

## Handout Resources in this Section:

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- Pages 2–22 **Resource 01: WorkSafeBC Guide to Completing an Employer Incident Investigation Report *and* Employer Incident Investigation Report form** (3 copies)

### Acknowledgment

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- the Guide to Completing an Employer Incident Investigation Report (EIIR); and
  - the Employer Incident Investigation Report (Form 52E40)
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- Pages 23–26 **Resource 02: Workers' Compensation Act – Division 10 – Sections 68 to 73: Employer Accident Reporting and Investigation**

- Pages 27–33 **Cause Definitions**

- Pages 34-39 **Resource 05: Incident Investigation form - Example A**

- Pages 40-46 **Resource 06: Incident Investigation form - Example B**



**BC Forest Safety**

# Guide to Completing an Employer Incident Investigation Report (EIIR)

Save time and money by using the EIIR template to easily create all your required incident investigation reports.

WorkSafeBC has developed an employer incident investigation report (EIIR) [template](#) you can use to create all four reports that may be required following an incident in your workplace. This template will help you collect all the necessary information and reduce the work associated with completing multiple, separate reports.

## What is this guide for?

This guide will walk you through the process of completing an EIIR, in conjunction with the requirements of [Part 3, Division 10](#), of the *Workers Compensation Act* (the Act) and prevention policies D10-175-1 and D10-176-1.

## How many reports do I need to complete?

Depending on the incident, you may be required to complete up to four separate reports. Each report represents the status of the investigation at a specific point in the investigation process.

Report type	When	Template sections
Preliminary investigation	Complete within 48 hours	1 to 14
Interim corrective action	As soon as possible	1, 9, and 12
Full investigation	Complete within 30 days	1 to 19
Full corrective action	As soon as possible	1, 9, and 17

## How do I submit a report to WorkSafeBC?

Generally, you are only required to submit full investigation reports to WorkSafeBC. You can submit full investigation reports:

- Online at the [EIIR upload portal](#)
- By fax at 604.276.3247 in the Lower Mainland or toll-free 1.866.240.1434
- By mail to WorkSafeBC, PO Box 5350, Stn Terminal Vancouver, BC V6B 5L5

## When is an investigation required?

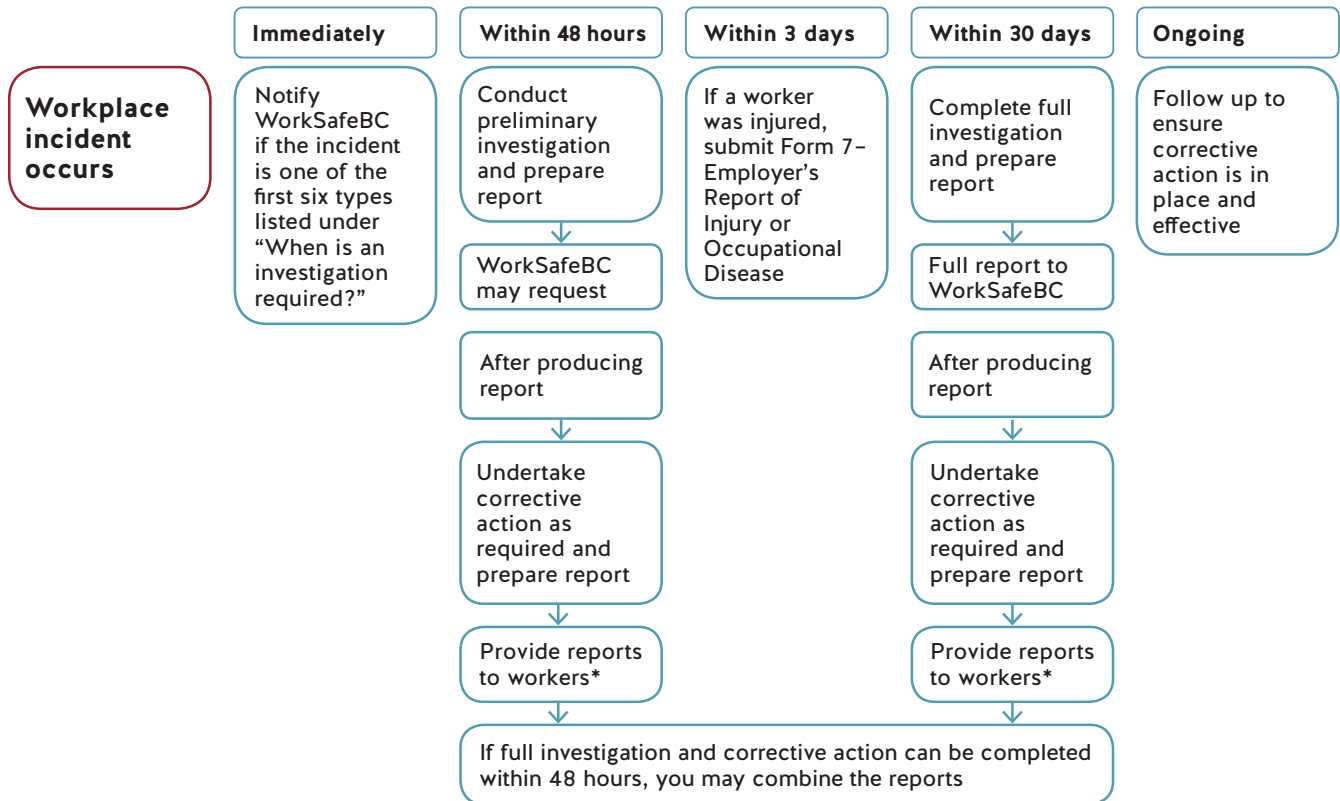
Employers are required to immediately investigate any incident that involves the following:

- (1) Serious injury to or death of a worker
- (2) A major structural failure or collapse
- (3) A major release of a hazardous substance
- (4) Fire or explosion with potential for serious injury
- (5) A blasting accident causing personal injury
- (6) Dangerous incident involving explosives, whether or not there is personal injury
- (7) A diving incident, as defined by the Occupational Health and Safety Regulation
- (8) Minor injury or no injury but had potential for causing serious injury
- (9) Injury requiring medical treatment beyond first aid

**Note:** For the first six types of incidents, you must also notify WorkSafeBC immediately. Call toll-free 1.888.621.7233. After hours call 1.866.922.4357.

If the incident is not one of the types listed above (for example, it was a minor incident and there was no risk of serious injury), you are not required to investigate it.

## What to do following a workplace incident



\* Provide to the joint health and safety committee or worker health and safety representative, as applicable. If there is no joint committee or worker representative, post the report in the workplace.

### Step 1: Preliminary investigation report

When an incident occurs, you must conduct a preliminary investigation to identify any unsafe conditions, acts, or procedures — as much as possible — to identify and manage hazards in the workplace. This helps ensure that work can be done safely during the interim period between the incident and the conclusion of the full investigation.

When the preliminary investigation is complete, open the EIIR template and enter the incident details in sections 1 to 14. Save the file as a Microsoft Word or PDF file, indicating the date of the incident, the injured worker's name, and the type of report (preliminary investigation). Complete this report within 48 hours.

Preliminary investigation reports must be initiated immediately and must contain all information specified by policy. Don't submit your preliminary

investigation report to WorkSafeBC unless you have been directed to do so by an officer.

#### Section 1: Employer information

Provide the employer's legal name, operating name or trade name, address, contact number, email address, WorkSafeBC account number, and operating location number.

#### Section 2: Injured persons

Provide the names and job titles of individuals injured or killed in the incident, even if they don't work for the employer.

#### Section 3: Place, date, and time of incident

For incidents in remote locations or away from the employer's mailing address, include whatever identifying information is available. This may include GPS coordinates, mile markers, or street intersections.

#### **Section 4: Type of occurrence**

Use this section to indicate the type of incident you are investigating. You are legally obligated to investigate and report certain types of incidents. If it's a first aid-only injury and there was no risk of serious injury, you are not required to investigate it. You are not required to investigate a vehicle accident occurring on a public street or highway.

Section 10 of the template lists examples of serious injuries. "A major release" is defined in [Policy D-10-172-1](#).

