

# Incident Investigation Report

This form was designed to assist the clinic in conducting preliminary and full incident investigations.

## Employer information

Clinic legal name:

WorkSafeBC  
account number:

## Worker involved (injured or not)

Name, position:

## Witness information (staff or public)

1.

2.

## Incident information

Location:

Date:

Time:

## Type of Occurrence

a) No injury, near miss.	f) Property damage.
b) Injury, no first aid required.	g) Serious injury*.
c) Injury, first aid required.	h) Major release of hazardous substance.
d) Injury, medical treatment beyond first aid required.	i) Major structural failure/collapse, or blasting.
e) Mental health injury.	j) Fire or explosion with potential for serious injury*.

\* Serious injuries are life-threatening or can cause permanent impairment, including major fractures, amputations, serious burns, chemical exposure, spinal cord and brain injuries, and heat or cold stress.

If g, h, i, or j, report it immediately to WorkSafeBC at 1-888-621-7233 (24/7).

**Events that Preceded the Incident**

Describe events earlier that day or even in previous years that led up to the incident (environment/surrounding conditions; activities taking place; availability, use, and functionality of necessary equipment; people involved).

**Brief Description of Incident**

Summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

**Contributing Factors****Environment-related causes:**

Variations in floor surface	Working alone or in isolation
Wet/slippery floor	Inadequate security equipment/measures
Personal protective equipment not appropriate	Limited or cluttered workspace
Noise	Lighting insufficient
Poor housekeeping	Chemical or biological hazard exposure

**Organizational-related causes:**

Excessive workload	Inadequate job/skill training
High staff turnover	Inadequate staffing
Poor communication	Unavailable standard operating procedures

**Equipment-related causes:**

Inadequate signage/labelling.	Material/equipment failure
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**CONTINUE**

	Inadequate/unavailable equipment		Preventative maintenance/inspections inadequate
Human factors:			
	Knowledge/skill/experience lacking		Sickness (e.g., cold, flu)
	Pre-existing condition/illness		Violent behaviour (verbal, physical, threats)
	Fatigue		Physical limitations (reach, height, etc.)
Other contributing factors (specify):			

#### Immediate Corrective Actions (completed within 48 hours)

Action(s) taken to prevent recurrence of similar incidents:	Assigned to:	Expected completion date:	Completion date:
a.			
b.			
c.			

#### Persons Involved in Preliminary Investigation

Employer (or employer representative)			
Name, position:			
Signature:		Date:	
Worker representative (if applicable)			
Name, position:			
Signature:		Date:	

**Note:** If the clinic has a worker representative or a joint occupational health and safety committee, they should participate in both the preliminary and full investigation processes.

Employers are not required to submit preliminary investigation reports unless directed to do so by a WorkSafeBC officer.

**Determination of Incident Causes**

Why did the event occur? Analyze the incident to identify underlying factors that contributed to unsafe conditions, acts, or procedures noted in the Preliminary Report.

**Full Description of Incident**

Use the brief description from the Preliminary Report and update it, if necessary.

**Additional Corrective Actions**

Additional action(s) needed to prevent recurrence of similar incidents:	Assigned to:	Expected completion date:	Completion date:
a.			
b.			
c.			

**Persons Involved in Full Investigation****Employer (or employer representative)**

Name, position:			
Signature:		Date:	

**Worker representative (if applicable)**

Name, position:			
Signature:		Date:	

**Note:** Employers are required to submit full investigation reports to WorkSafeBC within 30 days of the incident. The easiest way to submit the report is through the [WorkSafeBC Online Tool](#).