

# DEPARTMENTAL INCIDENT AND HAZARD REPORT FORM

## Instructions:

- Contact Campus Security at 250-721-7599 to obtain first aid or medical assistance, or to assist with any emergency situation
- Complete PART A of this form as soon as possible after the incident and submit to your supervisor for follow-up
- The employer's preliminary investigation must be completed within 48 hours, and the final investigation within 30 days of the incident (see Part B)

# PART A – INCIDENT OR HAZARD INFORMATION

Event Category:	☐ Fire/Eyplesier	N □ Accido	nt with Injury	■ Near Miss	□ Spill/Enviror	nmental Release			
☐ Immediately Repo	•		nent Failure	☐ Property Damage	•	fety Concern (Describe in section 2)			
Individual Informa	tion:	☐ Faculty	Ī	☐ Staff	☐ Student				
Last Name:			First Name:		Phone Numl	ber:			
Department:			Job Title:		•				
Date of Event:	e of Event: Date F			M/DD/YY TIME	Event Reported to:	vent Reported to:			
	emained at Work D F	irst Aid 🗖 Me	•		•				
the account.	intacted Campus Secui	rity: Yes□ No	) <b></b>	MM / [					
1) Details of Incid	ent (attach separa	ate sheet if r	necessary)						
Witness Information :									
(if applicable)	Last Name		First Name	Phone Number	Job Title	Work Address			
Location of Incide	<b>nt:</b> (e.g. area, buildi	ing, floor, roon	n):						
Description of Inci	dent:								
Description of Inci	dent:								
Description of Inci		I/A Expos	sure:	□ <b>N/A</b> Event Invol	ves Aggression / Vic	olence:			
		☐ Bioli☐ Che	sure: ogical / Blood and E mical (e.g. spill, val diation / Physical (e. at, particulate) er (Specify):	Body Fluid TYPE:	ves Aggression / Vio	Dience:  RESPONSE: Campus Security Police notified None Other (Specify):			
Accident / Injury Type:  No Injury Near Miss Abrasion Allergic Reaction Burn	Crush Injury Fracture Laceration Strain/Sprain Other (Specify):	☐ Biol ☐ Che ☐ Rad hea ☐ Oth	ogical / Blood and E emical (e.g. spill, va liation / Physical (e. at, particulate)	Body Fluid cour)  g. noise,  TYPE:  Verbal  Physical  Comments:	SOURCE:    Faculty   Employee   Student   Contractor   Visitor	RESPONSE:  Campus Security Police notified None			
Accident / Injury Type:  No Injury Near Miss Abrasion Allergic Reaction Burn Contusion	Crush Injury Fracture Laceration Strain/Sprain Other (Specify):  Concern	Biol Che Rad hea Oth	ogical / Blood and Bemical (e.g. spill, valiation / Physical (e.at, particulate) er (Specify):  OW Moder	addy Fluid Dour)  g. noise,  Comments:  TYPE: □ Verbal □ Physical  Comments:  Type I	SOURCE:    Faculty   Employee   Student   Contractor   Visitor	RESPONSE:  Campus Security Police notified None Other (Specify):			



# DEPARTMENTAL INCIDENT AND HAZARD REPORT FORM

## **Instructions:**

- A preliminary investigation must be completed within 48 hours for all WorkSafe claims, serious incidents, and near-misses that could have caused a serious injury
- Both preliminary and full investigations are to be completed jointly by the supervisor and the worker/union representative (OHSE will coordinate)
- All other reported incidents must be investigated promptly by the supervisor, documented on this form and reviewed by the joint local safety committee
- Supervisor to submit completed form (Parts A and B) to OHSE by campus mail, fax (250-721-6359) or e-mail (ohs@uvic.ca)

