



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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Accident with Injury | <input type="checkbox"/> Hazard/Safety Concern | <input type="checkbox"/> Spill/Environmental Release | <input type="checkbox"/> Near Miss |
| <input type="checkbox"/> Immediately Reportable (see pg.3) | <input type="checkbox"/> Fire/Explosion | <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> 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: _____

DD / MMM / YYYY TIME DD / MMM / YYYY TIME

Action following the incident:

<input type="checkbox"/> First Aid	Contacted Campus Security: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Remained at Work OR
<input type="checkbox"/> Medical Treatment (Doctor) on:		<input type="checkbox"/> Missed Work (Last day worked):
	DD / MMM / YYYY:	DD / MMM / YYYY:

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

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

Accident/Injury Type: ☐ N/A **Exposure:** ☐ N/A **Incident involves Aggression/Violence:** ☐ N/A

<input type="checkbox"/> No Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Abrasion <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Burn <input type="checkbox"/> Contusion	<input type="checkbox"/> Crush Injury <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Biological / Blood and Body Fluid <input type="checkbox"/> Chemical (e.g. spill, vapour) <input type="checkbox"/> Radiation / Physical (e.g. noise, heat, particulate) <input type="checkbox"/> Other (specify):	TYPE: <input type="checkbox"/> Verbal <input type="checkbox"/> Physical Comments:	SOURCE: <input type="checkbox"/> Faculty <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	RESPONSE: <input type="checkbox"/> Campus Security <input type="checkbox"/> Police notified <input type="checkbox"/> None <input type="checkbox"/> Other (specify):
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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*)

Basic Root Cause(s)

- ☐ Abuse or misuse
- ☐ Environment
- ☐ Equipment
- ☐ Supervision
- ☐ Engineering (includes design)
- ☐ Maintenance
- ☐ Tools
- ☐ Training / Orientation
- ☐ Work procedures / process / standards



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Cause Group (People Related) – specify details below

- ☐ Safe operating procedures not followed
- ☐ Change in workplace not communicated
- ☐ Available equipment not used
- ☐ Improper loading / lifting
- ☐ Improper placement / position for task
- ☐ Personal protective equipment (PPE) not used
- ☐ Safety devices not activated
- ☐ Using equipment improperly
- ☐ Using defective equipment



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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 PPE
- ☐ Noise exposure
- ☐ Poor / inadequate housekeeping
- ☐ Spill / Exposure
- ☐ Unsafe work conditions
- ☐ Workspace design / ergonomics

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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 check ✓ when done
	<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:		



Departmental Incident & Investigation Report Quick Guide

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