#### **Section 5: Report type**

Indicate whether this is a preliminary investigation, interim corrective action, full investigation, or full corrective action report. If you are using the EIIR template for multiple reporting obligations, select all the report types that apply. For example, if you have completed the preliminary investigation and identified and taken corrective action, select the "Preliminary investigation report" box and the "Interim corrective action report" box.

Indicate if this is a revision to a previously documented report. If this is a preliminary investigation report requested by an officer, note the officer's name.

#### **Section 6: Witnesses**

Provide the names and job titles of any witnesses to the incident, including workers or members of the public.

#### **Section 7: Other persons whose presence might be necessary for a proper investigation**

Provide the names and job titles of anyone who is needed to conduct the investigation. This may include workers who were on shift before the incident, someone who maintained equipment involved in the incident, or third-party consultants.

#### **Section 8: Sequence of events that preceded the incident**

Identify significant events that led up to the incident. You can also include relevant events that followed the incident, such as first aid. Include

dates and times, if possible. Arrange the events in chronological order, from first to last. Don't include things that should have happened but did not (for example, "worker did not use guard"). For more information on developing a sequence of events, see [these training materials](#), which are listed at the bottom of the web page under "Investigation of Accidents and Incidents."

#### **Section 9: Unsafe conditions, acts, or procedures that significantly contributed to the incident**

Analyze the sequence of events. Ask why each event happened. Describe any unsafe conditions, acts, or procedures (for example, poor housekeeping or failure to follow safety procedures). Avoid stopping at personal factors, such as "worker was careless." Consider possible problems with factors such as training, equipment maintenance, standard work procedures, and environmental conditions.

#### **Section 10: Nature of serious injury**

You may use this section to indicate the nature of the injury, if applicable. According to [Guideline G-D10-172-1](#), a serious injury "is any injury that can reasonably be expected at the time of the incident to endanger life or cause permanent injury." Serious injuries include traumatic injuries such as fractures of the arms or legs, major cuts, burns and crush injuries.

#### **Section 11: Brief description of the incident**

Summarize what happened based on the information in sections 8, 9, and 10.

#### **Section 12: Corrective actions identified and taken to prevent recurrence of similar incidents**

Describe the corrective actions you have identified to prevent similar incidents. Include the action, the name and job title of the person responsible for it, and the completion date or anticipated completion date.

#### **Section 13: Explanation of blank areas on this preliminary report, if any**

You are expected to take reasonable steps to investigate the incident and identify unsafe

conditions, acts, or procedures as much as possible. Circumstances outside an employer's control may restrict the investigation — for example, not being able to access the incident scene because of an ongoing police investigation. If you can't complete the preliminary investigation you should still provide any information you have available.

### **Section 14: Persons who carried out or participated in the preliminary investigation**

Include the name and job title of anyone who took part in the employer's incident investigation.

## **Step 2: Interim corrective action report**

Interim corrective action reports must address the findings of the preliminary investigation. If all interim corrective action was completed when the preliminary report was written, you have already completed the corrective action report and can check both boxes in section 5 (preliminary investigation report and interim corrective action report).

If some actions still need to be done, open the preliminary investigation report and rename the file to indicate that this is the interim corrective action report. Update the information in sections 9 and 12 with any new actions or dates. If some actions still have not been done at the end of the full investigation, ensure they are included in your full corrective action report.

The information you provide in sections 1 to 14 is sufficient to satisfy your legal obligation to prepare both a preliminary incident investigation report and interim corrective action report. You must provide these reports to your joint occupational health and safety committee (or worker health and safety representative, if applicable). If there is no joint committee or worker representative, the reports must be posted in the workplace. Don't send these reports to WorkSafeBC unless an officer asks for them.

## **Step 3: Full investigation report**

In the full investigation, you must determine the causes of the incident. These causes could include underlying problems with supervision, training, preventative maintenance, or other management systems.

When you have completed the full investigation, open the interim corrective action report and rename it (full investigation report). Check the box in section 5. Add information to sections 15 to 19. Submit the report to WorkSafeBC within 30 days of the incident. Don't submit attachments to the report, such as photos, videos, and drawings. Instead, keep them at the workplace.

### **Section 15: Determination of causes of incident**

Analyze the facts and circumstances of the incident to identify the underlying factors that led to it. What underlying factors made the unsafe conditions, acts, or procedures possible? Identify health and safety deficiencies.

### **Section 16: Full description of the incident**

Use the brief description from the preliminary report as a starting point. Expand on it, as necessary.

### **Section 17: Additional corrective actions necessary to prevent recurrence of similar incidents**

Provide information about the corrective actions you have identified to prevent similar incidents. Include the action, the name and job title of the person responsible for it, and the completion date or anticipated completion date.

**Note:** If all the corrective actions have been completed by the time you write the full report, this report can also serve as the full corrective action report. In this case, remember to check both boxes in section 5.

### **Section 18: Persons who carried out or participated in the full investigation**

Include the names and job titles of those who took part in the employer's incident investigation.

## Section 19: Other relevant workplace parties

Depending on the nature of your workplace, there may be other people, such as prime contractors or property owners, who have duties or responsibilities for workplace safety. Identify any other person actively involved in the incident, and include the name and contact information for these other workplace parties, if applicable.

The information you provide in sections 1 to 19 is sufficient to satisfy your legal obligation to prepare a full incident investigation report. You must provide this report to your joint occupational health and safety committee (or worker health and safety representative, if applicable). If there is no joint committee or worker representative, the reports must be posted in the workplace.

## Step 4: Full corrective action report

If there are still outstanding, incomplete corrective actions when you write the full investigation report, then you may be unable to complete the full corrective action report at that time. When all the corrective actions have been completed, open the full investigation report and rename it (full corrective action report). Add the completion dates in section 17 (and section 9, if any).

You must provide this report to your joint occupational health and safety committee (or worker safety representative, if applicable). If there is no joint committee or worker representative, you must post the report in your workplace. Don't send this report to WorkSafeBC unless an officer asks for it.

## What formats is the EIIR template available in?

The template is available in two formats: PDF and Word. The PDF template is dynamic — you can type in the fields. However, it can't be customized with additional fields.

The Word template also has dynamic fields you can type in. You may wish to customize the template by adding a company logo, more fields for tracking and categorizing incidents, or more rows in different sections (for complex or large investigations).

## Do I have to use the EIIR template?

Employers are not required to use the template. You can choose to continue using your own methods of recording incident investigations on your own forms.

Regardless of the reporting format used, your reports must contain the information required by [Policy D10-175-1](#) and [Policy D10-176-1](#) in order to comply with sections 175(2)(a) and 176(2)(a) of the Act.

If you are using your own form, please attach a cover sheet that includes any required information that isn't covered in your form. The cover sheet should include:

- Your WorkSafeBC account number and operating location
- The type of report you are submitting (full investigation or other)
- The type of incident (for example, a minor injury, a near miss, or a serious injury)

## What are the timelines?

You must initiate the preliminary investigation immediately and complete a preliminary investigation report within 48 hours of the incident. You must also initiate the full investigation and submit the full investigation report to WorkSafeBC within 30 days of the incident, unless WorkSafeBC grants an extension.

Depending on the complexity of the incident, you might be able to complete your full investigation report within 48 hours. (See "Can I combine reports?")

The 48-hour period can be extended if it expires on a Sunday or other holiday, or it expires on a day you are not normally open.

You must provide the corrective action report to your joint occupational health and safety committee (or worker safety representative, if applicable) as soon as possible after the corrective action occurs.

## How should I organize my investigation files?

We recommend that when an incident occurs you open the template and save it as a Word or PDF file with a name that indicates the date of the incident, the injured worker's name, and the type of report. For example, you could save a file as: "2015-12-27 John Doe – Preliminary"

If there was no injury, a near-miss incident could be saved as:  
"2015-12-27 Near Miss – Preliminary"

When you move to step 2 (the corrective action report), open the preliminary report, rename it, and update the information. For example, rename the file "2015-12-27 John Doe – Interim"

When you have completed the full investigation, open the interim file, rename it, and complete the information in sections 15 to 19. For example, rename the file:  
"2015-12-28 John Doe – Full"

When you have completed all the corrective actions, it is time to complete the full corrective action report. Open the full report, rename it, and finalize the information in section 17. For example, rename the file:  
"2015-12-28 John Doe – Corrective"

Naming and organizing your files in this way, helps keep all reports together and minimizes re-entering data in the reports.

