**INSTRUCTIONS:**

**Call WCB IMMEDIATELY at 1.888.621.7233 for:** 1.Serious injury to or death of a worker 2. Major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system, or excavation 3. Major release of a hazardous substance 4. Fire or explosion that had a potential for causing serious injury to a worker 5. Blasting incident causing personal injury 6. Dangerous incident involving explosives, whether or not there is personal injury

**PLEASE COMPLETE ALL RELEVANT SECTIONS OF THIS FORM**

1. **VIU SECURITY/FIRST AID: EMAIL COMPLETED INCIDENT REPORT (SECTION 1) TO** **safety@viu.ca**
2. **WORKERS: EMAIL COMPLETED INCIDENT REPORT (SECTION 1) TO YOUR SUPERVISOR AND** **safety@viu.ca**

 **COMPLETE EMPLOYER INCIDENT INVESTIGATION (SECTION 2) WITH YOUR SUPERVISOR, *if required***

1. **SUPERVISORS: COMPLETE SECTION 2 WITH WORKER. EMAIL COMPLETED SECTION 2 TO** **safety@viu.ca** ***within 30 days of incident date***

**Bullying and/or Harassment:** This incident report form will also be shared by H&SS with the [**VIU Human Rights and Respectful Workplace Office**](https://www2.viu.ca/humanrights/).

**Threatening Behaviour or Violence:** This incident report form will also be shared by H&SS with the[VIU Risk and Threat Assessment Team](https://services.viu.ca/student-support-and-intervention/risk-and-threat-assessment)

SECTION 1: INCIDENT REPORT

|  |
| --- |
| 1. **PERSONAL INFORMATION**
 |
| **Affected/Injured Person’s Name:** Click here to enter text. | **Person affected by the incident/accident is a:**Choose an item.Other (please specify): Click here to enter text.**Supervisor name (if faculty, staff or student worker involved):**Click here to enter text. | **Employee Job Title:**Click here to enter text.**Contractor Name:**Click here to enter text.**Other:**Click here to enter text. |
| **Employee ID #** Click here to enter text.[ ]  **N/A** | **Witness Name:**Click here to enter text.**Witness Contact telephone:**Click here to enter text. |
| **Faculty, Department**Click here to enter text. |
| **Student ID #** Click here to enter text.[ ]  **N/A** |
| **Faculty, Department**Click here to enter text.[ ]  **N/A**  |

1. **INCIDENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Date of Incident/Accident:**Click here to enter a date.**Date Reported to VIU (Supervisor, Instructor, H&SS, etc.)**Click here to enter a date.**Time of Incident/Accident**[ ] am [ ]  pm**Time Reported to VIU:** [ ] am [ ]  pm | **LOCATION:****Campus** Choose an item.**Other:** Click here to enter text.**Building #:** Choose an item.**Room # (if applicable)** Click here to enter text.**Exact location details** Click here to enter text. | **Name of Person at VIU Incident Reported to:**Click here to enter text.**Phone:** Click here to enter text.**Email:** Click here to enter text. |
| **Report Filled in by:** **Name: (First Name, Last Name)** Click here to enter text.**Role:** Choose an item.**Phone:** Click here to enter text.**Email:** Click here to enter text. |
| **INCIDENT TYPE**: Choose an item.**If ‘Other’, please expand here:** Click here to enter text. |

**\* See instructions at the top of page 1 and Call WCB IMMEDIATELY if required at 1.888.621.7233 to report it and complete Section 2, Employer Incident Investigation**

