

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

### A. EVENT INFORMATION

Date Investigation Started:	Investigation Type: <b>Select</b>	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 Number:	Years' Service:	Injured Employee's experience in present job:	Hours worked since start of shift:
Reported to (Position): Name: <b>Select</b>			Date Reported:	Time Reported:	
Injury / Illness Type:				Severity of injury/ Illness: <b>Select</b>	
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<br><br>Report date (yyyy-mm-dd)<br><br>Only provide to WorkSafeBC Officer <b>if requested</b><br><br><b>Officer's Name</b> | <input type="checkbox"/> Interim Corrective Action Report<br><br>Report date (yyyy-mm-dd) | <input type="checkbox"/> Full Investigation Report<br><br>Report date (yyyy-mm-dd)<br><br>Must be provided to WorkSafeBC within 30 days*<br>Fax 1-866-240-1434<br>Date sent (yyyy-mm-dd) | <input type="checkbox"/> Full Corrective Action Report<br><br>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:

F. INVESTIGATION SIGNATURES	
Supervisor:	Signature:
Safety Officer	
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: