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](http://www.worksafebc.com/forms/assets/pdf/52E40Guide.pdf).

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| --- | --- | --- |
| 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 ☐ |
|  |  |  |  |

**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

Click here to enter text.

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

INCIDENT INVESTIGATION REPORT (continued)

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.

**Incident 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.

INCIDENT INVESTIGATION REPORT (continued)

**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. |
|  | | |
| **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. |

# Witness Statement

Facilities School District 61 Victoria BC

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Job Title  Employer |  | | |
| Contact Number |  | | |
| Date of Statement |  | | |
| Date of Incident |  | Time |  |
| Statement Details *(include; the events that lead up to the incident, including planning and precautions that were taken; the sequence of events at the time of the incident, and actions taken*  *after the incident occurred. WHO, WHAT, WHEN, WHERE, HOW* | | | |
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| Recommended Corrective actions (optional) | | | |
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I , certify that the above statement is true.

Signature (optional) Date