

INVESTIGATION REPORT



This form is provided for the purpose of documenting the investigation into a workplace incident. Please complete all appropriate sections below; the form will expand to accommodate your responses. Note: this form contains two investigative processes. A **Preliminary Investigation** which must be completed within 48 hours **AND** a **Full Investigation** which cannot be completed until the injured worker(s) and all witnesses have been interviewed. For assistance in completing this report, refer to the "Incident Investigation Reference Guide" at www.worksafebc.com/forms/assets/pdf/52E40Guide.pdf.

Employer Name: School District No 85 (Vancouver Island North)	Employer number: 117688
Employer Head Office Address: 6975 Rupert Street, PO Box 90	
City: Port Hardy	Province: BC Postal code: V0N 2P0

Incident Occurred *Reference: s. 3.4(a) Occupational Health and Safety Regulation (OHS Regulation)*

Name and Address of site where incident occurred:		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time incident occurred (include a.m./p.m.)	

Injured Person(s): *Reference: s. 3.4(b) OHS Regulation*

Last name	First	Job title/Occupation
1)		
2)		

Witnesses: *Reference: s. 174(4) Workers Compensation Act (WCA) and s. 3.4(c) OHS Regulation*

Last Name	First Name	Witness Statement Completed Y/N
1)		
2)		
3)		

Preliminary Incident Description: *Reference: s. 3.4(d)-(e) OHS Regulation*

Briefly describe what happened, including the sequence of events preceding the incident. If applicable, use APPENDIX I

Full Incident Description: *Reference: s. 3.4(d)-(e) OHS Regulation*

INCIDENT INVESTIGATION REPORT (continued)

Preliminary Analysis: *Reference: s. 3.4(f)–(h) OHS Regulation*

From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or causal factors in the occurrence.

Full incident Analysis: *Reference: s. 3.4(f)–(h) OHS Regulation*

From the *Full Incident Description*, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or causal factors in the occurrence.

Preliminary Statement of Causes: *Reference: s. 174(2)(a)–(b) WCA and s. 3.4(f) OHS Regulation*

List any unsafe conditions, acts, or procedures that, in any manner, contributed to the incident.

Full Statement of Causes: *Reference: s. 3.4(f) OHS Regulation*

Upon further (full) investigation, were there any unsafe conditions, acts, or procedures that, in any manner, contributed to the incident NOT previously listed in the Preliminary statement of causes?

INCIDENT INVESTIGATION REPORT (continued)

Preliminary Recommendations *Reference: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation*

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Date and status of corrective action
1)		
2)		
3)		

Full Recommendations *Reference: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation*

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Date and status of corrective action
1)		
2)		
3)		

INCIDENT INVESTIGATION REPORT (continued)

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

Representative of	Name <i>(please print)</i>	Signature <i>(optional)</i>	Date signed <i>(yyyy-mm-dd)</i>
Employer			
Worker			

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

Representative of	Name <i>(please print)</i>	Signature <i>(optional)</i>	Date signed <i>(yyyy-mm-dd)</i>
Employer			
Worker			

Date Incident Investigation Report Submitted to WorkSafeBC *(yyyy-mm-dd)*:

(to be submitted by Health and Safety Department ONLY)

INCIDENT INVESTIGATION REPORT (continued)

APPENDIX I

SEQUENCE OF EVENTS RECORD

List the sequence of events leading up to the incident INCLUDING the events immediately following the event:

Date	Time	Description of Action Taken and Persons Involved	Initials