1. **INCIDENT DETAILS**

|  |
| --- |
| **i. BRIEFLY DESCRIBE THE SEQUENCE OF EVENTS THAT OCCURRED LEADING UP TO THE INCIDENT/ACCIDENT**Attach all photos of the accident scene/piece of equipment/etc. in this sectionClick here to enter text. |

|  |
| --- |
| **ii. BRIEFLY DESCRIBE WHAT HAPPENED**Click here to enter text. |

1. **INJURY INFORMATION**

|  |
| --- |
| **First Aid provided? Yes** [ ]  **No** [ ]  |
| **Medical Care beyond First Aid needed? Yes** [ ]  **No** [ ]  **(If yes, please complete Section 2)** |
| **INJURY TYPE (Select from drop down list)****Choose an item.** **If a \* option is selected from drop down list above, Call WCB IMMEDIATELY at 1.888.621.7233 to report it** |
| **NATURE OF THE INJURY** **(Select from drop down list)****Choose an item.** [ ]  N/A |

|  |
| --- |
| **FIRST AID**  |
| Name of First Aid Attendant (First name, Last Name)Click here to enter text.  | OFA#  |
| Is the completed [Occupational First Aid Assessment Report](http://sites.viu.ca/healthandsafety/files/2017/06/WorkSafeBC-First-Aid-Record-55b23.pdf) included with this report? [ ] Yes [ ] No |  |
| \*Ambulance Called: \*Taxi Called:[ ] Yes [ ] No [ ] Yes [ ] No  | Body Part Injured: Side of Body (if required) Choose an item.[ ]  **Left** [ ]  **Middle** [ ]  **Right** |

**\* Employer Incident Investigation is also required (Section 2)**

### End of incident report

**NOTES:**

SEE INSTRUCTIONS ON PAGE 1 TO DETERMINE IF SECTION 2 IS REQUIRED (pages 3-6).

IF MEDICAL TREATMENT *beyond* FIRST AID IS NEEDED FOR AN EMPLOYEE, **COMPLETE SECTION 2**

SECTION 2: EMPLOYER INCIDENT INVESTIGATION

(This is *not* required for student incidents)

**SECTION 2 must be provided** to WorkSafeBC via the VIU Health and Safety Services within 30 days of incident date

Please refer to the [WorkSafeBC Reference Guide for Employer Incident Investigations](http://sites.viu.ca/healthandsafety/health-and-safety-programs/incidentaccident-reporting-and-investigation/) for assistance completing the investigation and this form.

1. Employer’s information

|  |  |  |
| --- | --- | --- |
| Employer’s name (legal name and trade name)Vancouver Island University | Operating location number      | WorkSafeBC account number141803 |
| Employer’s head office address900 Fifth Street |
| Nanaimo | BC | V9R 5S5 |
| Employer’s representative’s nameAdvisor, Health and Safety Services | 250-740-6282 |
| Email addresssafety@viu.ca |

### 2. Injured persons

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a)       |       |       |
| b)       |       |       |
| c)       |       |       |
| d)       |       |       |

### 3. Place, date, and time of incident

|  |
| --- |
| Location where incident occurred (street address or GPS coordinates)      |
| City (nearest)      | Province      | Postal code      |
| Date of incident Click here to enter a date. | Time of incident      | [ ]  a.m.[ ]  p.m. |

### 4. Type of occurrence **(select all that apply)**

|  |  |
| --- | --- |
| [ ]  Death of a worker[ ]  Serious injury to a worker[ ]  Major structural failure or collapse[ ]  Major release of hazardous substance[ ]  Blasting accident causing personal injury | [ ]  Dangerous incident involving explosives other than blasting incident[ ]  Diving incident, as defined by regulation[ ]  Incident of fire or explosion with potential for serious injury[ ]  Minor injury or no injury but had potential for causing serious injury[ ]  Injury requiring medical treatment beyond first aid |
| **An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.** |

### 5. Witnesses

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a)       |       |       |
| b)       |       |       |
| c)       |       |       |

### 6. Other persons whose presence might be necessary for proper investigation

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a)       |       |       |
| b)       |       |       |

### 7. Sequence of events that preceded the incident

|  |
| --- |
| Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.**Input details from Section 1, Part C(i)** |

