

**ÉVALUATION SPÉCIFIQUE POUR L'ATTRIBUTION
DE LA MENTION « SECTION EUROPÉENNE »**

**Baccalauréat professionnel
Technicien Menuisier Agenceur**

Session 2023

Épreuve orale

Durée de l'épreuve A et B : 20 minutes

Préparation : 20 minutes

A. Première partie : durée 10 mn, préparation : 20 mn

**SUJET N° 1
Document candidat**

WOOD WORKSHOP ACCIDENT

Travail à faire par le candidat.

Role play :

You are the first aid rep of a joinery business.

One of your colleagues had an accident on the circular saw. She cut her thumb a few days ago.

You've completed an Incident Investigation Report.

Today you are with your boss and an occupational health officer.

You are expected to :

You explain the circumstances of the accident :

- materials, location;
- injuries;
- first aid.

You make recommendations regarding health and safety.

You give your opinion on the elimination of accident hazards.

Enclosure(s) :

Annex 1 : Incident Investigation Report

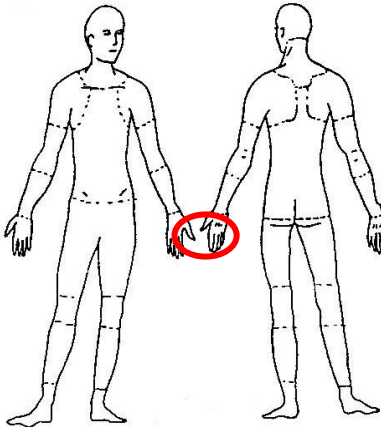
Annex 2 : Table saw picture

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ANNEX 1 : Incident Investigation Report

Instructions : Complete this form as soon as possible after an incident that results in serious injury or illness.
(Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident: 21/04/2023	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

Step 1: Injured employee (complete this part for each injured employee)		
Name: Mrs Dubois	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: 26
Department: Joinery	Job title at time of incident: Joiner	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) <input checked="" type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Concussion (to the head) <input checked="" type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Temporary Months with this employer : 4 Months doing this job: 48

Step 2: Describe the incident	
Exact location of the incident: Circular saw in the workshop	Exact time: 11:45 AM
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/>	
Names of witnesses (if any): Myself	

What personal protective equipment was being used (if any)? Overall, Safety shoes, Ear protections
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. Mrs Dubois put her piece of wood on the workbench and she hurried to the table saw. She started the machine quickly and setup it while it was running. When she get the stop button, her thumb hit the blade and was cut because the blade guard was raised.

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Step 3: Why did the incident happen?

<p>Unsafe workplace conditions: (Check all that apply)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inadequate guard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input checked="" type="checkbox"/> No training or insufficient training 	<p>Unsafe acts by people: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating without permission <input checked="" type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input checked="" type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Other: _____
<p>Why did the unsafe conditions exist ? She wanted to finish her job before the break.</p>	
<p>Why did the unsafe acts occur ? She was working too fast.</p>	

Step 4: How can future incidents be prevented ?

What changes do you suggest to prevent this incident/near miss from happening again ?

Stop this activity Train the employee(s) Train the supervisor(s)

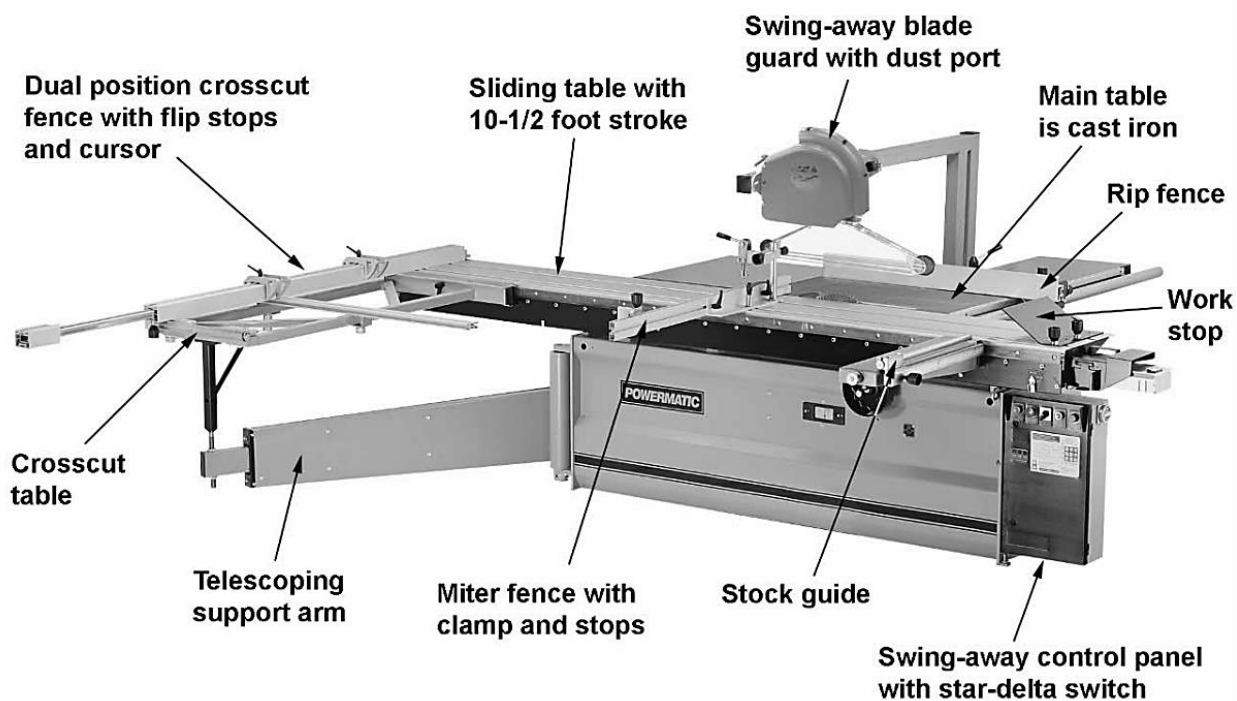
Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy

Routinely inspect for the hazard Personal Protective Equipment Other : _____

Step 5: Who completed and reviewed this form ? (Please Print)

Written by : Myself	Title : First aid worker
Department : Joinery	Date: 21/04/2023
Reviewed by : CEO : Chief Executive officer	Title:
	Date: 21/04/2023

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