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](http://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: Click here to enter text. |
| City *(nearest)* Click here to enter text. | Province Click here to enter text. | Postal code Click here to enter text. |
| Date of incident *(yyyy-mm-dd)* Click here to enter text. | Time incident occurred (*include a.m./p.m*.) Click here to enter text.  |

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

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Job Title/Occupation** |
| 1) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| 2) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |

**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) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Yes [ ]  No [ ]  |
| 2) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Yes [ ]  No [ ]  |
| 3) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Yes [ ]  No [ ]  |

**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 formClick here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

**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.   Click here to enter text.   |

**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.  Click here to enter text. |

**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.  Click here to enter text. |

**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.  Click here to enter text. |

**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) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| 2) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| 3) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |

**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) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| 2) Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| 3) Click here to enter text.  |  Click here to enter text. |  Click here to enter text. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Representative**  |  **Name** *(please print)* |  **Job Title/Occupation** | **Signature** | **Date signed***(yyyy-mm-dd)* |
|   Employer |  Click here to enter text. |  Click here to enter text. |  |  Click here to enter text. |
|  Worker |  Click here to enter text. |  Click here to enter text. |  |  Click here to enter text. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Representative**  |  **Name** *(please print)* |  **Job Title/Occupation** | **Signature** | **Date signed***(yyyy-mm-dd)* |
|   Employer |  Click here to enter text. |  Click here to enter text. |  |  Click here to enter text. |
|  Worker |  Click here to enter text. |  Click here to enter text. |  |  Click here to enter text. |

**Date Incident Investigation Report Submitted to WorkSafeBC** *(yyyy-mm-dd)***:** Click here to enter text.

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

**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** |
| Click here to enter a date. | Click here to enter text. |  Click here to enter text. |  |
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