## Can I hand write the full investigation report?

Both the Word and PDF versions of the template are formatted to be printed and may allow enough space for you to write in the needed information. You could then scan the print document as either a PDF or JPG file and submit it online.

## When can I combine reports?

Depending on the complexity of the incident investigation, it may be possible to complete the full investigation report and resulting corrective action within 48 hours. In this situation, you may combine one or more reports as long as you meet all the requirements and complete the reports within the required time. [Policy D10-176-1](#) describes what to do when the incident investigation and resulting corrective action are completed within 48 hours.

## Who needs to conduct the investigation?

Your incident investigation must be carried out by people who are knowledgeable about the type of work involved. The employer, or a representative of the employer, and a worker representative must participate if they are reasonably available. That means each investigation will be carried out by at least two people, maybe more for complex investigations. For guidance on how to determine whether a worker representative is "reasonably available" to participate in an employer incident investigation consult [Guideline G-D10-174-1 Participation by worker representatives in incident investigations](#).

Participation in the investigation will include:

- Viewing the scene of the incident with those carrying out the investigation
- Providing advice to the people carrying out the investigation
- Any other activities prescribed by WorkSafeBC

People participating in the investigation must have adequate training to be able to fulfill their responsibilities. They should understand the investigation process and be able to analyze the sequence of events to find all factors contributing to the incident.

## Instructions for template

# Employer Incident Investigation Report (EIIR)

This form is available in two formats: **PDF** and a Word template. In the PDF, you can fill in the fields, save the completed form, and either print or email.

The Word template is for employers who would like to customize the existing fields by adding the following features:

- a company logo
- fields for tracking and categorizing incidents
- rows in different sections (for complex or large investigations)

In order to modify the template, the “Developer tab” must first be enabled and showing in the ribbon bar.

Please also note the following:

- This template will need to be saved as a document once the changes have been made.
- The form fields will only function if protected and saved in a Word 97–2003 format.

The template contains the minimum required content to satisfy **the legal requirements for incident investigation and corrective action reports, as set out in the *Workers Compensation Act* and **WorkSafeBC policy****. If you choose to customize, you may add fields but you should not delete any of the current fields.



## Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#) for assistance completing the investigation and this form.

### 1. Employer's information

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

### 2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

### 3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

### 4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

**An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.**

### 5. Report type (select all that apply) If this is a revised version of a previous report, please check here .

<input type="checkbox"/> <b>Preliminary Investigation Report</b>  If requested only, provide a copy to WorkSafeBC.	<input type="checkbox"/> <b>Interim Corrective Action Report</b>	<input type="checkbox"/> <b>Full Investigation Report</b> <div style="border: 1px solid orange; border-radius: 10px; padding: 5px; text-align: center; margin: 5px 0;"> <b>Must be provided to WorkSafeBC within 30 days*</b>            Fax 1.866.240.1434         </div>	<input type="checkbox"/> <b>Full Corrective Action Report</b>
Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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Officer's name		Date sent (yyyy-mm-dd)	
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### 6. Witnesses

Last name	First name	Job title
a)		
b)		
c)		

### 7. Other persons whose presence might be necessary for proper investigation

Last name	First name	Job title
a)		
b)		

### 8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

### 9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

### 10. Nature of the serious injury (optional – complete only if there has been an injury)

<input type="checkbox"/> Life threatening or resulting in loss of consciousness <input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs <input type="checkbox"/> Major crush injuries <input type="checkbox"/> Major cut with severe bleeding <input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot <input type="checkbox"/> Major penetrating injuries to eye, head, or body <input type="checkbox"/> Severe (third-degree) burns	<input type="checkbox"/> Punctured lung or other serious respiratory condition <input type="checkbox"/> Injury to internal organ or internal bleeding <input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch <input type="checkbox"/> Injury requiring CPR or other critical intervention <input type="checkbox"/> Diving illness such as decompression sickness or near drowning <input type="checkbox"/> Serious chemical or heat/cold stress exposure <input type="checkbox"/> Other (specify)
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### 11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

### 12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action	Action assigned to	Expected completion date	Completed date
(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)	(name and job title)	(yyyy-mm-dd)	(yyyy-mm-dd)

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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Action <small>(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a)			
b)			
c)			
d)			
e)			

### 13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

### 14. Persons who carried out or participated in the preliminary investigation

Representative	Name	Job title	Signature (optional)	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				
Other				

### End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

**Note:** If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

### 15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

### 16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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### 17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action <small>(Required in Full Report and Full Corrective Action Report.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a)			
b)			
c)			
d)			

### 18. Persons who carried out or participated in the full investigation

Representative	Name	Job title	Signature <small>(optional)</small>	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				

### 19. Other relevant workplace parties

Company name	Contact person	Contact number or email address
a)		

### End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days\* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

\* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

## Instructions for template

# Employer Incident Investigation Report (EIIR)

This form is available in two formats: **PDF** and a Word template. In the PDF, you can fill in the fields, save the completed form, and either print or email.

The Word template is for employers who would like to customize the existing fields by adding the following features:

- a company logo
- fields for tracking and categorizing incidents
- rows in different sections (for complex or large investigations)

In order to modify the template, the “Developer tab” must first be enabled and showing in the ribbon bar.

Please also note the following:

- This template will need to be saved as a document once the changes have been made.
- The form fields will only function if protected and saved in a Word 97–2003 format.

The template contains the minimum required content to satisfy **the legal requirements for incident investigation and corrective action reports, as set out in the *Workers Compensation Act* and **WorkSafeBC policy****. If you choose to customize, you may add fields but you should not delete any of the current fields.

## Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#) for assistance completing the investigation and this form.

### 1. Employer's information

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

### 2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

### 3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

### 4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

**An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.**

### 5. Report type (select all that apply) If this is a revised version of a previous report, please check here .

<input type="checkbox"/> <b>Preliminary Investigation Report</b>  If requested only, provide a copy to WorkSafeBC.	<input type="checkbox"/> <b>Interim Corrective Action Report</b>	<input type="checkbox"/> <b>Full Investigation Report</b> <div style="border: 1px solid orange; border-radius: 10px; padding: 5px; text-align: center; margin: 5px 0;"> <b>Must be provided to WorkSafeBC within 30 days*</b>            Fax 1.866.240.1434         </div>	<input type="checkbox"/> <b>Full Corrective Action Report</b>
Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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Officer's name		Date sent (yyyy-mm-dd)	
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### 6. Witnesses

Last name	First name	Job title
a)		
b)		
c)		

### 7. Other persons whose presence might be necessary for proper investigation

Last name	First name	Job title
a)		
b)		

### 8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

### 9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

### 10. Nature of the serious injury (optional – complete only if there has been an injury)

<input type="checkbox"/> Life threatening or resulting in loss of consciousness <input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs <input type="checkbox"/> Major crush injuries <input type="checkbox"/> Major cut with severe bleeding <input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot <input type="checkbox"/> Major penetrating injuries to eye, head, or body <input type="checkbox"/> Severe (third-degree) burns	<input type="checkbox"/> Punctured lung or other serious respiratory condition <input type="checkbox"/> Injury to internal organ or internal bleeding <input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch <input type="checkbox"/> Injury requiring CPR or other critical intervention <input type="checkbox"/> Diving illness such as decompression sickness or near drowning <input type="checkbox"/> Serious chemical or heat/cold stress exposure <input type="checkbox"/> Other (specify)
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### 11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

### 12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action <small>(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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Action <small>(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a)			
b)			
c)			
d)			
e)			

### 13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.
---

### 14. Persons who carried out or participated in the preliminary investigation

Representative	Name	Job title	Signature (optional)	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				
Other				

### End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

<p><b>Note:</b> If this was a simple investigation and <b>all needed corrective actions have been completed within 48 hours</b>, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.</p> <p>As of January 1, 2016, copies of <b>all</b> reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.</p>
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### 15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.
---

### 16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.
---



## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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### 17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action <small>(Required in Full Report and Full Corrective Action Report.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a)			
b)			
c)			
d)			

### 18. Persons who carried out or participated in the full investigation

Representative	Name	Job title	Signature <small>(optional)</small>	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				

### 19. Other relevant workplace parties

Company name	Contact person	Contact number or email address
a)		

### End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days\* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

\* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

## Instructions for template

# Employer Incident Investigation Report (EIIR)

This form is available in two formats: **PDF** and a Word template. In the PDF, you can fill in the fields, save the completed form, and either print or email.

