



Employer Incident Investigation Report

1. Employer's information

School District No. 84 (Vancouver Island West)		Employer Account number: 118924		For internal use - Claim #	
Box 100 #2 Highway 28, Gold River, BC, V0P 1G0		Note: ALL date formats must be yyyy-mm-dd Note: If Incident is a MINOR INJURY (e.g., first aid only injury) or an MVA on a Public Road, this report IS NOT REQUIRED			
Employer's contact: hr@viw.sd84.bc.ca					
Incident occurred at: (Name 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 Information

Last Name:		First Name and Initials:			
Date of Birth (yyyy-mm-dd)		Home phone number (include area code):		Occupation:	
Address:					
City, Province:			Postal Code:		
Has the worker been employed by the employer for less than 12 months?			Yes No	If Yes, start date (yyyy-mm-dd)	

3. Persons conducting investigation

Representative of:	Name	Job title/Occupation	Signature (optional)	Date signed: (yyyy-mm-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)*

Report date (yyyy-mm-dd)	Prelim. Inv. Report	Interim Corrective Action Report	Full Inv. Report	Full Corrective Action Report

6. Type of occurrence (select all that apply)

Serious injury to or death to a worker	Dangerous incident involving explosives other than 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 (as defined by WSBC reg.)	Near miss - equipment damage
Minor injury (e.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
<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?	Yes	No
Are you aware of any previous 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 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

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.

13. 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 (yyyy-mm-dd)
1)	Interim Full		
2)	Interim Full		
3)	Interim Full		
4)	Interim 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 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.