|  |  |
| --- | --- |
| Your logo goes here | Incident Investigation Report |

1. Employer’s information

|  |  |  |
| --- | --- | --- |
| Employer’s name (legal name and trade name) | Location (if multiple sites) | 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. Report type **(select all that apply)**

|  |  |
| --- | --- |
| **Incident ID:**  | **Revision Number:**   |
| **[ ]  Preliminary Investigation and Interim Corrective Action Report**If requested only, provide a copy to WorkSafeBC. | **[ ]  Full Investigation and Corrective Action Report** | **[ ]  Revised Investigation Report** |
| Report date (yyyy-mm-dd)  | Report date (yyyy-mm-dd)  | Report date (yyyy-mm-dd) |
| Officer’s name | Date sent (yyyy-mm-dd) | Original Incident Number  |

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

|  |
| --- |
| Address where incident occurred (street address or GPS coordinates) |
| Specific Location of incident  |
| City (nearest) | Province | Postal code |
| Date of incident (yyyy-mm-dd) | Time of incident | [ ]  a.m.[ ]  p.m. |

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

|  |  |
| --- | --- |
| [ ]  Minor injury[ ]  Property Damage[ ]  Injury requiring medical treatment beyond first aid[ ]  Fire or explosion [ ]  Major structural failure or collapse[ ]  Emergency procedure activation (specify): | [ ]  Major release of hazardous substance[ ]  Damage to boilers, pressure vessels, or elevating devices[ ]  Serious injury [ ]  Death of a worker[ ]  Other Incident (specify):  |

### 5. Injured persons

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a)  |  |  |
| b)  |  |  |
| c)  |  |  |

### 6. Nature of the injury **(optional — complete only if there has been an injury)**

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

### 7. Witnesses

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a)  |  |  |
| b)  |  |  |
| c)  |  |  |

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

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a)  |  |  |
| b)  |  |  |

### 9. Full description of the incident

|  |
| --- |
| Provide a description of the incident  |

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

|  |
| --- |
| 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. |

### 11. Determination of causes of incident

|  |
| --- |
| 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. |
| Direct Causes: |
| Indirect Causes: |
| Root Causes: |

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

| **Action**(List any unfinished corrective actions from previous reports) | **Action assigned to**(name and job title) | **Expected completion date**(yyyy-mm-dd) | **Completed date**(yyyy-mm-dd) |
| --- | --- | --- | --- |
| a)  |  |  |  |
| b)  |  |  |  |
| c)  |  |  |  |
| d)  |  |  |  |
| e)  |  |  |  |

### 13. Explanation of blank areas on this 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**(yyyy-mm-dd) |
| --- | --- | --- | --- | --- |
| Employer representative  |  |  |  |  |
| Worker representative  |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

### 15. 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 an Investigation Report and a Corrective Action Report.