of contractors (Lack or failure in specification of purchasing requirement; contractor management; materials management/storage)	4H	Tools, equipment, machines and devices (Lack or failure in defining usage requirements; designed vs. installed capacity; availability)	4I Training/Orientation (Lack or failure in adequately defining and/or executing on training or orientation requirements; performing safety toolbox meetings; evaluating employee knowledge; instruction qualification, visitor orientation, etc...)
4J	Work Standards (Lack or failure in the development or review of standards including assessment or risk; legal requirements; permits; standards contradict the reality of the area.)	4K	Management or risk and change (Failure to identify and assess risk; manage change; identify and implement controls measures; monitor effectiveness of controls)	

STEP 5: Recommended Actions

 14 days

INSTRUCTION: Now that you have identified the causes, what actions are required to address them. Use the Hierarchy of Controls in making your decision. The goal of the action plan is to prevent a recurrence. Actions should be **SMART**. Avoid actions that are too broad or that focus on a punitive approach. Assign the actions to specific individuals with the appropriate authority to implement the actions. Assign a due date for the completion of actions.



Actions should be SMART

- Specific
- Measurable
- Achievable
- Relevant
- Time Bound

Cause # from STEP 3	Required Actions	Hierarchy of Control #	Protection Goal #	Implementer (Responsible)	Due Date	Supt. Approval	Date Completed	Sup'r Initial
1 2B	Road at L2400 being resurfaced and grated	3	2	Vale Rep. name	Feb 11/17			
2 4H	Review and formalize the requirement for forklift use for L2400	2	8	Vale Rep name	Feb 20/17			
3 4D	Revise Road Maintenance Standard to increase road inspection to 2x daily during the spring runoff season	2	2	Vale Rep. name	Feb 15/17			
4 4K	Formalize Risk/Change Management Process to include prompt and appropriate communication with all work crews when equipment is changed out	2	9	Contractor Rep & VALE Rep	Feb 12/17			
5 4C	Contractor to formalize SLAM and job observation process .	2	8	Contractor Rep	Feb 15/17			

Note: You will give this Action plan to your FLA/Admin Support on two separate occasions.

- 1) After you have completed this package including STEP 6; and
- 2) After your actions are completed and you have dated and initialed the last two columns. Keep a copy of this Action plan close by for monitoring of action completion.

If you are not supported by an FLA/Admin, input your data into SAP IM after STEP 6 is completed.

STEP 6: Superintendent Quality Check and Approval

21 days

INSTRUCTION: Review your completed investigation and action plan with your Superintendent. This is an opportunity for your Superintendent to provide additional support in your investigation process and to ensure appropriate actions are implemented to prevent a recurrence. Your Superintendent is required to:

- (A) Review/update and approve Root Cause Analysis (STEP 4)
- (B) Review/update and approve Action plan. Initializing in the Superintendent approval column (STEP 5)
- (C) Estimate the likelihood of the Actual and Potential occurrence below.
- (D) With recommended controls, estimate the likelihood and severity of this occurrence occurring in the future. This will generate a residual risk. If risk is still High or Very High return to STEP 4

ESTIMATION OF LIKELIHOOD AND RESIDUAL RISK												
	ACTUAL C		POTENTIAL C		RESIDUAL D		SEVERITY CLASSIFICATION CRITERIA					LIKELIHOOD
	SEVERITY (How bad was it?)	LIKELIHOOD	SEVERITY (How bad could it be?)	LIKELIHOOD	SEVERITY How bad was it?	LIKELIHOOD	A Minor	B Moderate	C Serious	D Critical	E Catastrophic	FREQUENT One or more a month
Safety (Injury)	N/A	LIKELY	CRITICAL	LIKELY	CRITICAL	OCCASIONAL	Incidents requiring only first aid only	Incidents without absence (requiring work restriction, medical treatment)	Incidents with absence.	Permanent disabling incidents or 1 (one) fatality.	Incident resulting in multiple fatalities	LIKELY Within one year
Occ. Health (Illness)	N/A	N/A	N/A	N/A	N/A	N/A	Low concern reversible effects or without known adverse effect	Reversible effects causing harm	Severe reversible effects	Irreversible effects	Life-threatening or disabling diseases	OCCASIONAL Within 1 and 10 years
Financial (asset)	MODERATE	LIKELY	SERIOUS	LIKELY	SERIOUS	OCCASIONAL	< US \$10,000	US\$ 10,000 - US\$ 100,000	US\$ 100,000 - US\$ 1,000,000	US\$ 1,000,000 - US\$ 10,000,000	> US\$ 10,000,000	UNLIKELY Every 10-100 years
For an Environment related incidents or near miss, contact the Environment department for direction on how to classify. Contact Environment-On Call (after hours if urgent).											RARE One per lifetime of facility	



If the residual risk is **High** or **Very High**, return to **STEP 4**. Review contributing factors and implement further actions to reduce the risk.


