

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			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)					
Will this employee be on Modified Duty?:		Were Modified Duties offered to the Employee?:		Modified Duty Description:	

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C. Accident Causation

Immediate/ Direct Causes

Substandard Acts:

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

Substandard Conditions:

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

Basic Causes:

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

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 / Required:

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: