Accident Investigation Report

Step 1	Accident Investigation must be carried out by manager/supervisor
Step 2	Submit the completed form directly to Worker's Compensation if required. Only required to submit to DMI if requested.

REPORT TYPE (only Applicable for BC) (select all that apply) if this is a revised version of previous report, check here ☐

❑ **Preliminary** Investigation Report Report Date: Fax WorkSafeBC **if requested 1.888.922.8807**	❑ Interim Corrective Action Report Report Date:	❑ **Full Investigation Report** Report Date: **Must fax to WorkSafeBC within 30 days 1.888.922.8807** Date Sent:	❑ Full Corrective Action Report Report Date:

SECTION A: INJURED EMPLOYEE INJURY/ACCIDENT INFORMATION

Employee's Last Name:	Employee's First Name:	
Employer:	Site/Department:	Injury Date & Time:
Description of the incident:		Body Part Injured:
Type of Injury: (ex. laceration, sprain/strain)	❑ First Aid Only ❑ Medical Treatment ❑ Lost Time	❑ Serious ❑ Property ❑ Other (specify):
Date Reported:	Witness (es):	

SECTION B: INVESTIGATOR'S REPORT

Identify Accident Type: (✓)

❑ Struck against or struck by object
Slip, trip, fall
Caught in, under or between
Exposure/contact with harmful substance
❑ Exposure to blood/body fluids - Complete Section D
❑ Car or transportation accident
❑ Act of violence/force
❑ Bodily reaction
❑ Overexertion – Complete Section C
❑ Repetitive motion – Complete Section C
❑ Other (Specify) _____

Identify All Contributory Factors: (✓)

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) _____

Environment
❑ Wet/slippery conditions
❑ Over-crowding or confined space
❑ Noise/vibration
❑ Climate/temperature
❑ Other (Specify) _____

People
❑ Unexpected movement/response of another person
❑ Aggressive/threatening behaviour of third party
❑ Horseplay between employees
❑ In advertent action of another employee
❑ Other (Specify) _____

Procedure
❑ Procedure inappropriate/not available
❑ Employee unaware of procedure
❑ Other (Specify) _____

SECTION C: INVESTIGATOR'S REPORT — BLOOD AND BODY FLUID EXPOSURES

Identify All Appropriate Responses (✓)
❑ Concealed needle/sharp e.g. in garbage
❑ During/after disposal of needle/sharp
❑ Action of someone else. If so name _____
❑ Other (describe) _____

Identify Type of Exposure: (✓)
❑ Contaminated needle/sharp. If source of contamination known indicate the source person's first & last name _____
❑ Unused, clean or sterile needle/sharp
❑ Direct contact to skin, eyes, nose or mouth
❑ What body fluid was worker exposed to?
_____

Identify All Contributory Factors: (✓)
❑ Equipment (specify) _____
❑ Environment (specify) _____
❑ People (specify) _____
❑ Procedure (specify) _____

SECTION D: INVESTIGATORS REPORT — SPRAINS, STRAINS, REPETITIVE MOTION INJURIES

What Activity was involved?	Contributory factors?	What procedure was used?

SECTION E: CORRECTIVE ACTIONS IDENTIFIED AND TAKEN TO PREVENT RECURRENCE

Action	Action assigned to (name/title)	Expected completion date	Completed date
a) _____	a) _____	a) _____	a) _____
b) _____	b) _____	b) _____	b) _____
c) _____	c) _____	c) _____	c) _____
d) _____	d) _____	d) _____	d) _____

SECTION F: PERSONS WHO CARRIED OUT OR PARTICIPATED IN INVESTIGATION

Representative	Name	Job title	Signature (optional)	Date signed
Employer representative	_____	_____	_____	_____
Worker representative	_____	_____	_____	_____
Other	_____	_____	_____	_____

SECTION G: MANAGER'S REPORT

Yes	No		Yes	No	
❑	❑	Do you have any additional info relevant to this claim? If yes, please specify:	❑	❑	Is there a written safe work procedure for the activity?
			❑	❑	Has employee received education and/or training relevant to the activity involved? If yes, specify date: _____
			❑	❑	Did the employee see an emergency or family physician?
			❑	❑	Was there any time loss subsequent to the injury date?
			❑	❑	If yes, specify dates: _____

Injured Employee's Name _____

Department _____

Name: **Signature:** **Date:**