

Incident Investigation

SECTION 1	Please refer to reference material on pages 5 and 6 of this form to assist in filling out required fields.				
Company Name	WorkSafeBC Account #	Incident # (Office Use Only)	Date and Time of Incident <small>(YY-MMM-DD)</small>		
Company Address <small>(include city, province and postal code)</small>		Company Contact <small>(include name, phone # and email)</small>			
Types of Major Incidents All the following types of incidents must be investigated.		- Step 1: A preliminary report and interim corrective action report (Sections 1 and 2) must be completed within 48 hours and submitted to WorkSafeBC if requested. - Step 2: A full investigation (Sections 1, 2 and 3) must be completed and submitted to WorkSafeBC within 30 days.			
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Serious Injury or Fatality	<input type="checkbox"/> Close Call or Minor Injury with the Potential to Cause Serious Injury	<input type="checkbox"/> Major Structural Failure or Collapse		
<input type="checkbox"/> Major release of a Hazardous Substance	<input type="checkbox"/> Blasting Incident Causing Injury	<input type="checkbox"/> Dangerous Incident Involving Explosives Other Than Blasting Incident	<input type="checkbox"/> Diving Incident		
Types of Minor Incidents		- These incidents are not required to be investigated by WorkSafeBC but companies may choose to do an investigation.			
<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Process Loss	<input type="checkbox"/> Close Call with No Potential for Serious Injury	
Report Stage					
<input type="checkbox"/> Preliminary Report Date Completed:	<input type="checkbox"/> Interim Corrective Action Date Completed:	<input type="checkbox"/> Full Report Date Completed:	<input type="checkbox"/> Full Corrective Action Report Date Completed:		
Injured/Involved Person(s) Name(s)		Department (if applicable)		Supervisor	
<input type="checkbox"/> N/A	<input type="checkbox"/> Employee	Witness(es)			
<input type="checkbox"/> Visitor	<input type="checkbox"/> Contractor	Operation Condition at Time of Occurrence <small>(select one only)</small>		<input type="checkbox"/> Normal	<input type="checkbox"/> Scheduled Maintenance
Contractor Business Name					
Exact Location of Incident <small>(Address, coordinates, block, room, etc.)</small>					
Date Reported <small>(YY-MMM-DD)</small>	Date Investigated <small>(YY-MMM-DD)</small>	Date of Last SWP Review <small>(YY-MMM-DD)</small>	Time in Position		
			Years:	Months/Days:	
Cost Estimate: Property / Equipment Damage			\$		
Severity Level <small>(use reference material located on page 5 of this form)</small>			High → Low		
1	What was is the severity level of this incident? (please choose one)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2	What could have been the <i>potential</i> severity level? (please choose one)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

SECTION 4 – Additional Information

Injury Information (select all that apply)

Nature of Injury

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies / sensitivities | <input type="checkbox"/> Cut / puncture / open wound | <input type="checkbox"/> Hernia / rupture |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Electric shock | <input type="checkbox"/> Respiratory conditions |
| <input type="checkbox"/> Bruise / contusion | <input type="checkbox"/> Foreign body | <input type="checkbox"/> Scratch / abrasion |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / strains – joints, muscles |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Other occupational injuries |

Body Part

- | | | |
|--|--|--|
| <input type="checkbox"/> Abdomen <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Face <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Neck <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Back <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Groin <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Mouth / teeth <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Chest <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Head <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Multiple part <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R |
| <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R | |
| <input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R | |

Source of Injury

- | | | |
|---|---|---|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Human | <input type="checkbox"/> Petroleum products |
| <input type="checkbox"/> Conveyor | <input type="checkbox"/> Ladders | <input type="checkbox"/> Power tools |
| <input type="checkbox"/> Debris / scrap | <input type="checkbox"/> Logs | <input type="checkbox"/> Slivers |
| <input type="checkbox"/> Electrical equipment | <input type="checkbox"/> Lumber | <input type="checkbox"/> Steam |
| <input type="checkbox"/> Fasteners | <input type="checkbox"/> Machine parts | <input type="checkbox"/> Work area |
| <input type="checkbox"/> Fire / smoke | <input type="checkbox"/> Mobile equipment | <input type="checkbox"/> Working surface |
| <input type="checkbox"/> Hand tools | <input type="checkbox"/> Noise | <input type="checkbox"/> Other (provide details below): |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Office equipment | |
| <input type="checkbox"/> Hoisting equipment | <input type="checkbox"/> Pallets | |

Other

Approvals

Print name *must include at least one management and one worker

Signature

Date (YY-MMM-DD)

Investigation leader	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
Investigation Team Members	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
Safety Representative	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
Immediate Supervisor			
Manager			

Reference Material

Operation Condition at Time of Occurrence

Normal:	Normal operating process
Scheduled Maintenance:	Planned and scheduled maintenance
Upset:	An interruption and / or non-routine break in normal operating process. Includes unscheduled maintenance

Date of last SWP Review:

Indicates the most recent date the Safe Work Procedures (also known as JSB, JSA) for the job was reviewed and signed off with a supervisor

Severity Level – Use the following table to determine the severity level of the incident (question 1).

Severity Level

1	Level 1	Fatality OR Property Damage Exceeding \$500,000
	Level 2	Employee admitted to hospital / probable permanent disability OR property damage between \$100,000 and \$500,000
	Level 3	Employee not able to perform all of their regular duties OR property damage between \$10,000 and \$100,000
	Level 4	Employee able to perform all their regular duties OR property damage less than \$10,000

Potential Severity Level – Use the Severity Level and Probability of Occurrence grid to determine the potential severity level (question 2).

Probability Index of Occurrence		Example	
2	A	Likely to occur immediately	Could happen any day
	B	Probable in time	Likely to happen if conditions are repeated
	C	Possible in time	Under the right conditions, the incident might be repeated
	D	Remotely possible	Even under similar conditions, it is unlikely the incident will be repeated

		Probability of Occurrence			
		A	B	C	D
Potential Severity	1	1	1	1	2
	2	1	2	2	3
	3	2	2	3	3
	4	2	2	3	4

For page 1, Question 2, mark the number that is indicated on the grid above

Self-Check for Incident Investigators:

– Optional information to help in the completion of this form.

Incident Description:

- Is the incident clearly described so that the event is understandable to a non-participant?
- Are the primary people, equipment, materials and environment clearly identified? Are their positions relative to each other described?
- Is there a clear description of the type of injury and/or damage, or the potential for injury or damage?
- Is the sequence of events clearly described, including the events leading up to, during and after the incident?
- Has appropriate use been made of photos and/or drawings?

Immediate Causes (If removed, the incident would not have happened):

- Has one or more immediate causes been identified and checked off?
- Is there a written description for each immediate cause and does it clearly state how the cause is connected to the incident?

Root Causes (Underlying factors that caused the incident. Identify root causes by asking why questions):

- Has one or more root causes been identified and checked off?
- Has the why question been asked enough times to uncover all the root causes?
- For each root cause is there an adequate written description and explanation that can be used to develop meaningful corrective actions?

Corrective Actions:

- Is there a clear description of the corrective actions?
- Has immediate action been taken to remove/reduce the immediate causes?
- Do corrective actions address each of the root causes?
- Do the corrective actions clearly identify - *Who will do what by when?*
- Am I satisfied that this investigation will prevent recurrence of these types of incidents?