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ART B – INVESTIGATION TYP	E: □ PR	ELIMINARY (within 48 h	ırs) □FUL	L (with	in 30 days) □H.	AZARD/S	SAFET	Y CONCERN	
4) Incident Causes and Sig					oly)				
Basic Root Cause(s)  Abuse or misuse  Environment  Equipment  Supervision  Engineering (includes design)  Maintenance  Tools  Training / Orientation  Work procedures/process/standards  Other – use space below	<i>details beld</i>	2	Cause Group (Work Environment Related)  Environmental conditions (e.g. gases, vapours, dust, smoke, fumes, light, temperature, airflow)  Equipment or materials  Fire and explosion hazard  Inadequate or improper personal protective equipment  Noise exposure  Poor / inadequate housekeeping  Spill / Exposure  Unsafe work conditions  Workspace design / ergonomics						
ADDITIONAL CAUSE(S) / OTHE	R CONT	RIBUTING FACTORS- Ple	ase provid	e details	(attach separate s	heet if neces	sary)		
☐ Preliminary Investigation (	within 48 h	nours) DATE:							
☐ Full Investigation (within 30	days)	DATE:							
							Ect C	Completion Date	
5) Follow-Up Corrective Actions	5) Follow-Up Corrective Actions (attach separate sheet if necessary)				Person(s) Re	Person(s) Responsible		Est. Completion Date Check ✓ when done	
TITLE	NA	ME (PLEASE PRINT)		SIGNA	TURE	PHON	E	DATE	
Supervisor / P.I. (or designate)									
Worker / Union Representative									
6) Local Safety Committee Review Review Date:  Co-Chair Name:				Comments:					

#### WHEN AND HOW TO COMPLETE THIS FORM

This form shall be completed by UVic faculty, staff and students to report and investigate all accidents/incidents, near misses, and hazards/safety concerns as required by WorkSafeBC.

Please note that if the incident results in a WorkSafe claim, then a Form 6A and 7 must also be completed and sent to OHSE. Please visit our website for more information about Claims Management. http://www.uvic.ca/ohse/incident/worksafe/index.php

# **Definitions:**

**Accident / Incident**: Any unplanned or undesirable event that occurred during the course of work or study and resulted in personal injury or damage to property. Examples include occupational disease, medical treatment or first aid, slip/fall, hazardous materials spill, equipment failure, musculo-skeletal injury, and exposure to chemical, physical, or biological agents.

Immediately Reportable: Any incident described under Section 172 of the Workers Compensation Act:

- Any incident that kills, causes risk of death, seriously injures a worker, or had the potential for serious injury
- Incident of fire or explosion with potential for serious injury
- Any blasting accident that results in injury, or unusual event involving explosives
- A diving incident that causes death, injury, or decompression sickness requiring treatment
- A major leak or release of a hazardous substance
- A major structural failure or collapse of a building, hoist, or construction support system

**Near Miss**: Any event that under slightly different circumstances may have resulted in injury or damage to property. Near misses must be reported to prevent the possibility of future accidents / incidents.

**Hazard:** Any source that could potentially cause damage, harm or adverse health effects on something or someone under certain conditions at work. Examples include any substance, material, process, or practice that has the ability to cause harm or adverse health effects to a person under certain conditions.

- Low Hazard Requires attention but can be dealt with within a few days (e.g. unsafe or unsecured storage of binders in a bookshelf).
- Moderate Hazard Requires attention in a timely matter (e.g. blocked egress route, expired fire extinguisher).
- High Hazard Must be dealt with immediately due to the high degree of severity the injury / harm could cause (e.g. chance of shock from exposed electrical wire, storage of incompatible chemicals).

## **PART A – Incident or Hazard Report**

- 1) Individuals should first inform their Supervisor / P.I. that they have been injured, had a near miss, or there is an unsafe condition (i.e. hazard).
- Complete all relevant sections (ensure you complete the location and description information).
- 3) If there was a witness to the event, record their name, address and phone number.
- 4) The event description should include:
  - who was involved
  - what happened before, during and after the event
  - what was the individual doing at the time of the event
  - where the event occurred
  - other relevant information and observations

#### PART B - Investigation and Review

- 1) <u>Joint preliminary investigations must be completed within 48 hours</u> for all WorkSafe claims, serious incidents, or nearmisses that could have caused a serious injury.
- 2) The preliminary investigation should identify any immediate causes/contributing factors, and interim corrective actions.
- 3) <u>Joint full investigations must then be completed within 30 days</u>, if the issues could not be fully assessed and corrected during the preliminary investigation.
- 4) Both investigations must identify causes, contributing factors and list recommendations to prevent the recurrence of similar incidents/injuries.
- 5) OHSE will coordinate joint investigations to ensure both the supervisor/P.I. and worker/union representative have reasonable opportunity to participate.
- 6) All other reported incidents must be investigated promptly by the supervisor and documented on this form.
- 7) Please submit all investigation reports to OHSE when completed, and retain a copy for the department.
- 8) All completed reports should be reviewed by the appropriate Joint Local Safety Committee (LSC).