If a reduced risk cannot be achieved, escalate to Manager.

- (E) Identify Lessons Learned. What is important to share with your crew, with your plant or with the organization?

Lesson learned	Who needs to know
Only Forklift #123 is appropriate for movement in restricted access way on L2400	All crews, contractors working in the area
PHR for contractors needs to include this important information	PMO coordinators
Increased road maintenance in areas where access water is anticipated	All plants and mine managers

- (F) Superintendent approval and signature:

Superintendent Signature	<i>Vale Project Superintendent</i>	Date	Feb 24, 2017
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STEP 7A: Investigation Signoff Form for VALE event 28 days

INSTRUCTION: Every investigation must be reviewed with the Originator and the involved Joint Health and Safety Committee member prior to closing the investigation. The IM Summary Report is a useful tool to print and have on hand when completing this review. Once completed, return to the FLA/Admin support to be uploaded in your SAP-IM. This will initiate the closure of the investigation in SAP IM.

Supervisor

I approve the closure of this investigation.

Print name: _____

Date: _____

Signature: _____

Originator (i.e.: notifier / injured person)

I have reviewed the investigation and I am satisfied with the corrective actions taken to address the contributing factors.

Yes No

If not satisfied, please identify why:

Print name: _____

Date: _____

Signature: _____

JHSC Member:

I have reviewed the investigation and I am satisfied with the corrective actions taken to address the contributing factors.

Yes No

If not satisfied, please identify why:

Print name: _____

Date: _____

Signature: _____



STEP 7b: Investigation Signoff Form for CONTRACTOR event

28 days

INSTRUCTIONS: Every investigation must be reviewed with the Originator and the involved Joint Health and Safety Committee member(s) prior to closing the investigation. The IM Summary Report is a useful tool to print and have on hand when completing this review. The completed Investigation Signoff Form will initiate closure of the investigation.

Vale Representative

I approve the closure of this investigation.

Supervisor of Services
(Role)

Chris LePera
(print name)

[Signature]
(signature)

Date: Jan 31/2017

Contractor Representative

I approve the closure of this investigation.

Supervisor
(Role)

John Smith
(print name)

[Signature]
(signature)

Date: Feb 1/2017

Originator (i.e notifier / injured person)

I have reviewed the investigation and I am satisfied with the corrective actions taken to address the contributing factors.

Yes
 No

If not satisfied, please identify why:

Dave Smith
(print name)

[Signature]
(signature)

Date: Feb 1/2017

Vale JHSC Member

I have reviewed the investigation and I am satisfied with the corrective actions taken to address the contributing factors.

Yes No

If not satisfied, please identify why:

Bob Smith
(print name)

[Signature]
(signature)

Date: Feb 2/2017

Contractor JHSC Member (if applicable)

I have reviewed the investigation and I am satisfied with the corrective actions taken to address the contributing factors.

Yes No

If not satisfied, please identify why:

Steve Smith
(print name)

[Signature]
(signature)

Date: Feb 2/2017

STEP 8: Implement Actions

42 days

INSTRUCTION: The SAP IM will remain open until all assigned Actions are completed. Implement and monitor completion of actions. As the actions are completed, complete the final columns in **STEP 4 Recommended Actions**.

Areas with FLA/Admin: Provide evidence of completed actions to your FLA/Admin of completed actions. The FLA/Admin will close the actions in SAP IM.

Areas without FLA/Admin: As actions are completed, complete the actions in your SAP IM Work Overview and attach evidence to the Report & Documents tab in your IM.

Cause # from STEP 3	Required Actions	Hierarchy of Control #	Protection Goal #	Implementer (Responsible)	Due Date	Sign-off/Approve	Date Completed	Sup'r Initial
1								
2								

Ensure to attach to the SAP IM, any additional evidence to help support the completion of actions (Example: attendance sheet; completed work order; photos; etc...)

STEP 9: Manager's Final Approval and Closure of IM

45 days

INSTRUCTION: When all actions are completed, the Manager's provides a final review and approval in SAP IM. The Manager will complete this action through the SAP IM Work Overview tab.

Areas with FLA/Admin: The FLA/Admin will send the SAP IM to the Manager for Final Approval and Closure.

Areas without FLA/Admin: Change the IM status to closed. Remove all approvers except for the Manager.

Given that all stakeholders have signed off in STEP 6 and STEP 7, only the Manager's final signature is required to close the SAP IM.

Stakeholders will be notified that the IM is sent to the Manager for final approval.

STEP 10: Monitor Effectiveness of New Controls

Ongoing

INSTRUCTION: Ensure to monitor the effectiveness of new controls through planned inspections and audits.

Congratulations, you have successfully completed your investigation and SAP IM.