

# Incident Investigation

<b>SECTION 1</b>	Please refer to reference material on pages 5 and 6 of this form to assist in filling out required fields.						
Company Name		WorkSafeBC Account #		Incident # (Office Use Only)		Date and Time of Incident <small>(YY-MMM-DD)</small>	
Company Address <small>(include city, province and postal code)</small>				Company Contact <small>(include name, phone # and email)</small>			
Types Major Incidents All the following types of incidents must be investigated.			- Step 1: A preliminary report and interim corrective action report (Sections 1 and 2) must be completed within 48 hours and submitted to WorkSafeBC if requested. - Step 2: A full investigation (Sections 1, 2 and 3) must be completed and submitted to WorkSafeBC within 30 days.				
<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Serious Injury or Fatality	<input type="checkbox"/> Close Call or Minor Injury with the Potential to Cause Serious Injury	<input type="checkbox"/> Major Structural Failure or Collapse				
<input type="checkbox"/> Major release of a Hazardous Substance	<input type="checkbox"/> Blasting Incident Causing Injury	<input type="checkbox"/> Dangerous Incident Involving Explosives Other Than Blasting Incident	<input type="checkbox"/> Diving Incident				
Types of Minor Incidents			- These incidents are not required to be investigated by WorkSafeBC but companies may choose to do an investigation.				
<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Aid	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Process Loss	<input type="checkbox"/> Close Call with No Potential for Serious Injury			
Report Stage							
<input type="checkbox"/> Preliminary Report Date Completed:	<input type="checkbox"/> Interim Corrective Action Date Completed:	<input type="checkbox"/> Full Report Date Completed:	<input type="checkbox"/> Full Corrective Action Report Date Completed:				
Injured/Involved Person(s) Name(s)		Department (if applicable)			Supervisor		
<input type="checkbox"/> N/A	<input type="checkbox"/> Employee	Witness(es)					
<input type="checkbox"/> Visitor	<input type="checkbox"/> Contractor	Operation Condition at Time of Occurrence <small>(select one only)</small>		<input type="checkbox"/> Normal	<input type="checkbox"/> Scheduled Maintenance	<input type="checkbox"/> Upset	
Contractor Business Name							
Exact Location of Incident <small>(Address, coordinates, block, room, etc.)</small>							
Date Reported <small>(YY-MMM-DD)</small>	Date Investigated <small>(YY-MMM-DD)</small>	Date of Last SWP Review <small>(YY-MMM-DD)</small>	Time in Position				
			Years:		Months/Days:		
Cost Estimate: Property / Equipment Damage			\$				
Severity Level <small>(use reference material located on page 5 of this form)</small>			High → Low				
1	What was is the severity level of this incident? (please choose one)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2	What could have been the <u>potential</u> severity level? (please choose one)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	





## SECTION 4 – Additional Information

### Injury Information (select all that apply)

Nature of Injury		
<input type="checkbox"/> Allergies / sensitivities	<input type="checkbox"/> Cut / puncture / open wound	<input type="checkbox"/> Hernia / rupture
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Infection
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Respiratory conditions
<input type="checkbox"/> Bruise / contusion	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Scratch / abrasion
<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprains / strains – joints, muscles
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other occupational injuries
Body Part		
<input type="checkbox"/> Abdomen <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Face <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Back <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Groin <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Mouth / teeth <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Chest <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Head <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Multiple part <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R	
Source of Injury		
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Human	<input type="checkbox"/> Petroleum products
<input type="checkbox"/> Conveyor	<input type="checkbox"/> Ladders	<input type="checkbox"/> Power tools
<input type="checkbox"/> Debris / scrap	<input type="checkbox"/> Logs	<input type="checkbox"/> Slivers
<input type="checkbox"/> Electrical equipment	<input type="checkbox"/> Lumber	<input type="checkbox"/> Steam
<input type="checkbox"/> Fasteners	<input type="checkbox"/> Machine parts	<input type="checkbox"/> Work area
<input type="checkbox"/> Fire / smoke	<input type="checkbox"/> Mobile equipment	<input type="checkbox"/> Working surface
<input type="checkbox"/> Hand tools	<input type="checkbox"/> Noise	<input type="checkbox"/> Other (provide details below):
<input type="checkbox"/> Heat	<input type="checkbox"/> Office equipment	
<input type="checkbox"/> Hoisting equipment	<input type="checkbox"/> Pallets	
Other		

Approvals	Print name <small>*must include at least one management and one worker</small>	Signature	Date (YY-MMM-DD)
Investigation leader	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
Investigation Team Members	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
Safety Representative	<input type="checkbox"/> Management		
	<input type="checkbox"/> Worker		
Immediate Supervisor			
Manager			

## Reference Material

Operation Condition at Time of Occurrence	
Normal:	Normal operating process
Scheduled Maintenance:	Planned and scheduled maintenance
Upset:	An interruption and / or non-routine break in normal operating process. Includes unscheduled maintenance
Date of last SWP Review:	Indicates the most recent date the Safe Work Procedures (also known as JSB, JSA) for the job was reviewed and signed off with a supervisor

Severity Level – Use the following table to determine the severity level of the incident (question 1).

Severity Level	
1	Level 1    Fatality OR Property Damage Exceeding \$500,000
	Level 2    Employee admitted to hospital / probable permanent disability OR property damage between \$100,000 and \$500,000
	Level 3    Employee not able to perform all of their regular duties OR property damage between \$10,000 and \$100,000
	Level 4    Employee able to perform all their regular duties OR property damage less than \$10,000

Potential Severity Level – Use the Severity Level and Probability of Occurrence grid to determine the potential severity level (question 2).

Probability Index of Occurrence		Example
2	A    Likely to occur immediately	Could happen any day
	B    Probable in time	Likely to happen if conditions are repeated
	C    Possible in time	Under the right conditions, the incident might be repeated
	D    Remotely possible	Even under similar conditions, it is unlikely the incident will be repeated

		<b>Probability of Occurrence</b>			
		A	B	C	D
Potential Severity	1	1	1	1	2
	2	1	2	2	3
	3	2	2	3	3
	4	2	2	3	4

For page 1, Question 2, mark the number that is indicated on the grid above

### Self-Check for Incident Investigators:

– Optional information to help in the completion of this form.

**Incident Description:**

- Is the incident clearly described so that the event is understandable to a non-participant?
- Are the primary people, equipment, materials and environment clearly identified? Are their positions relative to each other described?
- Is there a clear description of the type of injury and/or damage, or the potential for injury or damage?
- Is the sequence of events clearly described, including the events leading up to, during and after the incident?
- Has appropriate use been made of photos and/or drawings?

**Immediate Causes (If removed, the incident would not have happened):**

- Has one or more immediate causes been identified and checked off?
- Is there a written description for each immediate cause and does it clearly state how the cause is connected to the incident?

**Root Causes (Underlying factors that caused the incident. Identify root causes by asking why questions):**

- Has one or more root causes been identified and checked off?
- Has the why question been asked enough times to uncover all the root causes?
- For each root cause is there an adequate written description and explanation that can be used to develop meaningful corrective actions?

**Corrective Actions:**

- Is there a clear description of the corrective actions?
- Has immediate action been taken to remove/reduce the immediate causes?
- Do corrective actions address each of the root causes?
- Do the corrective actions clearly identify - *Who will do what by when?*
- Am I satisfied that this investigation will prevent recurrence of these types of incidents?