The Word template is for employers who would like to customize the existing fields by adding the following features:

- a company logo
- fields for tracking and categorizing incidents
- rows in different sections (for complex or large investigations)

In order to modify the template, the “Developer tab” must first be enabled and showing in the ribbon bar.

Please also note the following:

- This template will need to be saved as a document once the changes have been made.
- The form fields will only function if protected and saved in a Word 97–2003 format.

The template contains the minimum required content to satisfy **the legal requirements for incident investigation and corrective action reports, as set out in the *Workers Compensation Act* and **WorkSafeBC policy****. If you choose to customize, you may add fields but you should not delete any of the current fields.

## Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#) for assistance completing the investigation and this form.

### 1. Employer's information

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

### 2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

### 3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

### 4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

**An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.**

### 5. Report type (select all that apply) If this is a revised version of a previous report, please check here .

<input type="checkbox"/> <b>Preliminary Investigation Report</b>  If requested only, provide a copy to WorkSafeBC.	<input type="checkbox"/> <b>Interim Corrective Action Report</b>	<input type="checkbox"/> <b>Full Investigation Report</b> <div style="border: 1px solid orange; border-radius: 10px; padding: 5px; text-align: center; margin: 5px 0;"> <b>Must be provided to WorkSafeBC within 30 days*</b>            Fax 1.866.240.1434         </div>	<input type="checkbox"/> <b>Full Corrective Action Report</b>
Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
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Officer's name		Date sent (yyyy-mm-dd)	
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### 6. Witnesses

Last name	First name	Job title
a)		
b)		
c)		

### 7. Other persons whose presence might be necessary for proper investigation

Last name	First name	Job title
a)		
b)		

### 8. Sequence of events that preceded the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

### 9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

### 10. Nature of the serious injury (optional – complete only if there has been an injury)

<input type="checkbox"/> Life threatening or resulting in loss of consciousness <input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs <input type="checkbox"/> Major crush injuries <input type="checkbox"/> Major cut with severe bleeding <input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot <input type="checkbox"/> Major penetrating injuries to eye, head, or body <input type="checkbox"/> Severe (third-degree) burns	<input type="checkbox"/> Punctured lung or other serious respiratory condition <input type="checkbox"/> Injury to internal organ or internal bleeding <input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch <input type="checkbox"/> Injury requiring CPR or other critical intervention <input type="checkbox"/> Diving illness such as decompression sickness or near drowning <input type="checkbox"/> Serious chemical or heat/cold stress exposure <input type="checkbox"/> Other (specify)
---	---

### 11. Brief description of the incident

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

### 12. Corrective actions identified and taken to prevent recurrence of similar incidents

Action <small>(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
---	---------------------------	---------------------------

Action <small>(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a)			
b)			
c)			
d)			
e)			

### 13. Explanation of blank areas on this Preliminary Report, if any

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

### 14. Persons who carried out or participated in the preliminary investigation

Representative	Name	Job title	Signature (optional)	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				
Other				

### End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

**Note:** If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

### 15. Determination of causes of incident

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

### 16. Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

## Employer Incident Investigation Report (EIIR)

Employer's name (legal name and trade name)	Operating location number	WorkSafeBC account number
---	---------------------------	---------------------------

### 17. Additional corrective actions necessary to prevent recurrence of similar incidents

Additional corrective action <small>(Required in Full Report and Full Corrective Action Report.)</small>	Action assigned to <small>(name and job title)</small>	Expected completion date <small>(yyyy-mm-dd)</small>	Completed date <small>(yyyy-mm-dd)</small>
a)			
b)			
c)			
d)			

### 18. Persons who carried out or participated in the full investigation

Representative	Name	Job title	Signature <small>(optional)</small>	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				

### 19. Other relevant workplace parties

Company name	Contact person	Contact number or email address
a)		

### End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days\* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

\* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.

As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

Act Index

[http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/96492\\_00](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96492_00)

## **Workers' Compensation Act – Division 10**

### **Employer Accident Reporting and Investigation**

[http://www.bclaws.ca/civix/document/LOC/complete/statreg/--%20W%20--/Workers%20Compensation%20Act%20\[R%20SBC%201996\]%20c.%20492/00\\_Act/96492\\_03.xml#division\\_d2e14036](http://www.bclaws.ca/civix/document/LOC/complete/statreg/--%20W%20--/Workers%20Compensation%20Act%20[R%20SBC%201996]%20c.%20492/00_Act/96492_03.xml#division_d2e14036)

#### **68. Immediate notice of certain accidents**

- (1) An employer must immediately notify the Board of the occurrence of any accident that
  - (a) resulted in serious injury to or the death of a worker,
  - (b) involved a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation,
  - (c) involved the major release of a hazardous substance,
  - (d) involved a fire or explosion that had a potential for causing serious injury to a worker, or
  - (e) was an incident required by regulation to be reported.
- (2) Except as otherwise directed by an officer of the Board or a peace officer, a person must not disturb the scene of an accident that is reportable under subsection (1) except so far as is necessary to
  - (a) attend to persons injured or killed,
  - (b) prevent further injuries or death, or
  - (c) protect property that is endangered as a result of the accident.

#### **69. Incidents that must be investigated**

- (1) An employer must conduct a preliminary investigation under section 71 and a full investigation under section 72 respecting any accident or other incident that
  - (a) is required to be reported under section 68,
  - (b) resulted in injury to a worker requiring medical treatment,
  - (c) did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a worker, or
  - (d) was an incident required by regulation to be investigated.
- (2) Subsection (1) does not apply in the case of a vehicle accident occurring on a public street or highway.



**70. Investigation process**

- (1) An investigation required under this Division must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative.
- (2) For the purposes of subsection (1), the participation of the employer or a representative of the employer and a worker representative includes, but is not limited to, the following activities:
  - (a) viewing the scene of the incident with the persons carrying out the investigation;
  - (b) providing advice to the persons carrying out the investigation respecting the methods used to carry out the investigation, the scope of the investigation or any other aspect of the investigation;
  - (c) other activities, as prescribed by the Board.
- (3) The employer must make every reasonable effort to have available for interview by a person conducting the investigation, or by an officer, all witnesses to the incident and any other persons whose presence might be necessary for a proper investigation of the incident.
- (4) The employer must record the names, addresses and telephone numbers of persons referred to in subsection (3).

**71. Preliminary investigation, report and follow-up action**

- (1) An employer must, immediately after the occurrence of an incident described in section 69, undertake a preliminary investigation to, as far as possible,
  - (a) identify any unsafe conditions, acts or procedures that significantly contributed to the incident, and
  - (b) if unsafe conditions, acts or procedures are identified under paragraph (a) of this subsection, determine the corrective action necessary to prevent, during a full investigation under section 72, the recurrence of similar incidents.
- (2) The employer must ensure that a report of the preliminary investigation is
  - (a) prepared in accordance with the policies of the board of directors,
  - (b) completed within 48 hours of the occurrence of the incident,
  - (c) provided to the Board on request of the Board, and
  - (d) as soon as practicable after the report is completed, either
    - (i) provided to the joint committee or worker health and safety representative, as applicable, or
    - (ii) if there is no joint committee or worker health and safety representative, posted at the workplace.





- (3) Following the preliminary investigation, the employer must, without undue delay, undertake any corrective action determined to be necessary under subsection (1) (b).
- (4) If the employer takes corrective action under subsection (3), the employer, as soon as practicable, must
  - (a) prepare a report of the action taken, and
  - (b) either
    - (i) provide the report to the joint committee or worker health and safety representative, as applicable, or
    - (ii) if there is no joint committee or worker health and safety representative, post the report at the workplace.

