

Four Part Injury/Incident Investigation Report

1. Employer's information

School District 84 (Vancouver Island West)		Employer Account number: 118924	
#2 Highway 28, PO Box 100, Gold River, V0P1G0		Note: ALL date formats must be yyyy-mm-dd	
Employer's Contact: JCORDAY@VIW.SD84.BC.CA			
Incident occurred at: (Name and address)			
Incident date (yyyy-mm-dd):		Time incident occurred:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name of Person First reported to:	Date First Reported:		
Did not report:	<input type="checkbox"/>		
Reported to:	<input type="checkbox"/> First Aid	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Office <input type="checkbox"/> Other
Date reported:			

2. Worker Information

Last Name:	First Name and Middle Initial:		Gender:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (yyyy-mm-dd)	Home phone number (include area code):	Occupation:	
Address:			
City, Province, Postal Code:		SIN:	
Has the worker been employed by the employer for less than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, start date (yyyy-mm-dd):	

3. Persons conducting investigation *(Full investigation **MUST** include a Health & Safety Committee Member)*

Representative of:	Name	Job title/Occupation	Signature (optional)	Date signed: (yyyy-mm-dd)
Employer				
Health & Safety Committee Member (not injured worker)				
Other:				

4. Witness or other person with relevant information

Name: (First/Last)	Job Title/Occupation:

5. Report Stage *(select all that apply)*

<input type="checkbox"/> Preliminary Investigation	<input type="checkbox"/> Interim Corrective Action	<input type="checkbox"/> Full Investigation	<input type="checkbox"/> Full Corrective Action
Report date (yyyy-mm-dd)			

6. Type of occurrence *(select all that apply)*

<input type="checkbox"/> Serious injury to or death to a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Injury requiring medical attention beyond first aid
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Diving incident (as defined by WSBC reg.)	<input type="checkbox"/> Near miss - equipment damage
<input type="checkbox"/> Minor injury (e.g., first-aid-only injury)	<input type="checkbox"/> Other — vehicle incident ICBC (specify)

7. General Information (select all that apply)

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
Did the worker seek First Aid?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the worker be away from work beyond the date of injury?	<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
Are you aware of any recent pain or disability in the area of the reported injury?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Describe body part injured: (be specific)				
Side of Body injured:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Both <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Did the injury(ies) result from a specific incident?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

8. Sequence of events preceding the incident

Required in Preliminary Investigation 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
<div></div>
Full Investigation Report
<div></div>

9. Describe what happened:

(Briefly describe the incident)

Preliminary Investigation Report

Full Investigation Report

10. Identify any factors beyond your control that don't allow you to complete any part of the Preliminary Report

11. Identify Incident Type (check all that apply) & Identify All Contributory Factors (check all that apply)

<div><input type="checkbox"/> Struck against or struck by object</div> <div><input type="checkbox"/> Slip, trip or fall</div> <div><input type="checkbox"/> Caught in, under or between</div> <div><input type="checkbox"/> Exposure to/contact w/harmful substance (excluding blood/body fluids)</div> <div><input type="checkbox"/> Fire</div> <div><input type="checkbox"/> Car or transportation accident</div> <div><input type="checkbox"/> Act of violence (see Violent Information Section)</div> <div>Ergonomics</div> <div><input type="checkbox"/> Bodily reaction</div> <div><input type="checkbox"/> Overexertion</div> <div><input type="checkbox"/> Repetitive motion</div> <div><input type="checkbox"/> Lifting/moving object: approx. wt:</div> <div><div>lbs</div><div>kg</div></div> <div><input type="checkbox"/> Other (specify under Statement of Causes)</div> <div>Behavioural States</div> <div><div><input type="checkbox"/> Rushing</div><div><input type="checkbox"/> Frustration</div></div> <div><div><input type="checkbox"/> Fatigue</div><div><input type="checkbox"/> Complacency</div></div>
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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		

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 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.