

UNBC INCIDENT INVESTIGATION REPORT

LOCKOUT EXCAVATION FALL FROM HEIGHT
FIRE CHEMICALS WORKERS RIGHT TO REFUSE

Date of Incident: _____ Time of Incident: _____

Name of Person Involved: _____
First Name Middle Last Name

UNBC Employee Student Apprentice/Practicum

Contractor _____
Company contact number

Occupation / Job Title: _____

Department / Program : _____

Years of Experience in position: _____ Years of Experience in task _____

Training in task being performed: None Introduction Internal External

Supervisor: _____ Contact # _____

Location of Incident: _____

Date Incident Reported _____ Time Incident Reported _____

Name of Person Reported to _____

Near Miss: YES NO Injury: YES NO

Reported to Security : YES NO Medical Aid: YES NO

Form 7 Completed: YES NO Form 6A Completed: YES NO

WCB Notified: YES NO

If required to notify under the Act

PART I – PARTICULARS

Name of Injured Person _____

Date of Birth _____ Social Insurance Number _____

Home Address: _____
address city prov postal code

Phone #: _____ Email: _____

Was first aid provided? YES NO

By Whom _____
Name contact number

Did worker receive medical aid? YES NO Date of Medical Aid _____

By Whom: _____
Name of physician or Hospital City

Did the Incident happen during normal working shift Yes No

Nature of injury: _____

Injury Details _____

Side of body injured: Left Right Both

Part of body injured: Head Torso Arm Leg

Report of Occupational Disease Yes No _____
Dates of exposure

Bruising Cut/Scrape Stitches Broken Bone Crush Injury

Dislocation Respiratory Burn Internal Injury Lost consciousness

Needle Poke Other

Severity:

[] Fatal [] More than 2 days in hospital [] Medical aid
[] First aid [] Time lost from work [] Permanent disability

PART II – DESCRIPTION OF INCIDENT

Describe the incident in details: Who, What, When, Where, Why, How

Include: Location, sequence of events, equipment involved, chemicals, damage

PART II – DESCRIPTION OF INCIDENT

PART III – EVIDENCE

Describe physical evidence collected or reviewed

Photographs or Attachments **Yes** **NO**

Security Incident Report Attached **Yes** **NO**

PART III – EVIDENCE (CONT'D)

Persons with Information - Statement Summary:

Name: _____

Date Interviewed: _____ Occupation: _____
dd/mm/yy

Did you witness the incident? Yes _____ No _____

Name of Interviewer: _____

Summary of Statement: _____

Persons with Information - Statement Summary:

Name: _____
First Name Middle Last Name

Date Interviewed: _____ Occupation: _____
dd/mm/yy

Did you witness the incident? Yes _____ No _____

Name of Interviewer: _____

Summary of Statement: _____

PART IV – INCIDENT CAUSATION

What was the DIRECT CAUSE of the incident? (What caused injury or damage?)

What were the INDIRECT CAUSES? (What caused the incident?)

Contributing Factors:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Over Exertion | <input type="checkbox"/> Repetitive (activity repeated) | <input type="checkbox"/> Poor lighting |
| <input type="checkbox"/> Slip or Trip | <input type="checkbox"/> Struck | <input type="checkbox"/> Crush | <input type="checkbox"/> Rushing Job |
| <input type="checkbox"/> Twist | <input type="checkbox"/> Sharp Edge | <input type="checkbox"/> Fire or Explosion | <input type="checkbox"/> Defective Tools |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Harmful substance | <input type="checkbox"/> Assault | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Not following Procedures | <input type="checkbox"/> Not using or defective PPE | <input type="checkbox"/> Unstable load | <input type="checkbox"/> Equipment failed |
| <input type="checkbox"/> Training not Provided | <input type="checkbox"/> Failure to recognize hazard | | |
| <input type="checkbox"/> Insufficient Knowledge of work task | | | |
| <input type="checkbox"/> Supervisor unaware of task being done or hazard of task | | | |
| <input type="checkbox"/> Other _____ | | | |

PART V – CORRECTIVE ACTION

Immediate corrective actions to prevent recurrence:

COMPLETED

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Long term solutions:

Recommendation			
Responsibility Assigned to			
Date Assigned		Date Completed	

Recommendation			
Responsibility Assigned to			
Date Assigned		Date Completed	

Recommendation			
Responsibility Assigned to			
Date Assigned		Date Completed	

Recommendation			
Responsibility Assigned to			
Date Assigned		Date Completed	

Recommendation			
Responsibility Assigned to			
Date Assigned		Date Completed	

PART VI – REPORT REVIEW

Report Completed by:

Date report completed:

**Investigating
Committee Members:**

Distribute Report to:

Risk & Safety Department