

# DEPARTMENTAL INCIDENT AND HAZARD REPORT FORM

Instructions:

- Contact Campus Security at **250-721-7599** to obtain first aid or medical assistance, or to assist with any emergency situation
- Complete PART A of this form as soon as possible after the incident and submit to your supervisor for follow-up
- Supervisor or Designate to complete Part B Preliminary Investigation within 48 hours and Full Investigation within 30 days

## PART A – INCIDENT OR HAZARD INFORMATION

<b>Event Category:</b>					
<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/> Accident with Injury	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Spill/Environmental Release		
<input type="checkbox"/> Immediately Reportable (see p.3)	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Hazard / Safety Concern (Describe in section 2)		
<b>Individual Information:</b>					
<input type="checkbox"/> Faculty		<input type="checkbox"/> Staff		<input type="checkbox"/> Student	
Last Name:		First Name:		Phone Number:	
Department:		Job Title:			
Date of Event:	_____	Date Reported:	_____	Event Reported to: _____	
	MM / DD / YY      TIME		MM / DD / YY      TIME		
<b>Action following the event:</b>					
<input type="checkbox"/> Remained at Work <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment (Doctor) on: _____ <input type="checkbox"/> Missed Work (Last day worked: _____) Contacted Campus Security: Yes <input type="checkbox"/> No <input type="checkbox"/> MM / DD / YY                                  MM / DD / YY					
<b>1) Details of Incident (<i>attach separate sheet if necessary</i>)</b>					
<b>Witness Information :</b>					
(if applicable)	_____	_____	_____	_____	_____
	Last Name	First Name	Phone Number	Job Title	Work Address
<b>Location of Incident:</b> (e.g. area, building, floor, room): _____					
<b>Description of Incident:</b>					
<b>Accident / Injury Type:</b>		<b>Exposure:</b>	<b>Event Involves Aggression / Violence:</b>		
<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A		
<input type="checkbox"/> No Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Abrasion <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Burn <input type="checkbox"/> Contusion	<input type="checkbox"/> Crush Injury <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Biological / Blood and Body Fluid <input type="checkbox"/> Chemical (e.g. spill, vapour) <input type="checkbox"/> Radiation / Physical (e.g. noise, heat, particulate) <input type="checkbox"/> Other (Specify): _____	<b>TYPE:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Physical  <u>Comments:</u> _____	<b>SOURCE:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	<b>RESPONSE:</b> <input type="checkbox"/> Campus Security <input type="checkbox"/> Police notified <input type="checkbox"/> None <input type="checkbox"/> Other (Specify): _____
<b>2) Hazard / Safety Concern</b>		<b>Rating</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <b>Type</b> <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Physical <input type="checkbox"/> Other			
Describe the nature of the concern providing sufficient details to assist with the response:  					
<b>3) Signature of Individual Submitting Report:</b> _____ <b>Date:</b> _____					

Please submit to your Supervisor or P.I. immediately after completion of PART A



**Instructions:**

- Supervisor or Designate to complete Part B Preliminary Investigation **within 48 hours** and Full Investigation\* within 30 days
- Identify causes and any interim and full corrective actions to prevent recurrence of similar incidents
- Submit completed form (PARTS A & B) to the Occupational Health, Safety and Environment Department (see contact info at bottom)

**PART B – INVESTIGATION TYPE:** ☐ **PRELIMINARY (within 48 hrs)** ☐ **FULL (within 30 days)** ☐ **HAZARD / SAFETY CONCERN**

4) Incident Causes and Significant Contributing Factors <i>(Check all that apply)</i>						
<b>Basic Root Cause(s)</b> <input type="checkbox"/> Abuse or misuse <input type="checkbox"/> Environment <input type="checkbox"/> Equipment <input type="checkbox"/> Supervision <input type="checkbox"/> Engineering (includes design) <input type="checkbox"/> Maintenance <input type="checkbox"/> Tools <input type="checkbox"/> Training / Orientation <input type="checkbox"/> Work procedures/process/standards <i>Other – use space below</i>	1	→	<b>Cause Group (People Related) – specify details below</b> <input type="checkbox"/> Safe operating procedures not followed <input type="checkbox"/> Change in workplace not communicated <input type="checkbox"/> Available equipment not used <input type="checkbox"/> Improper loading / lifting <input type="checkbox"/> Improper placement / position for task <input type="checkbox"/> Personal protective equipment not used <input type="checkbox"/> Safety devices not activated <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Using defective equipment <i>Other – use space below</i>	2	→	<b>Cause Group (Work Environment Related)</b> <input type="checkbox"/> Environmental conditions (e.g. gases, vapours, dust, smoke, fumes, light, temperature, airflow) <input type="checkbox"/> Equipment or materials <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Inadequate or improper personal protective equipment <input type="checkbox"/> Noise exposure <input type="checkbox"/> Poor / inadequate housekeeping <input type="checkbox"/> Spill / Exposure <input type="checkbox"/> Unsafe work conditions <input type="checkbox"/> Workspace design / ergonomics
<b>Additional Cause(s) / Other Contributing Factors</b> – Please provide details <i>(attach separate sheet if necessary)</i>						
<input type="checkbox"/> <b>PRELIMINARY INVESTIGATION</b> (within 48 hours) <b>DATE:</b> _____ <b>COMPLETED BY:</b> _____						
<input type="checkbox"/> <b>FULL INVESTIGATION</b> * (within 30 days) <b>DATE:</b> _____						
5) Follow-Up Corrective Actions <i>(attach separate sheet if necessary)</i>	Interim	Full	Person(s) Responsible	Est. Completion Date <small>Check ✓ when done</small>		
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
TITLE	NAME (PLEASE PRINT)	JOB TITLE	PHONE	DATE		
Supervisor / P.I. (or designate)						
* Worker / Union Representative						
<b>6) Local Safety Committee Review</b>		Review Date: _____ Co-Chair Name: _____				
		Comments: _____				

