



# Incident Investigation Report 2

## Interim Corrective Action Report

Please refer to section 4 in the companion [Incident Investigation 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)		

### 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.

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

List the unsafe conditions, acts, or procedures that significantly contributed to the incident

# Incident Investigation Report 2

## Interim Corrective Action Report

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

### 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)		