## **72. Full investigation, report and follow-up action**

- (1) An employer must, immediately after completing a preliminary investigation under section 71, undertake a full investigation to, as far as possible,
  - (a) determine the cause or causes of the incident investigated under section 71,
  - (b) identify any unsafe conditions, acts or procedures that significantly contributed to the incident, and
  - (c) if unsafe conditions, acts or procedures are identified under paragraph (b) of this subsection, determine the corrective action necessary to prevent the recurrence of similar incidents.
- (2) The employer must ensure that a report of the full investigation is
  - (a) prepared in accordance with the policies of the board of directors,
  - (b) submitted to the Board within 30 days of the occurrence of the incident, and
  - (c) within 30 days of the occurrence of the incident, either
    - (i) provided to the joint committee or worker health and safety representative, as applicable, or
    - (ii) if there is no joint committee or worker health and safety representative, posted at the workplace.
- (3) The Board may extend the time period, as the Board considers appropriate, for submitting a report under subsection (2) (b) or (c).
- (4) Following the full investigation, the employer must, without undue delay, undertake any corrective action determined to be necessary under subsection (1) (c).
- (5) If the employer takes corrective action under subsection (4), the employer, as soon as practicable, must
  - (a) prepare a report of the action taken, and
  - (b) either
    - (i) provide the report to the joint committee or worker health and safety representative, as applicable, or
    - (ii) if there is no joint committee or worker health and safety



representative, post the report at the workplace.

### **73. Employer or supervisor must not attempt to prevent reporting**

An employer or supervisor must not, by agreement, threat, promise, inducement, persuasion or any other means, seek to discourage, impede or dissuade a worker of the employer, or a dependant of the worker, from reporting any of the following to the Board:

- (a) an injury or allegation of injury, whether or not the injury occurred or is compensable under the compensation provisions;
- (b) an illness, whether or not the illness exists or is an occupational disease compensable under the compensation provisions;
- (c) a death, whether or not the death is compensable under the compensation provisions;
- (d) a hazardous condition or allegation of a hazardous condition in any work to which the OHS provisions apply.

**NEW** (effective November 24, 2022):

An employer or supervisor must not, by agreement, threat, promise, inducement, persuasion or any other means, seek to discourage, impede or dissuade a worker of the employer, or a dependant of the worker, from:

- (a) making or maintaining an application for compensation under the compensation provisions, or
- (b) receiving compensation under the compensation provisions.





## Cause Definitions

Cause		Definition	Example
1.	<b>Work Practices or Rules</b>	<p>Policy, rules, standards or procedures not developed or inadequate and/or non-compliant with written policy, rules, standards or procedures.</p> <p>Any intentional act to injure people, damage property or interrupt a process or production.</p>	<p>People, including supervisors, are aware of a dangerous condition, but fail to advise other people and/or management; it includes the failure to provide adequate safety training. Any activity not part of the normal routine of work which creates a disruptive or hazardous situation, usually done for “fun” or to ease boredom.</p>
2.	<b>Use of Equipment, Tools</b>	<p>Operators not operating their equipment according to manufacturer’s specifications, site standards or written procedures.</p> <p>Running or otherwise rushing a task such that work is performed unsafely.</p> <p>Driving vehicles or operating other equipment outside of design or prescribed limits. Using equipment or tools for purposes they are not designed for. Continuing to use hazardous, poorly operating equipment <u>known</u> to be defective.</p>	<p>Situations where special rules, special permits or skill training are required. Not following prescribed procedures, “using the wrong tool for the job”.</p> <p>Driving vehicles or operating other equipment outside of design or prescribed limits.</p>
3.	<b>Grip or Hold</b>	<p>Failure to secure an object, manually or with the use of a mechanical device(s), such that the object is inadvertently released.</p>	<p>Drums on a pallet are lifted and fall off because they were not restrained/secured prior to lift.</p>



Cause		Definition	Example
4.	<b>Lifting, Pushing, Pulling</b>	Working in any of the following postures: hands above head; elbows above shoulders; wrist, neck or back bent (without ability to vary posture); squatting, kneeling to such an extent that pain or injury occurred. Exerting force beyond a worker's individual limits while manually lifting or lowering an object. Exerting force beyond a worker's individual limits while manually pushing, pulling or sliding an object.	Loading materials incorrectly either in number, sequence, distribution or size in vehicles, equipment or storage areas. Causing injury to the person doing the lifting, injury to other people, damaging property or interrupting process through an improper lifting technique.
5.	<b>Obtain Assistance</b>	Failing to get necessary assistance (e.g. personnel, equipment, or expertise) to perform work safely.	Cant falls off load and worker tries to lift it back on by himself.
6.	<b>Warnings or Instructions</b>	People, including supervisors, are aware of a dangerous condition, but fail to advise other people and/or management. This includes the failure to provide adequate safety education or knowledge.	People, including supervisors, are aware of a dangerous condition, but fail to advise other people and/or management; it includes the failure to provide adequate safety training.
7.	<b>Lockout</b>	Any failure to adequately de-energize equipment or failure to completely follow lock out procedures.	Not shutting down or preventing access to hazardous or improperly operating equipment or area, not locking-out electrical or operating equipment.
8.	<b>PPE Use</b>	Not using, using as designed, or maintaining proper PPE.	Changing chipper knives with wrong type gloves.
9.	<b>Awareness of Surroundings</b>	Not paying attention to what is going on around the work area. Something observable and important for the safe completion of a task went unnoticed. Failure to recognize changing work conditions and new hazards ( e.g. not using RADAR )	Equipment was not stopped when piece jammed up.



<b>Cause</b>		<b>Definition</b>	<b>Example</b>
10.	<b>Placement, Storage, or Securement</b>	Not shutting down or preventing access to hazardous or improperly operating equipment or area. Not locking-out electrical or operating equipment. Placing equipment and/or materials in a hazardous position. Loading materials incorrectly either in number, sequence distribution or size in vehicles, equipment or storage areas. People taking a position so as to cause injury, damage to property or loss to process; loss could result from one particular event or over a period of time.	Placing people, equipment and/or materials in a hazardous or disruptive position. Placing people or equipment in such a position as to cause injury to the operator or others, damage to equipment or loss to process; loss could result from one particular event or over a period of time.
11.	<b>Repetitive Motion</b>	A series of motions repeated frequently with little variation.	Manual stamp hammering of logs results in worker with sore arms.
12.	<b>Use of Safety Devices</b>	Not installing, removing or altering guards, barriers, governors or warning devices such that they do not provide protection as designed.	Causing guards, barriers, governors or warning devices in place not to operate as designed (could be more dangerous than removing a device since others may believe it would operate properly if there).
13.	<b>Under the Influence of Alcohol and/or Drugs</b>	Using over-the-counter and/or prescription drugs, controlled substances and uncontrolled substances in a manner that impedes the employee's ability to perform their work safely.	Includes over-the-counter and prescription drugs as well as controlled substances.
14.	<b>Weather Conditions</b>	Adverse weather conditions (snow, wind, etc.) that has a causative relationship in the incident.	Cold weather results in icy walkway and road conditions.
15.	<b>Fire / Explosion</b>	Injury as a result of a fire or explosion.	Mislabeled or not labeled container is cut open with disc grinder resulting in explosion and burns to worker.



Cause		Definition	Example
16.	<b>Guards and/or Barriers</b>	Includes guards or barriers, which do not provide the needed protection or are not in place.	While cleaning around reduction gear sprocket, the guard is left off and board inadvertently gets caught in gear.
17.	<b>Housekeeping, Disorder</b>	Includes presence of contaminants or other conditions e.g.: slippery substances on floor, which should have been cleaned up; unnecessary items, inefficiency in the storing and placement of tools, materials and equipment.	Includes presence of contaminants or other disruptive substances, unnecessary items, inefficiency in the availability of tools, materials and equipment.
18.	<b>Worksite Conditions, Congestion, Visibility</b>	Working environments that are unusually congested or constrictive of movement such that it impairs the employee's ability to perform tasks safely and/or limits safe access/egress. Visibility blurred, impaired, blocked or any other reason the individual may not have clear sight of surroundings.	Rear view mirror is broken and upcoming traffic is not visible.
19.	<b>Warning Systems</b>	Includes communication of warnings and coverage of required areas (e.g.: signs, labels, color-coding, available warning signs and lights).	Includes communication of warnings and coverage of required areas (e.g., signs, labels, colour-coding, available warnings and lights).
20.	<b>Protective Equipment</b>	Includes PPE not available or maintained in a sanitary or usable condition.	Kevlar gloves not available for filer.
21.	<b>Labeling</b>	Lack of or inadequate labeling which can be: instructions, caution, WHMIS related etc. that alerts the user to the potential hazard of the product(s) being used.	No label is put on confined space area.



