# Incident Investigation Report

This form was designed to assist the clinic in creating preliminary and full incident investigation reports.

**Employer information:**

| Clinic name (legal and trade): | WorkSafeBC account number: |
|---|---|
| | |

**Injured worker information:**

| Full name: | Position/Job title: |
|---|---|
| | |

**Incident details:**

| Location: | Date: DD / MM / YYYY |
|---|---|
| | Time: HH : MM |

**Type of occurrence:**

| | | | |
|---|---|---|---|
| a. Death of a worker | ☐ | d. Major release of hazardous substance | ☐ |
| b. Serious injury* to a worker | ☐ | e. Minor injury or no injury but had potential for causing serious injury* | ☐ |
| c. Major structural failure or collapse; blasting accident or other dangerous incident involving explosives; fire explosion with potential for serious injury* | ☐ | f. Injury requiring medical treatment beyond first aid | ☐ |

* 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 a, b, c, or d, report it immediately to WorkSafeBC at **1-888-621-7233** (24/7).

**Description of incident:**

| What happened? Summarize the sequence of events, the unsafe factors and the resulting injury, if any. Describe the environment/ surrounding conditions; activities taking place in the space; availability, use, and functionality of necessary equipment. |
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**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 sufficient | ☐ | Limited or cluttered workspace |
| ☐ | Noise | ☐ | Lighting insufficient |
| ☐ | Poor housekeeping | ☐ | Chemical or biological hazard exposure |
| ☐ | Other (specify): | | |

| **Organizational related causes:** | | | |
|---|---|---|---|
| ☐ | Excessive workload | ☐ | Inadequate job/skill training |
| ☐ | High staff turnover | ☐ | Inadequate staffing |
| ☐ | Poor communication | ☐ | Inadequate/unavailable standard operating procedures |
| ☐ | Other (specify): | | |

| **Equipment related causes:** | | | |
|---|---|---|---|
| ☐ | Inadequate signage/labeling | ☐ | Defective equipment |
| ☐ | Inadequate/unavailable equipment | ☐ | Preventative maintenance/inspections inadequate |
| ☐ | Material/equipment failure | ☐ | Incorrect equipment |
| ☐ | Other (specify): | | |

| **Human factors:** | | | |
|---|---|---|---|
| ☐ | Knowledge/skill/experience lacking | ☐ | Illness |
| ☐ | Pre-existing condition/illness | ☐ | Violent behaviour (verbal, physical, threats) |
| ☐ | Fatigue | ☐ | Physical limitations (reach, height, etc.) |
| ☐ | Other (specify): | | |

**CONTRIBUTING FACTORS CONTINUED OVERLEAF**

**Immediate corrective actions:**

| Action(s) taken to prevent re-occurrence of similar incidents: | Assigned to: | Expected completion date: | Completion date: |
|---|---|---|---|
| | | DD / MM / YYYY | DD / MM / YYYY |
| | | DD / MM / YYYY | DD / MM / YYYY |
| | | DD / MM / YYYY | DD / MM / YYYY |

**Persons who carried out the preliminary investigation:**

| Employer representative: | | | |
|---|---|---|---|
| **Full name:** | | **Position:** | |
| **Signature:** *(optional)* | | **Date:** | DD / MM / YYYY |

| Worker representative: | | | |
|---|---|---|---|
| **Full name:** | | **Position:** | |
| **Signature:** *(optional)* | | **Date:** | DD / MM / YYYY |

**End of preliminary report. For the full report, also complete the sections on page 4.**

**Determination of causes of incident** *(Required for full report)*:

| Why did the event occur? |
|---|
| |

**Final corrective action plan** *(Required for full report)*:

| Additional corrective action(s) required to prevent reoccurrence of similar incidents: | Assigned to: | Expected completion date: | Completion date: |
|---|---|---|---|
| | | DD / MM / YYYY | DD / MM / YYYY |
| | | DD / MM / YYYY | DD / MM / YYYY |
| | | DD / MM / YYYY | DD / MM / YYYY |

**Persons who carried out the full investigation:**

| Employer representative | | | |
|---|---|---|---|
| **Full name:** | | **Position:** | |
| **Signature:** *(optional)* | | **Date:** | DD / MM / YYYY |

| Worker representative | | | |
|---|---|---|---|
| **Full name:** | | **Position:** | |
| **Signature:** *(optional)* | | **Date:** | DD / MM / YYYY |

| Other (optional) | | | |
|---|---|---|---|
| **Full name:** | | **Position:** | |
| **Signature:** *(optional)* | | **Date:** | DD / MM / YYYY |

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