School District No. 84 (Vancouver Island West)

1. Employer's information

Four Part Incident Investigation Report (2017)

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School district No.64	vancouver Island West	Employer Account number	1: 110924		
#2-Highway 28 (Box 100), Gold River, BC V0P 1G0		Note: ALL date formats must be yyyy-mm-dd			
Employer's contact: amo	dowell@viw.sd84.bc.ca_	•			
Incident occurred at: (Name	e and address)				
	_		_	_	
Incident date (yyyy-mm- dd):		Time incident occurred:		a.m. p.m.	
Name of Person First reported to:			Date First Reported:		
Did not report:					
Reported to:	First Aid	Supervisor	Office	Other	
Date reported:					
2. Worker Informat	ion				
Last Name:		First Name and Middle Initial	l:	Gender:	
				Male Female	
Date of Birth (yyyy-mm-dd)	Home phone number (includ	e area code):	Occupation:		
Address:				T	
City, Province:	yed by the employer for less	T	Postal Code:		
than 12 months?	yed by the employer for less	Yes No	If Yes, start date (yyyy-mm-dd):		
3. Persons conduction	ng investigation				
Representative of:	Name	Job title/Occupation	Signature (optional)	Date signed: (yyyy-mm-	
Employer				(dd)	
Worker Rep (not the injured worker)					
H & S committee					
member/other					
4. Witness or other	person with relevant i	nformation			
Name: (First/Last)		Job Title/Occupation:			
5. Report Stage	(select all that apply)				
	Prelim. Inv. Report	Interim Corrective Action Report	Full Inv. Report	Full Corrective Action Report	
Report date (yyyy-mmm-dd)		Action Report			
6. Type of occurrence	(select all that apply)				
Serious injury to	or death to a worker	Dangerous incident in	volving explosives other th	nan blasting	
Major structural failure or collapse		Injury requiring medical attention beyond first aid			
Major release of hazardous substance		Minor injury or no injury but had potential for causing serious injury			
Blasting accident causing personal injury		Incident of fire or explosion with potential for serious injury			
Diving incident (a	as defined by WSBC reg.)	Near miss - equipmer	nt damage		
Minor injury (e.ç	g., first-aid-only injury)	Other — vehicle incident ICBC (specify)			

7. General Information (select all that apply)

Did the incident occur on District premises or an authorized worksite?	Yes	No
Did the incident happen during the worker's normal shift?	Yes	No
Was the worker performing their regular duties at the time of the incident?	Yes	No
Were the worker's actions, at the time of injury, for the purpose of District business?	Yes	No
Did the worker seek First Aid?	Yes	No
Will the worker be away from work beyond the date of injury?	Yes	No
(If yes, the worker must be given a Physician's RTW form to return to Health & Safety ASAP)		
Has the worker seen (or intends to see) a qualified medical practitioner?	Yes	No
Are you aware of any recent pain or disability in the area of the reported injury?	Yes	No

Describe body part injured:					
Side of Body injured: Left Right Both Not applicable					
Did the injury(ies) result from a specific incident?			Yes	No	

8. Sequence of events preceding the incident

Required in Preliminary Report. Update in Full Report if necessry. 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			

School District No. 84 (Vancouver Island West)

WorkSafeBC Account # 118924

9. Describe w	hat happened:		(Briefly describe the	incident)		
Preliminary In	vestigation Repor	t				
Full Investigat	ion Report					
10. Identify an	y factors beyond	your control th	nat don't allow you to	complete any part of t	he Preliminary Report	
11 Identify I	ncident Type (e	back all that apr	(v) & Identify All Co	ontributory Factors	(check all that apply)	
	t or struck by object		Equipment	ontributory ractors	erieck all that apply)	
Slip, trip or fa	all		Faulty – equipment known to be faulty before incident			
Caught in, under or between Exposure to/contact w/harmful substance		Faulty – equipment not known to be faulty before incident Used for something other than its intended purposes				
(excluding blood/body fluids) Fire		Used in accordance with manufacturer's instructions				
Car or transp	ortation accident		Other (specify under Statement of Causes)			
Act of violenc	e (see Violent Infor	mation Section)	Environment			
Ergonomics			Wet/slippery conditions			
Bodily reaction	n		Over-crowding or confined work space			
Overexertion		Noise				
Repetitive motion		Lighting				
Lifting/moving object: approx. wt:		Climate temperature				
lbs		kg	Property:	Buildings	Grounds	
Other (spec	cify under Statement of			Fencing	Irrigation	
Behavioural States		Behavioural Critical I	_	<u> </u>		
Rushing Frustration		Line of Fire	Balance, traction,	grip		
Fatique	Complacency		Eve on Task	Mind on Task		

Preliminary investigation report: List the unsafe	conditions, acts, or procedures that	significantly contributed to	the incident.
Full investigation report: From the sequence of of these events and all other relevant information			
		, <u>, , , , , , , , , , , , , , , , , , </u>	
13. Corrective action Identify any corrective actions necessary to	n address unsafe conditions acts	or procedures identified	d above in order to prevent
similar incidents.	o address drisare conditions, dots	, or procedures recritimes	
Recommended corrective action	Interim or full corrective action	Action assigned to	Completion date or expected completion date (yyyy-mm-dd)
1)	Interim		
	Full		
2)			
2)	Interim		
	Full		
3)	Interim		
	Full		

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

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 SD contact (via email) 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.

Interim Full

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