

# Vancouver Island West School District 84 INCIDENT INVESTIGATION REPORT

A formal incident investigation shall be held for all medical treatment injuries or medical incident recordable injuries, near miss injuries or anything having potential\* to be very serious (\*see bottom of report). An informal investigation, involving the supervisor and the employee, should be held for all other injuries. See *Schedule I for further information and please use the reverse of this form if additional space is required for responses.*

Worksite where incident occurred: \_\_\_\_\_

Date/time of Incident: \_\_\_\_\_ Date of Investigation: \_\_\_\_\_

Persons in attendance at investigation: \_\_\_\_\_

Injured's Name/Occupation: \_\_\_\_\_

Describe Injury: \_\_\_\_\_

Describe in full how the incident occurred (*was job procedure followed; does it need to be rewritten; what equipment, material, people involved; PPE; training; usual or unusual day; pressures to get job done; etc.*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the causes (*see Schedule II for assistance*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION PLAN:** *What has, will or should be done to prevent similar occurrences? For each cause stated above, state an action taken to prevent a reoccurrence. See Schedule III for assistance.* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which employees need to be informed of action plan? \_\_\_\_\_

Who will carry out action plan? \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor in Charge of Investigation **Action Plan completed? Y / N** \_\_\_\_\_  
Completion Date of Action Plan

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## \*INCIDENT WITH POTENTIAL FOR SERIOUS INJURY OR PROPERTY DAMAGE:

Name of Person Reporting: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Details of Potential Incident and/or Property Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Excerpt from Part 3 of Worksafe BC OHS Regulation:**

**3.4 Incident investigation reports**

An employer must ensure that an incident investigation report required by [Division 10 of Part 3 of the Workers Compensation Act](#) contains

- (a) the place, date and time of the incident,
- (b) the names and job titles of persons injured in the incident,
- (c) the names of witnesses,
- (d) a brief description of the incident,
- (e) a statement of the sequence of events which preceded the incident,
- (f) identification of any unsafe conditions, acts or procedures which contributed in any manner to the incident,
- (g) recommended corrective actions to prevent similar incidents, and
- (h) the names of the persons who investigated the incident.

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*Please use this space to provide additional information to responses on Page 1, or attach a separate page. Thank you.*