*\*Worker/Union Representatives participate in the investigation for any incidents that resulted in a WorkSafeBC claim for an employee.  
Please contact OHSE to coordinate a joint investigation    Email: [ohs@uvic.ca](mailto:ohs@uvic.ca)    Fax: 250-721-6359    Phone: 250-721-8971*



## WHEN AND HOW TO COMPLETE THIS FORM

This form shall be completed by UVic faculty, staff and students to report and investigate all accidents/incidents, near misses, and hazards/safety concerns as required by WorkSafeBC.

**\*Please Note:** If the incident results in a WorkSafeBC claim (i.e., time-loss from work or medical treatment), then the appropriate forms must also be completed (Form 6A and 7) and the investigation include a worker/union representative, if reasonably available. Please contact OHSE to coordinate a full joint incident investigation.

**Email:** ohs@uvic.ca

**Fax:** 250-721-6359

**Phone:** 250-721-8971

### Definitions:

**Accident / Incident:** Any unplanned or undesirable event that occurred during the course of work or study and resulted in personal injury or damage to property. Examples include occupational disease, medical treatment or first aid, slip/fall, hazardous materials spill, equipment failure, musculo-skeletal injury, and exposure to chemical, physical, or biological agents.

**Immediately Reportable:** Any incident described under Section 172 of the Workers Compensation Act:

- Any incident that kills, causes risk of death, seriously injures a worker, or had the potential for serious injury
- Incident of fire or explosion with potential for serious injury
- Any blasting accident that results in injury, or unusual event involving explosives
- A diving incident that causes death, injury, or decompression sickness requiring treatment
- A major leak or release of a hazardous substance
- A major structural failure or collapse of a building, hoist, or construction support system

**Near Miss:** Any event that under slightly different circumstances may have resulted in injury or damage to property. Near misses must be reported to prevent the possibility of future accidents / incidents.

**Hazard:** Any source that could potentially cause damage, harm or adverse health effects on something or someone under certain conditions at work. Examples include any substance, material, process, or practice that has the ability to cause harm or adverse health effects to a person under certain conditions.

- **Low Hazard** - Requires attention but can be dealt with within a few days (e.g. unsafe or unsecured storage of binders in a bookshelf).
- **Moderate Hazard** - Requires attention in a timely matter (e.g. blocked egress route, expired fire extinguisher).
- **High Hazard** - Must be dealt with immediately due to the high degree of severity the injury / harm could cause (e.g. chance of shock from exposed electrical wire, storage of incompatible chemicals).

### **PART A – Incident or Hazard Report**

- 1) Individuals should first inform their Supervisor / P.I. that they have been injured, had a near miss, or there is an unsafe condition (i.e. hazard).
- 2) Complete all relevant sections (ensure you complete the location and description information).
- 3) If there was a witness to the event, record their name, address and phone number.
- 4) The event description should include:
  - who was involved
  - what happened before, during and after the event
  - what was the individual doing at the time of the event
  - where the event occurred
  - other relevant information and observations

### **PART B – Investigation and Follow-up (Completed by Supervisor or P.I.)**

- 1) Individual's Supervisor or P.I. to conduct a preliminary investigation within **48 hours** of the incident and recommend interim corrective actions. A full investigation must be completed within **30 days** of the incident.
- 2) List all of the appropriate incident causes and contributing factors.
- 3) Determine and list the actions that would prevent a recurrence of a similar incident, or identify steps to address the safety concern. Also indicate an estimated completion date for each corrective action. Document follow-up as necessary.
- 4) If a safe work procedure has changed or was not followed ensure that all individuals receive updated training.
- 5) Retain copy of the completed report with the Department.
- 6) Forward a completed copy of the report to the OHSE Department by inter-departmental mail, email, or fax.
- 7) The completed report with corrective actions should be reviewed by the appropriate Joint Health and Safety Committee.