



Instructions (please refer to the Quick Guide on page 3 for full details)

- Contact Campus Security at 250-721-7599 to obtain first aid or medical assistance, or to assist with any emergency situation.
Complete Page 1 and submit to your Supervisor or P.I. immediately.
Within 48 hours, Supervisor/P.I. completes Preliminary Investigation on Page 2, and submits form to ohs@uvic.ca.

INCIDENT OR HAZARD INFORMATION

Category:

- Accident with Injury, Hazard/Safety Concern, Spill/Environmental Release, Near Miss, Immediately Reportable, Fire/Explosion, Equipment Failure, Property Damage

Injured person/contact information: Faculty, Staff, Student

Last Name, First Name, Phone Number

Department, Job Title

Date/time of incident, Date/time reported, Incident reported to

Action following the incident: First Aid, Medical Treatment, Contacted Campus Security, Remained at Work, Missed Work

Witness Information: Last Name, First Name, Phone Number, Job Title, Work Address

Location of Incident (e.g. area, building, floor, room):

Accident/Injury Type, Exposure, Incident involves Aggression/Violence

- No Injury, Near Miss, Abrasion, Allergic Reaction, Burn, Contusion, Crush Injury, Fracture, Laceration, Strain/Sprain, Other, Biological, Chemical, Radiation/Physical, Other, Verbal, Physical, Comments, Faculty, Employee, Student, Contractor, Visitor, Campus Security, Police notified, None, Other

Hazard/Safety Concern rating: Low, Moderate, High

Description of Incident or Hazard/Safety Concern (attach separate sheet if necessary):

Name of individual submitting report, Signature, Date



**PRELIMINARY INVESTIGATION (within 48 hours):**

**Incident Causes and Significant Contributing Factors (Check all that apply)**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <p><b>Basic Root Cause(s)</b></p> <input type="checkbox"/> Abuse or misuse<br><input type="checkbox"/> Environment<br><input type="checkbox"/> Equipment<br><input type="checkbox"/> Supervision<br><input type="checkbox"/> Engineering (includes design)<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Tools<br><input type="checkbox"/> Training / Orientation<br><input type="checkbox"/> Work procedures / process / standards | <p>⇨</p> <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">1</div> | <p><b>Cause Group (People Related) – specify details below</b></p> <input type="checkbox"/> Safe operating procedures not followed<br><input type="checkbox"/> Change in workplace not communicated<br><input type="checkbox"/> Available equipment not used<br><input type="checkbox"/> Improper loading / lifting<br><input type="checkbox"/> Improper placement / position for task<br><input type="checkbox"/> Personal protective equipment (PPE) not used<br><input type="checkbox"/> Safety devices not activated<br><input type="checkbox"/> Using equipment improperly<br><input type="checkbox"/> Using defective equipment | <p>⇨</p> <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">2</div> | <p><b>Cause Group (Work Environment Related)</b></p> <input type="checkbox"/> Environmental conditions (e.g. gases, vapours, dust, smoke, fumes, light, temperature, airflow)<br><input type="checkbox"/> Equipment or materials<br><input type="checkbox"/> Fire and explosion hazard<br><input type="checkbox"/> Inadequate or improper PPE<br><input type="checkbox"/> Noise exposure<br><input type="checkbox"/> Poor / inadequate housekeeping<br><input type="checkbox"/> Spill / Exposure<br><input type="checkbox"/> Unsafe work conditions<br><input type="checkbox"/> Workspace design / ergonomics | <div style="border: 1px solid black; padding: 5px; width: 30px; margin: 0 auto;">3</div> <p>⇩</p> |
|---|---|---|---|---|---|

**Provide details:**

Supervisor/P.I. (or designate) NAME: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**FULL INVESTIGATION (within 30 days)** provide additional details on causes/contributing factors (attach separate sheet if necessary)

DATE OF INVESTIGATION:

| Follow-Up Corrective Actions | Preliminary              | Full                     | Person(s) Responsible | Est. completion date     |
|------------------------------|--------------------------|--------------------------|-----------------------|--------------------------|
|                              | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input type="checkbox"/> |
|                              | <input type="checkbox"/> | <input type="checkbox"/> |                       | <input type="checkbox"/> |

| TITLE                            | NAME (please print) | SIGNATURE         | PHONE | DATE |
|----------------------------------|---------------------|-------------------|-------|------|
| Supervisor / P.I. (or designate) |                     |                   |       |      |
| Worker / Union Representative    |                     |                   |       |      |
| Local Safety Committee Review    | Review Date:        | Co-Chair(s) Name: |       |      |



This form shall be completed by UVic faculty, staff and students to report all accidents/incidents, near misses, and hazards/safety concerns as required by WorkSafeBC (WSBC). All reported incidents must be investigated promptly by the Supervisor/P.I. and documented on this form.

**Page 1 – Incident or Hazard Information**

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).
2. Complete all relevant sections (ensure you complete the location and description information).
3. If there was a witness to the incident, record their name, address and phone number.
4. The incident description should include:
  - who was involved
  - what happened before, during and after the incident
  - what was the individual doing at the time of the incident
  - where the incident occurred
  - other relevant information and observations

**Page 2 – Preliminary Investigation & Full Investigation**

- Preliminary investigations must be completed within 48 hours by the Supervisor/P.I. for all reported incidents including WSBC claims.
- Full investigations must be completed within 30 days of the incident if the issues could not be fully assessed and corrected during the Preliminary investigation.
- For all WSBC claims or serious incidents, a joint investigation must be completed with the Supervisor/P.I. and worker/union representative.
- OHSE will assist in coordinating joint investigations.
- Please submit all investigation reports to OHSE when completed.
- All completed reports will be reviewed by the appropriate joint Local Safety Committee (LSC).

**Definitions:**

- **Accident/Incident:** an unplanned or unwanted event that disrupts the orderly flow of the work process, or an occurrence which results in or has the potential for causing an injury or occupational disease.
- **Hazard:** is a thing or condition that may expose a person to a risk of injury or occupational disease.
  - **Low Hazard** – does not pose an immediate risk and should be addressed in a timely manner
  - **Moderate Hazard** – requires attention as soon as possible to prevent or reduce risk of injury
  - **High Hazard** – requires immediate attention and corrective action to prevent serious injury.
- **Near Miss:** an incident with the potential for causing serious injury and if allowed to continue, could cause significant injury or equipment damage.
- **Immediately Reportable:** Any incident described under [Section 68](#) of the WCA that resulted in or involved:
  - serious injury or death of a worker
  - major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation
  - major release of a hazardous substance
  - fire or explosion that had the potential for causing serious injury to a worker
  - diving incident as defined by OHS Regulation [24.34](#)
  - blasting incident that results in injury