Cause		Definition	Example
22.	<b>Evacuation or Treatment Methods, Timing</b>	Emergency response timing and/or procedures for evacuations and treatment methods do not exist, do not provide adequate detail, are not communicated, and/or not understood.	Workers do not understand under what conditions or when evacuation is necessary under wind conditions.
23.	<b>Work Planning or Programming</b>	Failure to either prepare and/or follow work plans.	Work started on site without an ERP in place. A worker is injured and the first aid response doesn't go well.
24.	<b>Communication Standards</b>	Inadequate communication standards, guidelines.	Resource road radio calling procedures are not well known. Radio frequency signs are missing.
25.	<b>Policy, Procedures, Practices or Guidelines</b>	Inadequate written standards, guidelines, detailing roles and responsibilities.	Safe work procedures are very general and do not have specific information for this type of operation. Workers don't have all the necessary information and it leads to an incident.
26.	<b>Performance is Awarded (tolerated)</b>	Inconsistent feedback on individual performance.	Worker takes safety shortcuts but their production is good so the supervisor doesn't say anything.
27.	<b>Performance Feedback</b>	Lack of leadership follow up for employees taking shortcuts, doing jobs unsafely. Perceptions that lead to an employee belief that not following standards and safety practices is acceptable.	Management has not consistently enforced wearing of PPE, allowing workers to not wear hardhats when its hot. Employee is struck in the head and the injury is more severe due to lack of hardhat.



Cause		Definition	Example
28.	<b>Supervision / Leadership</b>	Site and/or business leadership who do not adequately fulfill their responsibilities for: planning, organizing, leading or controlling safety performance.	Supervisor is rarely on site to lead their crew and control safety hazards.
29.	<b>Assessment of Needs, Risks and / or Hazards</b>	Inadequate planning to assess the risk of any work activity (large or small) by first: identifying all key hazards, evaluating the risk, developing a safe plan, implementing the plan and measuring the plan effectiveness - before the work begins.	A comprehensive walk-through of the field site is not completed so steep slope and rock bluff hazards are missed.
30.	<b>Maintenance System</b>	Appropriate maintenance programs not in place; not detailed enough to identify key hazards and/or schedules not being followed.	Machinery doesn't receive regular preventative maintenance and it fails leading to a loss of production.
31.	<b>Engineering or Design</b>	Insufficient hazard identification and control methods applied to any project (large or small) at the; conceptual, design, specification, construction, commissioning and/or operating stage.	New office building constructed in a heavily forested area that is prone to wildfires.
32.	<b>Nature and Timing of Inspections</b>	Inspection programs do not exist, are insufficient or are not conducted on a frequent enough basis to assure hazardous conditions are identified and controlled.	There are no shop inspections conducted so the build up of the flammable materials is missed which leads to a fire.
33.	<b>Purchasing Standards: Tools, Equipment, Materials</b>	Proper tools or equipment not available and/or to do the job safely and effectively.	Improper tires purchased for pick up trucks leading to frequent flat tires and loss of traction incidents.





Cause		Definition	Example
34.	<b>Training Standards</b>	Training program(s) not in place, adequate, and/or followed. A written standard and/or procedure not; in place, adequate and/or being followed.	Training new employees is usually done by whatever supervisor is on shift. There is no written procedure on what this orientation should include.
35.	<b>Change Management</b>	Inadequate process is in place for recognizing, documenting and managing all changes which may affect safety and health of personnel.	A new piece of equipment has been purchased and used in the operation. Safe Work Procedures have not been developed for using it.
36.	<b>Employee Skills, Competencies</b>	Insufficient training/education to give employee(s) the knowledge to perform a task or work activity safely or to meet policy, standards, practices or procedures.	A new worker attempts to move a forklift but hasn't received proper training yet and collides with a building.
37.	<b>Fatigue Due to Lack of Rest</b>	Mental and or physical fatigue due to shift length, work and non-work activities.	Supervisor falls asleep while driving home from work and the pickup goes off the road.
38.	<b>Mental Stress / Physical Stress</b>	On or off the job mental stress, emotional overload, fatigue, frustration, etc. which impairs judgment and or job/task proficiency, on or off the job physical stress, injury or illness, fatigue, health hazard exposure, oxygen deficiency, constrained movement, drugs, etc.	Worker is distracted by a stressful situation at home and misses spotting a hazard at work.  Worker is ill, sore and is unable to move their head properly and misses seeing a worker trying to move by their loader.
39.	<b>Physical Capability</b>	Any mismatch of an employee's physical capability with the normal, physical demands of the task or work.	Worker tries to lift a load that would normally require two people to move.
40.	<b>Other</b>		



## Resource 05: Basic Incident Investigation Report – Example A

## Incident Investigation – Example A

<b>SECTION 1</b>		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	
ABC Contracting		123456		5	17-Jul-26	
Company Address (include city, province and postal code)				Company Contact (include name, phone # and email)		
Box 845, Anytown, BC, V0H 1N0				Sue Black, 250-777-7777, <a href="mailto:sblack@gmail.com">sblack@gmail.com</a>		
Types 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	
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 checked="" type="checkbox"/> Close Call with No Potential for Serious Injury		
Report Stage						
<input checked="" type="checkbox"/> Preliminary Report Date Completed: 17-Jul-26		<input checked="" type="checkbox"/> Interim Corrective Action Date Completed: 17-Aug-31		<input checked="" type="checkbox"/> Full Report Date Completed: 17-Jul-30	<input checked="" type="checkbox"/> Full Corrective Action Report Date Completed: 17-Jul-26	
Injured/Involved Person(s) Name(s)		Department (if applicable)		Supervisor		
Bill Brown		Field Work		Sue Black		
<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Employee	Witness(es)		Al Green		
<input type="checkbox"/> Visitor	<input type="checkbox"/> Contractor	Operation Condition at Time of Occurrence (select one only)		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Scheduled Maintenance <input type="checkbox"/> Upset		
Contractor Business Name		N/A				
Exact Location of Incident (Address, coordinates, block, room, etc.)		302 Road at 46 km				
Date Reported (YY-MMM-DD)	Date Investigated (YY-MMM-DD)	Date of Last SWP Review (YY-MMM-DD)	Time in Position			
17-Jul-29	17-Jul-30	14-May-01	Years: 3		Months/Days: 2 months	
Cost Estimate: Property / Equipment Damage			\$5000			
Severity Level (use reference material located on page 5 of this form)			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	<input checked="" type="checkbox"/> 4
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	<input checked="" type="checkbox"/> 4

## Resource 05: Basic Incident Investigation Report – Example A

### SECTION 2 – Immediate Cause Analysis and Corrective Actions

Primary Type of Incident (select one)		
<input checked="" type="checkbox"/> Struck against (running, bumping into)	<input type="checkbox"/> Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise)	<input type="checkbox"/> Overstress or overpressure
<input type="checkbox"/> Struck by (hit by moving object)	<input type="checkbox"/> Caught in (pinch & nip points)	<input type="checkbox"/> Violence
<input type="checkbox"/> Fall from elevation to lower level	<input type="checkbox"/> Caught between / under (crushed)	<input type="checkbox"/> Overexertion or ergonomic
<input type="checkbox"/> Fall from same level (slips & fall, trip over)	<input type="checkbox"/> Environmental release	<input type="checkbox"/> Other
Incident Description (describe the sequence of events leading up to, during the incident)		
<p>Driving unit 2 out to work location. Driving too fast and didn't make it around corner. Went off the road and into the ditch, luckily missed several large trees. Lots of damage to Unit 2 and it needed to be towed back into town.</p> <p>Bill and passenger were banged up and went to the hospital to be checked out. The doctor said that they were fine.</p>		

