

qathet School District



Employee Incident Investigation Report

1. Employer's Information				
School District: qathet District		Employer Account Number: 026447		For internal use – claim #:
Incident occurred at: (Name and address)				
Incident date: (mm/dd/yy)			Time of incident:	
Name of person first reported to:			Date <u>first</u> reported: (mm/dd/yy)	Check if the incident was <u>not</u> reported: <input type="checkbox"/>
Reported to:	<input type="checkbox"/> First Aid	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Office	<input type="checkbox"/> Other: _____
Date reported: (mm/dd/yy)				
2. Worker Information				
Last name:		First name and initials:		
Date of birth: (mm/dd/yy)		Home phone number:		Occupation:
Address:				
City, Province:			Postal Code:	
Has the worker been employed by the employer for less than 12 months: <input type="checkbox"/> Yes <input type="checkbox"/> No				Start date:
3. Persons Conducting Investigation				
Representative of:	Name	Job title/Occupation	Signature (optional)	Date signed (mm/yy/dd)
Employer				
Worker Rep (not the injured worker)				
Other				
4. Witness or Other Person with Relevant Information				
Name: (First/Last)			Job title/Occupation:	
5. Report Stage				
Select all that apply:	<input type="checkbox"/> Preliminary Investigation Report	<input type="checkbox"/> Interim Corrective Report	<input type="checkbox"/> Full Investigation Report	<input type="checkbox"/> Full Corrective Action Report
Report date: (mm/dd/yy)				

6. Type of Occurrence: (Select all that apply)	
<input type="checkbox"/> Serious injury to or death to a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Injury requiring medical attention beyond first aid
<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"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Diving incident (as defined by WSBC reg.)	<input type="checkbox"/> Near miss - equipment damage
<input type="checkbox"/> Minor injury (e.g., first aid-only injury)	<input type="checkbox"/> Other — vehicle incident ICBC (specify)

7. General Information (Select all that apply)	
Did the incident occur on District premises or an authorized worksite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incident happen during the worker’s normal shift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the worker performing their regular duties at the time of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the worker’s actions, at the time of injury, for the purpose of District business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the worker seek First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the worker be away from work beyond the date of injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, the worker must be given a Physician’s RTW form to return to Health & Safety ASAP)</i>	
Has the worker seen (or intends to see) a qualified medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any previous pain or disability in the area of the reported injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe body part injured:	Side of body injured: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable
Did the injury(ies) result from a specific accident:	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Sequence of Events Preceding 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 or procedures.
Preliminary Investigation Report:
Full Investigation Report:

9. Describe What Happened

Preliminary Investigation Report:

Full Investigation Report:

10. Identify any factors beyond your control that don't allow you to complete any part of the Preliminary Report

11. Identify Incident Type & Identify All Contributory Factors (check all that apply)

<input type="checkbox"/> Struck against or struck by object	Equipment		
<input type="checkbox"/> Slip, trip or fall	<input type="checkbox"/> Faulty – equipment known to be faulty before incident		
<input type="checkbox"/> Caught in, under or between	<input type="checkbox"/> Faulty – equipment not known to be faulty before incident		
<input type="checkbox"/> Exposure to/contact w/harmful substance (excluding blood/body fluids)	<input type="checkbox"/> Used for something other than its intended purposes		
<input type="checkbox"/> Fire	<input type="checkbox"/> Used in accordance with manufacturer's instructions		
<input type="checkbox"/> Car or transportation accident	<input type="checkbox"/> Other (specify under Statement of Causes)		
<input type="checkbox"/> Act of violence (see Violent Information Section)			
	Environment		
Ergonomics	<input type="checkbox"/> Wet/slippery conditions		
<input type="checkbox"/> Bodily reaction	<input type="checkbox"/> Over-crowding or confined workspace		
<input type="checkbox"/> Overexertion	<input type="checkbox"/> Noise		
<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Lighting		
<input type="checkbox"/> Lifting/moving object. Approx wt: ____ lbs ____ kg	<input type="checkbox"/> Climate Temperature		
<input type="checkbox"/> Other (specify in Section 9 above)			
Behavioural States		Behavioural Critical Errors	
<input type="checkbox"/> Rushing	<input type="checkbox"/> Frustration	<input type="checkbox"/> Line of Fire	<input type="checkbox"/> Balance, traction, grip
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Complacency	<input type="checkbox"/> Eye on Task	<input type="checkbox"/> Mind on Task

12. Identification of Unsafe Conditions, Acts, or Procedures and their Underlying Factors

Preliminary investigation report: List the unsafe conditions, acts, or procedures that significantly contributed to the incident.

Full investigation report: 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.

12. 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 (mm/dd/yy)
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		

Future actions to consider (no formal commitment at this time). This box is optional.

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report. Preliminary Investigation (PI) Report must be submitted to healthandsafety@sd47.bc.ca within 48 hours and Full Investigation (FI) Report submitted within 30 days. As of January 1, 2016, copies of all reports must also be provided to the site Joint Occupational Health & Safety Committee.