### 8. Unsafe conditions, acts, or procedures that significantly contributed to the incident

|  |
| --- |
| Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.      |

### 9. Nature of the serious injury **(optional — complete only if there has been an injury)**

|  |  |
| --- | --- |
| [ ]  Life threatening or resulting in loss of consciousness[ ]  Major broken bones in head, spine, pelvis, arms, or legs[ ]  Major crush injuries[ ]  Major cut with severe bleeding[ ]  Amputation of arm, leg, or large part of hand or foot[ ]  Major penetrating injuries to eye, head, or body[ ]  Severe (third-degree) burns | [ ]  Punctured lung or other serious respiratory condition[ ]  Injury to internal organ or internal bleeding[ ]  Injury likely to result in loss of sight, hearing, or touch[ ]  Injury requiring CPR or other critical intervention[ ]  Diving illness such as decompression sickness or near drowning[ ]  Serious chemical or heat/cold stress exposure[ ]  Other (specify)       |

### 10. Brief description of the incident

|  |
| --- |
| Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.**Input details from Section 1, Part C(ii)** |

### 11. Corrective actions identified to be implemented at the incident location to prevent recurrence of similar incidents

| **Action**(Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.) | **Action assigned to**(name and job title) | **Expected completion date**(yyyy-mm-dd) | **Completed date**(yyyy-mm-dd) |
| --- | --- | --- | --- |
| a) **Examples: area was cordoned off to prevent access, water was mopped up and ‘caution’ sign placed at location, etc.)** | Joe Smith, Admin Assistant | Click here to enter a date. | Click here to enter a date. |
| b)       |       | Click here to enter a date. | Click here to enter a date. |
| c)       |       | Click here to enter a date.  | Click here to enter a date.  |
| d)       |       | Click here to enter a date.  | Click here to enter a date.  |
| e)       |       | Click here to enter a date.  | Click here to enter a date.  |

### 12. Explanation of blank areas on this Preliminary Report, if any

|  |
| --- |
| If there are blank areas, describe the circumstances beyond your control that explain this lack of information.      |

### 13. Persons who carried out or participated in the investigation

| **Representative** | **Name** | **Job title** | **Signature** (optional) | **Date signed**(yyyy-mm-dd) |
| --- | --- | --- | --- | --- |
| Employer representative  |       |       |  |       |
| Worker representative  |       |       |  |       |
| Other |       |       |  |       |
| Other |       |       |  |       |

### 14. Determination of underlying (root) causes of incident

|  |
| --- |
| Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.       |

### 15. Full description of the incident

|  |
| --- |
| Use the brief description from **Question 10 above** and provide any *new information* that was discovered during the investigation process, if required.  |

### 16. Additional corrective actions necessary to prevent recurrence of similar incidents

| **Additional corrective action**(Required in Full Report and Full Corrective Action Report.) | **Action assigned to**(name and job title) | **Expected completion date**(yyyy-mm-dd) | **Completed date**(yyyy-mm-dd) |
| --- | --- | --- | --- |
| a)       |       |       |       |
| b)       |       |       |       |
| c)       |       |       |       |
| d)       |       |       |       |

### 17. Persons who carried out or participated in the full investigation

| **Representative** | **Name** | **Job title** | **Signature** (optional) | **Date signed**(yyyy-mm-dd) |
| --- | --- | --- | --- | --- |
| Employer representative  |       |       |  | Click here to enter a date. |
| Worker representative  |       |       |  | Click here to enter a date. |
| Joint Committee member |       |       |  | Click here to enter a date. |
| Joint Committee member |       |       |  | Click here to enter a date. |
| Other |       |       |  | Click here to enter a date. |

### 18. Other relevant workplace parties (e.g. contractor present at time of incident, etc.)

| **Company name** | **Contact person** | **Contact number or email address** |
| --- | --- | --- |
| a)       |       |       |

### End of report

Completing all the sections above satisfies the requirements for a WorkSafeBC Full Investigation Report and a Full Corrective Action Report.

|  |
| --- |
| VIU is required to submit this **full** investigation report to WorkSafeBC **within 30 days\* of the incident**. Reports will be submitted by Health and Safety Services on behalf of VIU. Please ensure this report is emailed to safety@viu.ca for submission within 30 days of the incident date. |