

ACCIDENT / INCIDENT INVESTIGATION FORM

This form is to be used to investigate all workplace accidents, incidents and spills. See *Incident Investigations Procedure*.

Employer's Name (legal name and trade name) Thompson Rivers University		
WorkSafeBC account number #157412	Operating location number # 001 - Education/College	
Employer's head office address 900 McGill Road		
City Kamloops	Province BC	Postal Code V2C 0C8
Employer's representative's name Stacey Jyrkkanen		Phone number (include area code) (250) 371-5805
Email address sjyrkkanen@tru.ca		

A. EVENT INFORMATION

Date Investigation Started:	Investigation Type: Select	Investigation Status:
Location:	Specify room/floor	Date of Incident/Accident: Time:
Names of all witnesses:	Did you get Witness Statements?	Pictures / Diagrams attached?
Immediate Response (Describe):		
Was a First Aid Report submitted? If No why?		

B. INJURED or ILL PERSON / PERSON DIRECTLY INVOLVED

Last Name:	First Name:	Employee's Occupation:	Years' Service:	Injured Employee's experience in present job:	Hours worked since start of shift:
Reported to (Position): Select	Name:	Date Reported:	Time Reported:		
Injury / Illness Type:				Severity of injury/ Illness: Select	

Employee's description of incident or account of illness: (Attach additional written description or drawings)

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Did they seek medical aid?	Did the person miss any time from work?	How many days were missed?
Will this employee be on Modified Duty?	Were Modified Duties offered to the employee?	Modified Duties

C. Accident Causation

Immediate/ Direct Causes

Substandard Acts:

- | | | |
|--|--|--|
| <input type="checkbox"/> Operating equipment without authority
<input type="checkbox"/> Operating at improper speed
<input type="checkbox"/> Failing to use PPE properly
<input type="checkbox"/> Improper lifting
<input type="checkbox"/> Horseplay
<input type="checkbox"/> Failure to follow procedures
<input type="checkbox"/> Failure to react or correct
<input type="checkbox"/> Violence/ threats | <input type="checkbox"/> Failure to warn
<input type="checkbox"/> Removing safety devices
<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Improper position for task
<input type="checkbox"/> Alcohol/ Drugs
<input type="checkbox"/> Failure to identify hazard/risk
<input type="checkbox"/> Failure to communicate | <input type="checkbox"/> Failure to secure
<input type="checkbox"/> Using defective equipment
<input type="checkbox"/> Improper placement
<input type="checkbox"/> Servicing equipment in operation
<input type="checkbox"/> Using equipment improperly
<input type="checkbox"/> Failure to check and monitor
<input type="checkbox"/> Inadequate training |
|--|--|--|

Substandard Conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Inadequate guards or barriers
<input type="checkbox"/> Congestion or restricted actions
<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Temperature extremes
<input type="checkbox"/> Presence of harmful material (chem/bio)
<input type="checkbox"/> Inadequate preparation/planning
<input type="checkbox"/> Inadequate communications | <input type="checkbox"/> Inadequate/improper PPE
<input type="checkbox"/> Inadequate warning system
<input type="checkbox"/> Noise exposure
<input type="checkbox"/> Inadequate illumination
<input type="checkbox"/> Inadequate instructions
<input type="checkbox"/> Inadequate information/data
<input type="checkbox"/> Uneven/slippery surfaces | <input type="checkbox"/> Defective tools, equipment, materials
<input type="checkbox"/> Fire & explosion hazards
<input type="checkbox"/> Radiation exposure
<input type="checkbox"/> Inadequate ventilation
<input type="checkbox"/> Inadequate procedures
<input type="checkbox"/> inadequate assistance/support
<input type="checkbox"/> Weather condition |
|--|--|---|

Basic Causes:

- | | | |
|--|---|--|
| <input type="checkbox"/> Inadequate physical capability
<input type="checkbox"/> Mental stress
<input type="checkbox"/> Physical stress
<input type="checkbox"/> Abuse or misuse
<input type="checkbox"/> Undue care and attention | <input type="checkbox"/> Lack of knowledge
<input type="checkbox"/> Lack of skill
<input type="checkbox"/> Inadequate Supervision
<input type="checkbox"/> Inadequate Work Standards | <input type="checkbox"/> inadequate engineering
<input type="checkbox"/> Inadequate tools and equipment
<input type="checkbox"/> Inadequate purchasing
<input type="checkbox"/> Wear and Tear |
|--|---|--|

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Summary of Root Cause:

D. Report Type (select all that apply)

If this is a **revised version of a previous report**, please check here

<input type="checkbox"/> Preliminary Investigation Report Report date (yyyy-mm-dd) Only provide to WorkSafeBC Officer if requested Officer's Name	<input type="checkbox"/> Interim Corrective Action Report Report date (yyyy-mm-dd)	<input type="checkbox"/> Full Investigation Report Report date (yyyy-mm-dd) Must be provided to WorkSafeBC within 30 days* Fax 1-866-240-1434 Date sent (yyyy-mm-dd)	<input type="checkbox"/> Full Corrective Action Report Report date (yyyy-mm-dd)
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E. CORRECTIVE ACTION
Hierarchy of Controls:

- 1) Elimination (remove the hazard)
- 2) Substitution (use an alternative)
- 3) Isolate (separation from hazard)
- 4) Redesign (Change equipment or process)
- 5) Administration (change work practice)
- 6) Personal Protective Equipment (gloves, glasses, respirator, hearing protection)

Actions Taken / Require

Action Assigned to:

Target Completion Date:

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F. INVESTIGATION SIGNATURES	
Supervisor:	Signature:
Safety Officer	Signature
Safety Committee Member:	Signature:
Injured / Involved Employee:	Signature:
	Signature:
	Signature:
	Signature

G. JOINT OCCUPATIONAL SAFETY & HEALTH COMMITTEE REVIEW	
Comments:	
Reviewed by:	JOSH Committee Review Date:

H. MANAGEMENT REVIEW
Management Comments: