



Incident Investigation Report

037601 Injured Worker Name	Incident Date
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The purpose of this form is to document the **employer's** investigation into a workplace incident. Two investigative processes are required:
Section 1 Preliminary Investigation to be submitted within 24 hours by injured worker's Principal/Supervisor
Section 2 Joint Committee Review to be submitted within 30 days by site-based Joint H&S Committee

School District 63 Saanich	2125 Keating Cross Rd, Saanichton, BC V8M 2A5	WSBC Account 037601
Manager, Operations/Health & Safety Ryan Lacasse	Telephone 250-652-7300	rlacasse@saanichschools.ca

Section 1 Preliminary Report to be completed by Principal/Supervisor within 24 hours of incident

Type of Occurrence	<i>Guide Section 4</i>
<input type="checkbox"/> Near miss (had potential to cause serious injury but no injury resulted) <input type="checkbox"/> Minor injury <input type="checkbox"/> Injury requiring medical treatment beyond on-site first aid or time away from work <input type="checkbox"/> Serious injury or death <input type="checkbox"/> Major structural failure/collapse <input type="checkbox"/> Major release of hazardous substance <input type="checkbox"/> Incident of fire or explosion	

Injured Person					<i>ref: s. 3.4(b) OHS Regulation, Guide Section 2</i>
Last Name	First Name	Job Title/Occupation	Birthdate (yyyy-mm-dd)	Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>If medical visit or time loss required provide:</i> Home Address, City, Postal Code			Home Phone	Cell Phone	

Place, Date and Time of Incident			<i>ref: s. 3.4(a) OHS Regulation, Guide Section 3</i>
Name and address of site where incident occurred: <i>(include school name)</i>			
Location where incident occurred <i>(where on or around property/ building, etc.)</i>			
Date of incident (yyyy-mm-dd)	Time incident occurred :	On day of injury how many hours were worked?	
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		
<input type="checkbox"/> Yes <input type="checkbox"/> No Did the incident occur on District premises or an authorized worksite? <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 worker receive first aid treatment? If yes, date of First Aid Record (yyyy-mm-dd) _____ <i>(required)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Did worker receive (or intends to seek) treatment by a qualified medical practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the worker be away from work beyond the date of injury?			

Nature of Injuries	<i>Briefly describe the injuries sustained by the worker (affected body area and type of injury)</i>
Area	<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other
Type	<input type="checkbox"/> No injury <input type="checkbox"/> Pain/swelling <input type="checkbox"/> Bruise/abrasion <input type="checkbox"/> Strain/sprain <input type="checkbox"/> Cut <input type="checkbox"/> Fracture <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Other

Injury Cause/Contributing factor(s)
<input type="checkbox"/> Slip/trip <input type="checkbox"/> Fall <input type="checkbox"/> Contact with object <input type="checkbox"/> Caught between objects <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Overexertion <input type="checkbox"/> Harmful substance <input type="checkbox"/> Other

Adult Witnesses/ Persons with Relevant Information					<i>ref: s. 174(4) WCA and s. 3.4(c) OHS Regulation, Guide Section 6/7</i>
Last Name	First Name	Occupation	Address/ Telephone	Witness	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scan/email completed form to healthandsafety@saanichschools.ca or fax to Health & Safety 250-652-7372
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Sequence of events that preceded the incident Guide Section 8
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.

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

Lack of attention
 Lack of training
 Lack of communication/direction
 Improper procedure
 Defective equipment
 Slippery surface
 Poor visibility
 Inadequate maintenance
 Inadequate PPE
 Harmful substance
 Agitated student
 Other

Preliminary Incident Description Guide Section 11
Investigators to involve witness, worker rep, etc. to conduct investigation. Use factual statements to describe what happened. Summarize the sequence of events, unsafe factors and resulting injuries. Do not include student/child names.

Determination of Causes/Underlying Factors ref: s. 3.4(f) – (h) OHS Regulation, Guide Section 15
Investigators to review and analyze the facts and circumstances of the incident to identify the underlying factors that led to the incident. Include factors such as unsafe conditions, acts or procedures..

Physical limitation
 Physical fatigue/stress
 Mental fatigue/stress
 Improper work practice/behaviour
 Inadequate knowledge/skill
 Inadequate supervision/direction
 Inadequate work standards/procedures
 Inadequate tools/equipment
 Unsafe work environment
 Other

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Immediate Corrective Actions *Guide Section 12*
Identify any immediate/urgent corrective actions necessary to address unsafe conditions, acts or procedures identified above in order to prevent similar incidents.

Recommended Corrective Action <i>(required)</i>	Action Assigned To	Completion Date of Action
1)		
2)		
3)		

Additional Corrective Actions *Guide Section 17*
Identify any additional corrective actions necessary to address unsafe conditions, acts or procedures identified above in order to prevent similar incidents.

Additional Corrective Action	Action Assigned To	Completion Date of Action
1)		
2)		
3)		
4)		

Persons Conducting Investigations and Completing Report Form *ref: s 3.4(h) OHS Regulation, Guide Section 14/18*
*Incident Investigations must be conducted by injured worker's Principal/Supervisor **and** one Worker Representative from site Joint Health & Safety Committee (if possible, include person knowledgeable about the type of work involved and witnesses). Find more info at:*
<https://www.worksafebc.com/en/health-safety/create-manage/incident-investigations/conducting-employer-investigation>

Investigation Participants	Name	Signatures <i>(required)</i>	Date
1) Employer Representative			
2) Worker Representative			

Within 24 hours, send Preliminary Report to

- 1) Health & Safety Dept for claim processing and review
- 2) Joint Site Safety Committee for review and completion of Section 2

Report Approval *Guide Section 5* If this is a revised version of a previously submitted report, please check here

Manager, Operations/Health & Safety Ryan Lacasse	Date
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Section 2 Joint Committee Review to be completed by Joint Site Safety Committee within 30 days of incident

Additional Corrective Actions *Guide Section 17*
Beyond the recommendations in the Preliminary Report, Joint Site Safety Committee to identify any additional corrective actions necessary to address unsafe conditions, acts or procedures identified above in order to prevent similar incidents.

Yes No **Are preliminary corrective actions already taken, or in progress, sufficient to correct all contributing factors and prevent reoccurrence of similar incidents? If no, provide additional preventative measures**

Additional Corrective Action	Action Assigned To	Completion Date of Action
1)		
2)		
3)		
4)		

Full Investigation Participants	Name	Signatures (required)	Date
1) Site Safety Committee Management Chair			
2) Site Safety Committee Worker Chair			

Within 30 days, Joint Site Safety Committee to send fully completed report to Health & Safety Dept.

Report Approval *Guide Section 5* If this is a revised version of a previously submitted report, please check here

Manager, Operations/Health & Safety Ryan Lacasse	Date
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