Immediate Causes (select and describe <u>all</u> that apply)					
1	<input checked="" type="checkbox"/> Failure to follow safe work practices or rules	9	<input checked="" type="checkbox"/> Inadequate awareness of surroundings	17	<input type="checkbox"/> Poor housekeeping / disorder
2	<input type="checkbox"/> Improper use of equipment / tools	10	<input type="checkbox"/> Improper placement, storage or securement	18	<input type="checkbox"/> Worksite conditions / congestion / visibility
3	<input type="checkbox"/> Inadequate grip or hold	11	<input type="checkbox"/> Repetitive motion	19	<input type="checkbox"/> Inadequate warning systems
4	<input type="checkbox"/> Improper lifting / pushing / pulling	12	<input type="checkbox"/> Inadequate use of safety devices	20	<input type="checkbox"/> Inadequate / improper protective equipment
5	<input type="checkbox"/> Failure to obtain assistance	13	<input type="checkbox"/> Under influence of alcohol and / or drugs	21	<input type="checkbox"/> Inadequate labeling
6	<input type="checkbox"/> Failure to warn or instruct	14	<input type="checkbox"/> Weather conditions	22	<input type="checkbox"/> Evacuation or treatment delay
7	<input type="checkbox"/> Failure to lockout	15	<input type="checkbox"/> Fire / explosion	23	<input type="checkbox"/> Other – please specify:
8	<input type="checkbox"/> Failing to use PPE properly	16	<input type="checkbox"/> Absence of guards and / or barriers		
Description of Immediate Causes (for each item selected above, please describe here):					
<p>Driving too fast for the conditions and wasn't able to steer around the corner.</p>					



Resource 05: Basic Incident Investigation Report – Example A

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 (YY-MMM-DD)	Verified by (initial)
Reviewed Driving SWP with Bill.	Sue Black	17-Aug-31	17-Aug-31	

**SECTION 3 – Root Cause Analysis and Corrective Actions**

Root Causes (select and describe <u>all</u> unsafe acts, conditions and procedures that apply)					
1	<input type="checkbox"/>	Inadequate work planning or programming	7	<input type="checkbox"/>	Inadequate assessment of needs, risks and / or hazards
2	<input type="checkbox"/>	Inadequate communication standards	8	<input type="checkbox"/>	Inadequate maintenance system
3	<input type="checkbox"/>	Inadequate policy, procedures, practices or guidelines	9	<input type="checkbox"/>	Inadequate engineering and / or design
4	<input type="checkbox"/>	Improper performance is rewarded (tolerated)	10	<input type="checkbox"/>	Inadequate or lack of inspections
5	<input type="checkbox"/>	Inadequate performance feedback	11	<input type="checkbox"/>	Inadequate purchasing standards: tools / equipment / materials
6	<input type="checkbox"/>	Supervision / leadership	12	<input type="checkbox"/>	Inadequate training standards
13	<input type="checkbox"/>	Inadequate change management			
14	<input checked="" type="checkbox"/>	Inadequate employee skill			
15	<input type="checkbox"/>	Fatigue due to lack of rest			
16	<input type="checkbox"/>	Mental / physical stress			
17	<input type="checkbox"/>	Inadequate physical capability			
18	<input type="checkbox"/>	Other – please specify:			
Description of Root Causes (for each item selected above, please describe here):					
Poor driving habits – driving too fast and not paying attention to the road.					

Full Corrective Actions (immediate, short term, long term) -implemented to prevent future occurrences across the company	By Whom	By When (YY-MMM-DD)	Date Completed (YY-MMM-DD)	Verified by (initial)
Review incident with staff.	All supervisors	17-Aug-31	17-Aug-31	



Resource 05: Basic Incident Investigation Report – Example A

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 checked="" 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	Sue Black	<input checked="" 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	
		<input type="checkbox"/> Management <input type="checkbox"/> Worker	
Safety Representative		<input type="checkbox"/> Management <input type="checkbox"/> Worker	
Immediate Supervisor	Sue Black		
Manager			

Resource 05: Basic Incident Investigation Report – Example A

**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

## Resource 05: Basic Incident Investigation Report – Example A

### **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?



## Resource 06: Basic Incident Investigation Report – Example B

## Incident Investigation – Example B

<b>SECTION 1</b>		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 (YY-MMM-DD)	
ABC Contracting		123456		2017-005	17-Jul-26 8:30 am	
Company Address (include city, province and postal code)			Company Contact (include name, phone # and email)			
Box 845, Anytown, BC, V0H 1N0			Sue Black, 250-777-7777, <a href="mailto:sblack@gmail.com">sblack@gmail.com</a>			
Types Major Incidents All the following types of incidents must be investigated.		<p>- 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.</p> <p>- Step 2: A full investigation (Sections 1, 2 and 3) must be completed and submitted to WorkSafeBC within 30 days.</p>				
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Serious Injury or Fatality	<input checked="" 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 checked="" type="checkbox"/> Medical Aid	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Process Loss	<input checked="" type="checkbox"/> Close Call with No Potential for Serious Injury		
Report Stage						
<input checked="" type="checkbox"/> Preliminary Report Date Completed: 17-Jul-26	<input checked="" type="checkbox"/> Interim Corrective Action Date Completed: 17-Aug-31	<input checked="" type="checkbox"/> Full Report Date Completed: 17-Jul-30	<input checked="" type="checkbox"/> Full Corrective Action Report Date Completed: 17-Sep-30			
Injured/Involved Person(s) Name(s)		Department (if applicable)		Supervisor		
Bill Brown (Worker 1) and Al Green (Worker 2)		Field Work		Sue Black		
<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Employee	Witness(es) None – Both workers were travelling in same truck				
<input type="checkbox"/> Visitor	<input type="checkbox"/> Contractor	Operation Condition at Time of Occurrence (select one only)		<input type="checkbox"/> Normal	<input type="checkbox"/> Scheduled Maintenance	
Contractor Business Name		N/A				
Exact Location of Incident (Address, coordinates, block, room, etc.)		302 Road at 46.5 km – truck was travelling in the up direction and went into the ditch on the right side of the road				
Date Reported (YY-MMM-DD)	Date Investigated (YY-MMM-DD)	Date of Last SWP Review (YY-MMM-DD)	Time in Position			
17-Jul-26	17-Jul-26	14-May-01	Years: 3	Months/Days: 2 months		
Cost Estimate: Property / Equipment Damage			\$5000			
Severity Level (use reference material located on page 5 of this form)			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	<input checked="" type="checkbox"/> 4
2	What could have been the <i>potential</i> severity level? (please choose one)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4





Resource 06: Basic Incident Investigation Report – Example B

SECTION 2 –Immediate Cause Analysis and Corrective Actions

Primary Type of Incident (select one)		
<input checked="" type="checkbox"/> Struck against (running, bumping into)	<input type="checkbox"/> Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise)	<input type="checkbox"/> Overstress or overpressure
<input type="checkbox"/> Struck by (hit by moving object)	<input type="checkbox"/> Caught in (pinch & nip points)	<input type="checkbox"/> Violence
<input type="checkbox"/> Fall from elevation to lower level	<input type="checkbox"/> Caught between / under (crushed)	<input type="checkbox"/> Overexertion or ergonomic
<input type="checkbox"/> Fall from same level (slips & fall, trip over)	<input type="checkbox"/> Environmental release	<input type="checkbox"/> Other

Incident Description (describe the sequence of events leading up to, during the incident)

Worker 1 arrived at the office at 5:30 am and gathered together the field equipment and maps needed for the day's work. The plan was for Worker 1 and Worker 2 to leave for the work location at 6:00 am. Worker 2 was late and didn't arrive at the office until 6:00 am and the two left to drive to the field site at 6:15 am. Worker 2 had been up late the last 4 nights working on his house.

Worker 2 was the driver of the pickup, Unit 2, and drove out to the site via Highway 2 and then the 302 road. The 302 road is a gravel road and conditions were dry and rough. Weather conditions were clear but the visibility was limited by the dusty road conditions. As Worker 2 drove up the road he failed to make it around the corner at 46.5 km on the 302 road. Signs were in place that warned of the upcoming sharp corner. At the time of the incident Worker 1 was asleep in the passenger seat. Worker 2 estimated that he was driving 50 to 60km/hr at the time of the incident. The speed limit on the 302 road is 80 km/hr. Worker 2 is familiar with this road and location of the corner. When asked about the incident, he said he was just tired, not paying attention, didn't realize the corner was coming up that quickly and went into the ditch.

The pickup went down a steep embankment but did not roll. The pickup did not strike any of the large trees located beside the road. See the attached photos and diagram of the incident site. The pickup's undercarriage, exhaust and tires were damaged and the pickup had to be towed back to town. The estimated damage to the vehicle is \$5000. Both Worker 1 and Worker 2 were banged up and injured in the incident. Worker 2 experienced a sore left shoulder. Worker 1 sprained his right wrist. Both workers were transported to the hospital by a welding truck that was heading back to town. At the hospital, they were assessed by a doctor, precautionary x-rays were done but came back negative and both workers were released from hospital. Their supervisor, Sue Black, was notified when the workers arrived at the hospital and transported them to their homes for the remainder of the day. Both workers were able to return to work and their regular duties the next working day, Monday July 29th.



