

#037601 - Injured Worker Name _____ Incident Date _____

Within 24 hours, the injured worker's Principal/Supervisor must complete and fax this report to SD63 Health & Safety Department at 250-652-7372

The purpose of this form is to document the **employer's** investigation into a workplace incident. This form contains two investigative processes: a **Preliminary Investigation** which must be conducted immediately **AND** a **Full Investigation** which is to be completed after the injured worker(s) and all witnesses have been interviewed. For assistance in completing this report, refer to the "Incident Investigation Reference Guide" on <https://www.worksafebc.com/-/media/WorkSafeBC/Resources/health-safety/forms/52e40guide-pdf-en.pdf>

Employer Name: School District 63 (Saanich)	WSBC Account: 037601
Employer Head Office: 2125 Keating Cross Rd, Saanichton, BC V8M 2A5	
Manager, Human Resources and Health & Safety: Kathryn Farr Telephone: 250-652-7300 Email: kfarr@sd63.bc.ca	

Injured Person				ref: s. 3.4(b) OHS Regulation, Guide Section 2
Last Name	First Name	Job Title/Occupation	Birthdate (yyyy-mm-dd)	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Place, Date and Time of Incident			ref: s. 3.4(a) OHS Regulation, Guide Section 3
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 : a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Number of hours worked on date of injury	

Type of Occurrence	Guide Section 4
<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 <input type="checkbox"/> Incident involving blasting, explosives or diving <input type="checkbox"/> Near miss (had potential to cause <u>serious</u> injury but only minor or no injury resulted) <input type="checkbox"/> Injury requiring medical treatment beyond on-site first aid <input type="checkbox"/> Yes <input type="checkbox"/> No Has the worker seen (or intends to see) a qualified medical practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the worker be away from work <u>beyond</u> the date of injury? <i>If yes, the worker must be given a Physician's Recommendation for Work Readiness Form to return to Health & Safety asap.</i>	

Nature of Injuries	<i>Briefly describe the injuries sustained by the worker (affected body area and type of injury)</i>

General Information <i>(check all that apply)</i>	
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
Are you aware of any recent pain or disability in the area of the worker's reported injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did worker seek First Aid treatment? If yes, date (yyyy-mm-dd) _____ <i>(First Aid Report required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Identify Incident Type <i>(check all that apply)</i>		Identify All Contributory Factors <i>(check all that apply)</i>	
<input type="checkbox"/> Struck against or struck by object <input type="checkbox"/> Slip, trip or fall <input type="checkbox"/> Caught in, under or between <input type="checkbox"/> Exposure to blood or body fluids <input type="checkbox"/> Exposure to/contact with harmful substance <i>(not blood/body fluids)</i> <input type="checkbox"/> Fire <input type="checkbox"/> Car or transportation accident <input type="checkbox"/> Act of violence (see Violent Incident Information section) Ergonomics <input type="checkbox"/> Bodily reaction <input type="checkbox"/> Overexertion <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Lifting/moving object: approximate weight: ____ lbs ____ kg <input type="checkbox"/> Other (specify under Statement of Causes)		Equipment <input type="checkbox"/> Faulty – equipment known to be faulty before incident <input type="checkbox"/> Faulty – equipment not known to be faulty before incident <input type="checkbox"/> Used for something other than its intended purpose <input type="checkbox"/> Used in accordance with manufacturer's instructions <input type="checkbox"/> Other (specify under Statement of Causes) Environment <input type="checkbox"/> Wet/slippery conditions <input type="checkbox"/> Over-crowding or confined working space <input type="checkbox"/> Noise <input type="checkbox"/> Lighting <input type="checkbox"/> Climate temperature <input type="checkbox"/> Property: <input type="checkbox"/> Building(s) <input type="checkbox"/> Ground(s) <input type="checkbox"/> Fencing <input type="checkbox"/> Irrigation <input type="checkbox"/> Other (specify under Statement of Causes)	
Threatening Behaviour/Violent Incident Information <i>(check all that apply)</i>			
<i>SD63 Threat/Violence Report must also be completed if the incident involved a student</i>			
Name(s) of Violent Person(s):	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Inciting Violence	<input type="checkbox"/> Weapon Involved
	<input type="checkbox"/> Verbal threat	<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Police Involved
	<input type="checkbox"/> Written threat	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Family Member Involved
Name(s) of Staff Member(s) involved:	<input type="checkbox"/> Bullying/Intimidation	<input type="checkbox"/> Intruder Violence	<input type="checkbox"/> Property Damage
	<input type="checkbox"/> Students Fighting		
	<input type="checkbox"/> Other:		

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

Sequence of events that preceded 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, procedures, or company management.* *Guide Section 8*

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Unsafe conditions, acts, or procedures that significantly contributed to the incident *Required in all reports. 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.* *Guide Section 9*

Preliminary Incident Description *Investigators to use factual statements to describe what happened. Summarize the sequence of events, unsafe factors and resulting injuries. Do not include student/child names.* *Guide Section 11*

If there are blank areas on this Preliminary Report, describe the circumstances beyond your control that explain this lack of information (e.g. unconscious worker, no witnesses). *Guide Section 13.*

Full Incident Description *Investigators to use factual statements to describe what happened. Summarize the sequence of events, unsafe factors and resulting injuries. Do not include student/child names.* *Guide Section 16*

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Determination of Causes of Incident ref: s. 3.4(f) – (h) OHS Regulation, Guide Section 15 <i>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 identified in the Preliminary Report.</i>

Preliminary Corrective Actions <i>Identify any corrective actions necessary to address unsafe conditions, acts or procedures identified above in order to prevent similar incidents.</i> Guide Section 12		
Recommended Corrective Action (required)	Action Assigned To	Completion Date of Action
1)		
2)		
3)		

Full Corrective Actions <i>Identify any corrective actions necessary to address unsafe conditions, acts or procedures identified above in order to prevent similar incidents.</i> Guide Section 17		
Recommended Corrective Action (required)	Action Assigned To	Completion Date of Action
1)		
2)		
3)		

Persons Conducting Investigations and Completing Report Form ref: s 3.4(h) OHS Regulation, Guide Section 14/18 <i>Incident Investigations must be conducted by injured worker's Principal/Supervisor and one Worker Representative from site Joint Health & Safety Committee (if possible, include a person knowledgeable about the type of work involved).</i>			
Investigation Participants	Name	Signatures (required)	Date
1) Employer Representative			
2) Worker Representative			
Copies of all employer IIRs must also be provided to the joint occupational health and safety committee			

Report Approval Guide Section 5		If this is a revised version of a previous report, please check here <input type="checkbox"/>	
<input type="checkbox"/> Preliminary Investigation	<input type="checkbox"/> Interim Corrective	<input type="checkbox"/> Full Investigation	<input type="checkbox"/> Full Corrective Action
Signature Manager of Health & Safety, Kathryn Farr			Date