

INCIDENT INVESTIGATION REPORT

For Non-Violent Incidents, only

This form is provided for the purpose of documenting the investigation into a workplace incident. Please complete all appropriate sections below; the form will expand to accommodate your responses. Note: this form contains two investigative processes. A **Preliminary Investigation** which must be completed within 48 hours **AND** a **Full Investigation** which cannot be completed until the injured worker(s) and all witnesses have been interviewed. For assistance in completing this report, refer to the "Incident Investigation Reference Guide" at www.worksafebc.com/forms/assets/pdf/52E40Guide.pdf.

Employer Name: School District No 61 (GVSD)		Employer number:
Employer Head Office Address: 556 Boleskine Rd		
City: Victoria	Province: BC	Postal code: V8Z 1E8

Incident Occurred *Reference: s. 3.4(a) Occupational Health and Safety Regulation (OHSR)*

Name and Address of site where incident occurred:		
City (<i>nearest</i>)	Province	Postal code
Date of incident (<i>yyyy-mm-dd</i>)	Time incident occurred (<i>include a.m./p.m.</i>)	

Injured Person(s): *Reference: s. 3.4(b) OHSR*

Last Name	First Name	Job Title/Occupation
1)		
2)		

Witnesses or persons with relevant information: *Reference: s. 174(4) Workers Compensation Act (WCA) and s. 3.4(c) OHSR*

Last Name	First Name	Job Title/Occupation	Witness Statement Completed?	
1)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
3)			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Preliminary Incident Description: *Reference: s. 3.4(d)-(e) OHSR*

Briefly describe what happened, including the sequence of events preceding the incident. If applicable, use APPENDIX I of this form

Full Incident Description: *Reference: s. 3.4(d)-(e) OHSR*

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INCIDENT INVESTIGATION REPORT (continued)

Preliminary Analysis: *Reference: s. 3.4(f)–(h) OHSR*

From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or contributing factors in the occurrence.

Full incident Analysis: *Reference: s. 3.4(f)–(h) OHSR*

From the *Full Incident Description*, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or contributing factors in the occurrence.

Preliminary Statement of Root Causes: *Reference: s. 174(2)(a)–(b) WCA and s. 3.4(f) OHSR*

List any unsafe conditions, acts, or procedures that, in any manner, contributed to the incident. Factors that if removed would have prevented the incident from occurring.

Full Statement of Root Causes: *Reference: s. 3.4(f) OHSR*

Upon further (full) investigation, were there any unsafe conditions, acts, or procedures that, in any manner, contributed to the incident **NOT** previously listed in the Preliminary statement of causes? Factors that if removed would have prevented the incident from occurring.

INCIDENT INVESTIGATION REPORT (continued)

Preliminary Recommendations *Reference: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation*

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Date and status of corrective action
1)		
2)		
3)		

Full Recommendations *Reference: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation*

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Date and status of corrective action
1)		
2)		
3)		

Persons Conducting Preliminary Investigation *Reference: s. 3.4(h) OHS Regulation*

Representative	Name <i>(please print)</i>	Job Title/Occupation	Signature	Date signed <i>(yyyy-mm-dd)</i>
Employer				
Worker				

Persons Conducting Full Investigation *Reference: s. 3.4(h) OHS Regulation*

Representative	Name <i>(please print)</i>	Job Title/Occupation	Signature	Date signed <i>(yyyy-mm-dd)</i>
Employer				
Worker				

Date Incident Investigation Report Submitted to WorkSafeBC *(yyyy-mm-dd)*: _____

(This report is to be submitted by Health and Safety Department ONLY)

INCIDENT INVESTIGATION REPORT (continued)

APPENDIX I

SEQUENCE OF EVENTS RECORD

List the sequence of events leading up to the incident INCLUDING the events immediately following the event:

Date	Time	Description of Action Taken and Persons Involved	Initials