## Resource 06: Basic Incident Investigation Report – Example B

BC Forest Safety

Immediate Causes (select and describe <u>all</u> that apply)								
1	<input checked="" type="checkbox"/>	Failure to follow safe work practices or rules	9	<input checked="" type="checkbox"/>	Inadequate awareness of surroundings	17	<input type="checkbox"/>	Poor housekeeping / disorder
2	<input type="checkbox"/>	Improper use of equipment / tools	10	<input type="checkbox"/>	Improper placement, storage or securement	18	<input checked="" type="checkbox"/>	Worksite conditions / congestion / visibility
3	<input type="checkbox"/>	Inadequate grip or hold	11	<input type="checkbox"/>	Repetitive motion	19	<input type="checkbox"/>	Inadequate warning systems
4	<input type="checkbox"/>	Improper lifting / pushing / pulling	12	<input type="checkbox"/>	Inadequate use of safety devices	20	<input type="checkbox"/>	Inadequate / improper protective equipment
5	<input type="checkbox"/>	Failure to obtain assistance	17	<input type="checkbox"/>	Under influence of alcohol and / or drugs	21	<input type="checkbox"/>	Inadequate labeling
6	<input type="checkbox"/>	Failure to warn or instruct	14	<input type="checkbox"/>	Weather conditions	22	<input type="checkbox"/>	Evacuation or treatment delay
7	<input type="checkbox"/>	Failure to lockout	15	<input type="checkbox"/>	Fire / explosion	23	<input type="checkbox"/>	Other – please specify:
8	<input type="checkbox"/>	Failing to use PPE properly	16	<input type="checkbox"/>	Absence of guards and / or barriers			

Description of Immediate Causes (for each item selected above, please describe here):

Failure to follow safe driving procedures - The safe driving procedures were not followed as the worker did not maintain awareness of the road conditions and did not maintain control of the vehicle. Also the worker was impaired by fatigue which is against the company's Impairment Policy.

Inadequate awareness of surroundings – Fatigue and a lack of attentiveness caused the driver to miss the curve in the road.

Poor visibility – The dusty road conditions contributed to the driver not recognizing and acting appropriately to the upcoming curve.

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 (YY-MMM-DD)	Verified by (initial)
Conduct driving assessment with Worker 2 before he drives again. Review driving procedure, expectations and info on fatigue. Conduct additional driver training if necessary.	Sue Black	17-Jul-29	17-Jul-29	
Increased frequency of worker assessments with Worker 2. Conduct one per week and focus on fatigue and driving skills.	Sue Black	17-Aug-31	17-Aug-31	

## SECTION 3 – Root Cause Analysis and Corrective Actions

Root Causes (select and describe <u>all</u> unsafe acts, conditions and procedures that apply)								
1	<input type="checkbox"/>	Inadequate work planning or programming	7	<input type="checkbox"/>	Inadequate assessment of needs, risks and / or hazards	13	<input type="checkbox"/>	Inadequate change management
2	<input type="checkbox"/>	Inadequate communication standards	8	<input type="checkbox"/>	Inadequate maintenance system	14	<input checked="" type="checkbox"/>	Inadequate employee skill
3	<input type="checkbox"/>	Inadequate policy, procedures, practices or guidelines	9	<input type="checkbox"/>	Inadequate engineering and / or design	15	<input type="checkbox"/>	Fatigue due to lack of rest
4	<input type="checkbox"/>	Improper performance is rewarded (tolerated)	10	<input type="checkbox"/>	Inadequate or lack of inspections	16	<input type="checkbox"/>	Mental / physical stress
5	<input type="checkbox"/>	Inadequate performance feedback	11	<input type="checkbox"/>	Inadequate purchasing standards: tools / equipment / materials	17	<input type="checkbox"/>	Inadequate physical capability
6	<input type="checkbox"/>	Supervision / leadership	12	<input type="checkbox"/>	Inadequate training standards	18	<input type="checkbox"/>	Other – please specify:



## Resource 06: Basic Incident Investigation Report – Example B

BC Forest Safety

Description of Root Causes (for each item selected above, please describe here):
Supervision – The worker’s supervisor was not aware of the worker’s level of fatigue and did not recognize that the early start time could increase the risk of a fatigue related incident.
Fatigue – The early start time combined with the worker’s late night house project contributed to fatigue which impaired the worker’s ability to drive.

Full Corrective Actions (immediate, short term, long term) -implemented to prevent future occurrences across the company	By Whom	By When (YY-MMM-DD)	Date Completed (YY-MMM-DD)	Verified by (initial)
Supervisors to conduct driver assessments on all drivers. Focus on assessing driving skills, how to handle low visibility conditions, and also talk about personal factors and choices outside of work that may affect performance.	All supervisors (Mike, Sue and Jill)	17-Aug-31	17-Aug-31	
Develop and implement impairment and fatigue awareness training for all staff.	Tim – Safety Coordinator	17-Aug-31	17-Aug-31	
Develop procedure and training for co-pilots. Focus on assisting drivers by spotting hazards, calling kms, etc.	Tim – Safety Coordinator	17-Sep-30	17-Sep-30	
Update worker assessment procedures to increase frequency of assessments during busy field season. Also, add a driver assessment component to the procedure.	Mike - Supervisor	17-Aug-15	17-Aug-15	
Update worker assessment forms to include signs of fatigue and driving info.	Mike - Supervisor	17-Aug-15	17-Aug-15	
Look at how the field work is planned and if there are alternatives to the long drives (camps or other accommodations for example)	Tom - Owner	17-Aug-31	17-Aug-31	

## 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 checked="" type="checkbox"/> Sprains / strains – joints, muscles
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other occupational injuries



### Resource 06: Basic Incident Investigation Report – Example B

Body Part		
<input type="checkbox"/> Abdomen <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Back <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Chest <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Face <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R <input checked="" type="checkbox"/> Wrist <input type="checkbox"/> L <input checked="" type="checkbox"/> R <input type="checkbox"/> Groin <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Head <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck <input type="checkbox"/> L <input type="checkbox"/> R <input checked="" type="checkbox"/> Shoulder <input type="checkbox"/> L <input checked="" type="checkbox"/> R <input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Mouth / teeth <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Multiple part <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R
Source of Injury		
<input type="checkbox"/> Chemicals <input type="checkbox"/> Conveyor <input type="checkbox"/> Debris / scrap <input type="checkbox"/> Electrical equipment <input type="checkbox"/> Fasteners <input type="checkbox"/> Fire / smoke <input type="checkbox"/> Hand tools <input type="checkbox"/> Heat <input type="checkbox"/> Hoisting equipment	<input type="checkbox"/> Human <input type="checkbox"/> Ladders <input type="checkbox"/> Logs <input type="checkbox"/> Lumber <input type="checkbox"/> Machine parts <input checked="" type="checkbox"/> Mobile equipment <input type="checkbox"/> Noise <input type="checkbox"/> Office equipment <input type="checkbox"/> Pallets	<input type="checkbox"/> Petroleum products <input type="checkbox"/> Power tools <input type="checkbox"/> Slivers <input type="checkbox"/> Steam <input type="checkbox"/> Work area <input type="checkbox"/> Working surface <input type="checkbox"/> Other (provide details below):
<b>Other</b>		

Approvals	Print name <small>*must include at least one management and one worker</small>	Signature	Date (YY-MMM-DD)	
Investigation leader	Mike White			
	<input checked="" type="checkbox"/> Management <input type="checkbox"/> Worker			
Investigation Team Members	Bill Black			
				<input type="checkbox"/> Management <input checked="" type="checkbox"/> Worker
				<input type="checkbox"/> Management <input type="checkbox"/> Worker
				<input type="checkbox"/> Management <input type="checkbox"/> Worker
Safety Representative	Tim Brown			
	<input type="checkbox"/> Management <input checked="" type="checkbox"/> Worker			
Immediate Supervisor	Sue Black			
Manager	Tom Green			

**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

## Resource 06: Basic Incident Investigation Report – Example B

### **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?