Incident Investigation										
SECTION	1 <mark> </mark>	Please	refer to reference material of	l on pages 5 and 6 of this form to assist in filling out required fields.						
Company	/ Name	,	WorkSafeBC Account #	Incid	Incident # (Office Use Only)			Date and Time of Incident		
	Company						ny Contact			
	(include city, provir	ice and p	ostal code)			(include name,	phone # and e	eman)		
All the following	ajor Incidents types of incident nvestigated.	te l	completed within 48 hours Step 2: A full investigation	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.						
Medical Treatment	Serious Injui	ry [Close Call or Minor In Potential to Cause Se)	Major Si or Collar	tructural Fa	ilure		
	e of a Hazardous		Blasting Incident Causing Injury	Dai Dai		ncident Involving I Blasting Incident		Diving Incident		
	inor Incidents		These incidents are not real hoose to do an investigatio	quired to be			afeBC but	companies may		
First Aid	Medical Aid		Property Process Loss Close C Damage Process Loss Injury			Call with No Potential for Serious				
Report S	Stage									
Preliminary F Date Comple			Interim Corrective Action Date Completed:					ull Corrective Action Report Date Completed:		
Injured/Involved	d Person(s) Nam	e(s)	Department (if applicable)			Supervisor				
□ N/A	Employee		Witness(es)							
U Visitor		·	Operation Condition at Ti (select one only)	peration Condition at Time of Occurrence Normal Scheduled Maintenance Ups						
Contractor Bus	siness Name									
Exact Location of (Address, coordinat										
Date Reported (YY-MMM-DD) Date Investigated (YY-MMM-DD)			Date of Last SWP Review (YY-MMM-DD)							
				Years: Months/Days:						
Cost Estimate	Property / Ec	quipm	ent Damage	\$						
Severity Level (use reference material	located on page 5 of th	is form)			Higl	h \rightarrow Low				
1 What was is th	e severity level of	this inci	dent? (please choose one)	☐ 1		2 🗌 3	4			
2 What could ha	ve been the <u>poten</u>	<u>tial</u> seve	erity level? (please choose one)	1		2 🗌 3	4			

SECT	SECTION 2 – Immediate Cause Analysis and Corrective Actions									
Prima	Primary Type of Incident (select one)									
	truck against (running, umping into)		Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise)		Overstress or overpressure					
	truck by (hit by moving oject)		Caught in (pinch & nip points)		Violence					
	all from elevation to ower level		Caught between / under (crushed)		Overexertion or ergonomic					
	all from same level (slips fall, trip over)		Environmental release		Other					
Incide	ent Description (desc	cribe	the sequence of events leading	g up te	o, during the incident)					

Im	Immediate Causes (select and describe <u>all</u> that apply)										
1		Failure to follow safe work practices or rules	9		Inadequate awareness of surroundings	17	Poor housekeeping / disorde	r			
2		Improper use of equipment / tools	10		Improper placement, storage or securement	18	Worksite conditions / conges visibility	tion /			
3		Inadequate grip or hold	11		Repetitive motion	19	Inadequate warning systems				
4		Improper lifting / pushing / pulling	12		Inadequate use of safety devices	20	Inadequate / improper protected equipment	tive			
5		Failure to obtain assistance	13		Under influence of alcohol and / or drugs	21	Inadequate labeling				
6		Failure to warn or instruct	14		Weather conditions	22	Evacuation or treatment dela	у			
7		Failure to lockout	15		Fire / explosion	23 Other – please specify:					
8	3 Failing to use PPE properly 16 Absence of guards and / or barriers										
De	escrip	otion of Immediate Causes	(for e	each	item selected above, please of	desci	be here):				

Interim Corrective Actions (immediate, short and long term) - implemented to prevent future occurrence at the site			By Whom		By When (YY-MMM-DD)		Date Completed Ve		Verified by (initial)
SECTION 3 – Root Cause An	alvs	is and	Corrective Ac	tions					
Root Causes (select and describe					lures	that	apply)		
1 Inadequate work planning or programming	7		adequate assessmen sks and / or hazards	t of needs,	13		Inadequate change	e mana	agement
2 Inadequate communication standards	8	1	adequate maintenand	ce system	14		Inadequate employ	yee ski	ill
3 Inadequate policy, procedures, practices or guidelines	9		adequate engineering esign	g and / or	15		Fatigue due to lac	k of res	st
4 Improper performance is rewarded (tolerated)	10		adequate or lack of ir	spections	16		Mental / physical s	tress	
5 Inadequate performance feedback	11		adequate purchasing ols / equipment / mat		17		Inadequate physical capability		
6 Supervision / leadership	12			dequate training standards 18			Other – please specify:		
Description of Root Causes (for ea	ach i	tem sel	ected above, ple	ease descri	be he	ere):			
			5.14	5 14/					
Full Corrective Actions (immediate, short terr -implemented to prevent future occurrences across	By Whom	By Wh			Date Completed	V	(initial)		

SECTION 4 – Additional Information Injury Information (select <u>all</u> that apply)									
Nature of Injury									
Allergies / sensitivities Amputation Asphyxiation Bruise / contusion Burn Concussion	 Cut / puncture / open wound Dislocation Electric shock Foreign body Fracture Hearing loss 	 Hernia / rupture Infection Respiratory conditions Scratch / abrasion Sprains / strains – joints, muscles Other occupational injuries 							
Body Part									
Abdomen L R Ankle L R Arm L R Back L R Chest L R Ear L R Elbow L R Eye L R	Face L R Hand L R Wrist L R Groin L R Head L R Hip L R Knee L R L R R L R R L R R Hip L R L L R L L R	Neck L R Shoulder L R Foot L R Mouth / teeth L R Multiple part L R Other L R							
Source of Injury									
 Chemicals Conveyor Debris / scrap Electrical equipment Fasteners Fire / smoke Hand tools Heat Hoisting equipment 	 Human Ladders Logs Lumber Machine parts Mobile equipment Noise Office equipment Pallets 	 Petroleum products Power tools Slivers Steam Work area Working surface Other (provide details below): 							
Other									

Approvals	Print name *must include at least one management and one worker	Signature	Date (YY-MMM-DD)
Investigation leader	Management		
investigation leader	Worker		
	Management		
	Worker		
Investigation Team	Management		
Members	🗌 Worker		
	Management		
	Worker		
Safety Representative	Management		
Salety Representative	Worker		
Immediate Supervisor			
Manager			

Reference Material

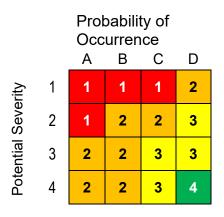
Operation Condition at Time of Occurrence

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

		Level 1	Fatality OR Property Damage Exceeding \$500,000					
	1	Level 2	Employee admitted to hospital / probable permanent disability OR property damage between \$100,000 and \$500,000					
	I	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							

		everity Level – Use the Severity Level and Probabili everity level (question 2).	ty of Occurrence grid to determine the
		Probability Index of Occurrence	Example
	А	Likely to occur immediately	Could happen any day
	В	Probable in time	Likely to happen if conditions are repeated
2	С	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



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 descri	bed so	o that the	event is	understandable	e 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?