

## EMPLOYEE INCIDENT REPORT

THIS FORM IS TO BE COMPLETED WITHIN **24 HOURS** OF THE INCIDENT AND SENT TO HEALTH & SAFETY VIA  
E-MAIL [mmesserschmidt@deltaschools.ca](mailto:mmesserschmidt@deltaschools.ca)

### Incident Occurred

Where incident occurred (*school name, where on property, etc*)

Date (*yyyy-mm-dd*)

Time

a.m.  p.m.

Will the worker be away from work beyond the date of injury?  Yes  No

Has the worker seen or plan to see a qualified medical practitioner?  Yes  No

**If one or both of these questions is checked**

**“Yes”, the Preliminary Incident Investigation**

**needs to be completed within 2 days**

### Injured Person

Last Name

First Name

Position/Job Title

### Nature of Injury/Injuries

1)

2)

3)

### Witnesses

Last Name

First Name

Position/Job Title

Telephone

1)

2)

### Incident Description

Briefly describe what happened, including the sequence of events preceding the incident (add an additional page if necessary)

### Statement of Causes

List any unsafe conditions, acts, or procedures that in any manner contributed to the incident (attach an additional page if necessary).

### General Information

Did the incident occur on District premises or an authorized worksite?  
 Did the incident happen during the worker's normal shift?  
 Was the worker performing their regular duties at the time of the incident?  
 Were the worker's actions, at the time of injury, for the purpose of District business?

Yes  
 Yes  
 Yes  
 Yes

No  
 No  
 No  
 No

Revised September 2016

**Employer Name/Contact:** Delta School District #37 | 4585 Harvest Drive, Delta BC V4K 5B4 | (604) 952-5362

**WorkSafeBC Account #:** 037614



## PRELIMINARY INCIDENT INVESTIGATION REPORT

**\*\*This form is to be completed if there was a *minor injury or no injury but had the potential to be serious, an injury requiring medical treatment beyond first aid, a serious injury to or death of a worker, a major structural failure or collapse, or a major release of hazardous substance.* A serious injury includes *fractures, major cuts, burns and crush injuries*\*\***

**THIS FORM IS TO BE COMPLETED WITHIN 48 HOURS OF THE INCIDENT AND SENT TO HEALTH & SAFETY VIA E-MAIL [mmesserschmidt@deltaschools.ca](mailto:mmesserschmidt@deltaschools.ca)**

**Injured Person:**

**Date of Incident:**

**Identify Incident Type (check all that apply)**

- Struck against or struck by object
- Slip, trip or fall
- Caught in, under or between
- Exposure to or contact with harmful substance (excluding blood/body fluids)
- Exposure to blood or body fluids
- Fire
- Car or transportation accident
- Act of violence (see Violent Incident Information section)

**Ergonomics**

- Bodily reaction
- Overexertion
- Repetitive motion
- Lifting/moving object: approximate weight: \_\_\_ lbs \_\_\_ kg
- Other (specify under Statement of Causes)

**Identify all Contributory Factors (check all that apply)**

**Equipment**

- Faulty – equipment known to be faulty before incident
- Faulty – equipment not known to be faulty before incident
- Used for something other than its intended purpose
- Used in accordance with manufacturer's instructions
- Other (specify under Statement of Causes)

**Environment**

- Wet/slippery conditions
- Over-crowding or confined working space
- Noise
- Lighting
- Climate temperature
- Property:  Building(s)  Ground(s)  Fencing, Irrigation, etc
- Other (specify under Statement of Causes)

**Violent Incident Information *Staff/Student Involvement ONLY***

Name(s) of Violent Person(s):

**Act(s) of Violence (check all that apply)**

- Verbal abuse
- Verbal threat
- Written threat
- Bullying/Intimidation
- Students Fighting
- Inciting Violence

- Physical Assault
- Sexual Assault
- Intruder Violence
- Property Damage  **Other:**

- Weapon Involved
- Police Involved
- Family Member Involved  **Other:**

Name(s) of Staff Member(s) involved:

**Recommendations**

*Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.*

Recommended Corrective Action	Action Assigned To	Action by Date
1)		
2)		
3)		
4)		

Persons who carried out or participated in the preliminary investigation				
Representative	Name	Position/Job title	Signature	Date signed
Employer representative (required)				
Worker representative (required)				
Other				

Revised September 2016

**Employer Name/Contact:** Delta School District #37 | 4585 Harvest Drive, Delta BC V4K 5B4 | (604) 952-5362  
**WorkSafeBC Account #:** 037614



## FULL INCIDENT INVESTIGATION

**\*\* If this was a simple investigation and all needed corrective actions have been completed within 48 hours, the Preliminary and Full Investigation portions of the report can be completed at the same time\*\***

THIS FORM IS TO BE COMPLETED WITHIN **30 DAYS** OF THE INCIDENT AND SENT TO HEALTH & SAFETY VIA FAX  
**E-MAIL [mmesserschmidt@deltaschools.ca](mailto:mmesserschmidt@deltaschools.ca)**

**Injured Person:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

### Determination of 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 Incident Report possible. Update items from page1, if needed.

### Full description of the incident

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

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

Additional corrective action <small>(Required in Full Report and Full Corrective Action Report.)</small>	Action assigned to <small>(name and job title)</small>	Action by Date	Completed date
a)			
b)			

c)			
d)			

**Persons who carried out or participated in the full investigation (can be the same as preliminary investigation)**

<b>Representative</b>	<b>Name</b>	<b>Position/Job title</b>	<b>Signature</b>	<b>Date signed</b>
Employer representative (required)				
Worker representative (required)				
Other				

**As of January 1, 2016, copies of all reports must also be provided to the joint occupational health and safety committee**

Revised September 2016