



# Incident Investigation Report 3

## Full Report

Please refer to sections 1, 2, 3, and 4 in the companion [quick guide](#) for assistance completing the investigation and this form.

Report date (yyyy-mm-dd)

### Employer's information

Employer's name		WorkSafeBC account number
Employer's head office address		
City	Province	Postal code
Employer's contact (name/phone/email)		

## Section 1

### Type of occurrence

1. Please select any or all that apply

<input type="checkbox"/> Serious injury to or death to a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Injury requiring medical treatment
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury

2. If none of the above apply, don't submit this report to WorkSafeBC. Instead, check one of the following and keep this report on file.

<input type="checkbox"/> Minor injury (e.g., first-aid-only injury)	<input type="checkbox"/> Other — required by company policy (specify)
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### Incident Investigation Report copy to WorkSafeBC

See the companion [quick guide](#) for instructions to submit this form.

Is a full report required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date submitted (yyyy-mm-dd)
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### Persons conducting investigation

Representative of	Name (please print)	Job title/Occupation	Signature (optional)	Date signed (yyyy-mm-dd)
Employer				
Worker				
Other				

Examples of "other" include a knowledgeable person such as a worker, supervisor, or third party subject matter experts.

# Incident Investigation Report 3

## Full Report

Employer's name	WorkSafeBC account number	Report date (yyyy-mm-dd)
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### Place, date, and time of incident

Address where incident occurred		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time incident occurred	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

### Injured person(s)

Last name	First name	Job title/Occupation
1)		
2)		
3)		

### Witnesses

Last name	First name	Job title/Occupation
1)		
2)		
3)		

### Other persons with relevant information

Last name	First name	Job title/Role
1)		
2)		
3)		

# Incident Investigation Report 3

## Full Report

Employer's name	WorkSafeBC account number	Report date (yyyy-mm-dd)
-----------------	---------------------------	--------------------------

### Section 2

#### Sequence of events preceding the incident

Briefly describe the sequence of events preceding the incident

#### Describe what happened

Briefly describe the incident

# Incident Investigation Report 3

## Full Report

Employer's name	WorkSafeBC account number	Report date (yyyy-mm-dd)
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### Section 3

#### Determination of cause or causes of incident

From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events and all other relevant information will assist in determining the underlying or causal factors in the occurrence.

# Incident Investigation Report 3

## Full Report

Employer's name	WorkSafeBC account number	Report date (yyyy-mm-dd)
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### Section 4

#### Identification of unsafe conditions, acts, or procedures and their underlying factors

List any unsafe conditions, acts, or procedures that significantly contributed to the incident and determine the cause of the incident. This may include the underlying factors for all unsafe conditions, acts, and procedures as well as other health and safety deficiencies.

# Incident Investigation Report 3

## Full Report

Employer's name	WorkSafeBC account number	Report date (yyyy-mm-dd)
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### Corrective action

Identify any corrective actions necessary to address unsafe conditions, acts, or procedures identified above in order to prevent similar incidents.

Recommended corrective action	Action assigned to	Completion date or expected completion date (yyyy-mm-dd)
1)		
2)		
3)		
4)		