

# Incident Investigation Report

Please refer to the companion Incident Investigation Quick Guide for assistance completing the investigation and this form.

## Employer's information

Employer's name		WorkSafeBC account number
Employer's head office address		
City	Province	Postal code
Employer's contact (Name/phone/email)		

## Section 1

### Report stage

Please select any or all that apply

Preliminary report       Interim corrective action report       Full report       Full corrective action report

**Note:** Save each report separately so you don't overwrite and lose the previous report.

### Type of occurrence

1. Please select any or all that apply

Serious injury to or death to a worker       Dangerous incident involving explosives other than blasting incident

Major structural failure or collapse       Diving incident, as defined by regulation

Major release of hazardous substance       Injury requiring medical treatment

Blasting accident causing personal injury       Minor injury or no injury but had potential for causing serious injury

2. If none of the above apply, don't submit this report to WorkSafeBC. Instead, check one of the following and keep this report on file.

Minor injury (e.g., first-aid-only injury)       Other — required by company policy (specify)

### Incident Investigation Report copy to WorkSafeBC

Is a full report required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date submitted (yyyy-mm-dd)
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### Persons conducting investigation

Representative of	Name (please print)	Job title/Occupation	Signature (optional)	Date signed (yyyy-mm-dd)
Employer				
Worker				
Other				

Examples of "other" include a knowledgeable person such as a worker, supervisor or third party subject matter experts.

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## Place, date, and time of incident

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

## Injured person(s)

Last name	First name	Job title/Occupation
1)		
2)		
3)		

## Witnesses

Last name	First name	Job title/Occupation
1)		
2)		
3)		

## Other persons with relevant information

Last name	First name	Role
1)		
2)		
3)		

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## Section 2

### Sequence of events preceding the incident

Briefly describe the sequence of events preceding the incident

Preliminary report       Full report

### Describe what happened

Briefly describe the incident

Preliminary report       Full report

### Identify any factors beyond your control that don't allow you to complete any part of sections 1, 2, or 4

**Preliminary report only**

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## Section 3

### Determination of cause or causes of incident (Full report only)

From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events and all other relevant information will assist in determining the underlying or causal factors in the occurrence. Only required for Full Report.

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## Section 4

### Place, date, and time of incident

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

### Identification of unsafe conditions, acts, or procedures and their underlying factors

<input type="checkbox"/> Preliminary report: List the unsafe conditions, acts, or procedures that significantly contributed to the incident.
<input type="checkbox"/> Full report: List any additional unsafe conditions, acts, or procedures that significantly contributed to the incident and determine the cause of the incident. This may include the underlying factors for all unsafe conditions, acts, and procedures as well as other health and safety deficiencies.

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## Corrective action

Identify any corrective actions necessary to address unsafe conditions, acts, or procedures identified above in order to prevent similar incidents.

Recommended corrective action	Interim or full corrective action	Action assigned to	Completion date or expected completion date (yyyy-mm-dd)
1)	<input type="checkbox"/> Interim <input type="checkbox"/> Full		
2)	<input type="checkbox"/> Interim <input type="checkbox"/> Full		
3)	<input type="checkbox"/> Interim <input type="checkbox"/> Full		
4)	<input type="checkbox"/> Interim <input type="checkbox"/> Full		