



# INCIDENT INVESTIGATION REPORT

This form is provided for the purpose of documenting the investigation into a workplace incident. Please complete all appropriate sections below - the form will expand to accommodate your responses. **Note:** This form contains two investigative processes: (1) **A Preliminary Investigation which must be completed within 48 hours;** and, (2) **a Full Investigation which cannot be completed until the**

**injured worker(s) and all witnesses have been interviewed – within 30 days.** For assistance in completing this report, refer to the "Incident Investigation Reference Guide" at [www.sd84.bc.ca](http://www.sd84.bc.ca), 'Staff Resources', 'Health and Safety', or at [www.worksafebc.com/forms/assets/pdf/52E40Guide.pdf](http://www.worksafebc.com/forms/assets/pdf/52E40Guide.pdf).

Employer Name: School District No.84 (Vancouver Island West)	Employer Number: 118924
Employer Head Office Address: PO Box 100	
City: Gold River	Province: BC
Postal Code: V0P 1G0	

**Incident Occurred** *Reference: s. 3.4(a) Occupational Health and Safety Regulation (OHS Regulation)*

Name and Address of site where incident occurred:		
City (nearest)	Province: BC	Postal Code
Date of incident (yyyy-mm-dd)	Time incident occurred (include am/pm)	

**Injured Person(s):** *Reference: s. 3.4(b) OHS Regulation*

Last Name	First	Job Title/Occupation
1)		
2)		

**Witnesses:** *Reference: s. 174(4) Workers Compensation Act (WCA) and s. 3.4(c) OHS Regulation*

Last Name	First Name	Witness Statement Completed Y/N
1)		
2)		
3)		

**Preliminary Incident Description:** *Reference: s. 3.4(d)–(e) OHS Regulation*

Briefly describe what happened, including the sequence of events preceding the incident. If applicable, use APPENDIX I.
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**Full Incident Description:** *Reference: s. 3.4(d)–(e) OHS Regulation*

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## **INCIDENT INVESTIGATION REPORT *(continued)***

### **Preliminary Analysis: *Reference: s. 3.4(f)–(h) OHS Regulation***

From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or causal factors in the occurrence.

### **Full incident Analysis: *Reference: s. 3.4(f)–(h) OHS Regulation***

From the *Full Incident Description*, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or causal factors in the occurrence.

### **Preliminary Statement of Causes: *Reference: s. 174(2)(a)–(b) WCA and s. 3.4(f) OHS Regulation***

List any unsafe conditions, acts, or procedures that, in any manner, contributed to the incident.

### **Full Statement of Causes: *Reference: s. 3.4(f) OHS Regulation***

Upon further (full) investigation, were there any unsafe conditions, acts, or procedures that, in any manner, contributed to the incident NOT previously listed in the Preliminary statement of causes?

**INCIDENT INVESTIGATION REPORT (continued)**

**Preliminary Recommendations** Reference: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Date and status of corrective action
1)		
2)		
3)		

**Full Recommendations** Reference: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Date and status of corrective action
1)		
2)		
3)		

**INCIDENT INVESTIGATION REPORT (continued)**

**Persons Conducting Preliminary Investigation** Reference: s. 3.4(h) OHS Regulation

Representative of	Name (please print)	Signature (optional)	Date signed (yyyy-mm-dd)
Employer			
Worker			

**Persons Conducting Full Investigation** Reference: s. 3.4(h) OHS Regulation

Representative of	Name (please print)	Signature (optional)	Date signed (yyyy-mm-dd)
Employer			
Worker			

Date of Preliminary Investigation (within 48 hours of incident): \_\_\_\_\_

Date of Full Investigation (within 30 days of incident): \_\_\_\_\_

Date Full Investigation Report Submitted to WorkSafeBC: \_\_\_\_\_

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**Attention Supervisor: The page outlining corrective actions must be reviewed by the Safety Committee and/or the Safety Representative.**

