

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: <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Accident with Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Spill/Environmental Release <input type="checkbox"/> Immediately Reportable (see p.3) <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Property Damage <input type="checkbox"/> Hazard / Safety Concern (Describe in section 2)					
Individual Information: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student					
Last Name:		First Name:		Phone Number:	
Department:			Job Title:		
Date of Event: _____		Date Reported: _____		Event Reported to: _____	
<small>MM / DD / YYYY</small>		<small>TIME</small>		<small>MM / DD / YYYY</small>	
Action following the event: <input type="checkbox"/> Remained at Work <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment (Doctor) on: _____ <input type="checkbox"/> Missed Work (Last day worked: _____) Contacted Campus Security: Yes <input type="checkbox"/> No <input type="checkbox"/> <small>MM / DD / YYYY</small>					
1) Details of Incident (<i>attach separate sheet if necessary</i>)					
Witness Information : (if applicable)					
	Last Name	First Name	Phone Number	Job Title	Work Address
Location of Incident: (<i>e.g. area, building, floor, room</i>):					
Description of Incident:					
Accident / Injury Type: <input type="checkbox"/> N/A		Exposure: <input type="checkbox"/> N/A		Event Involves Aggression / Violence: <input type="checkbox"/> 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): _____	
2) Hazard / Safety Concern Rating <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High Type <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Physical <input type="checkbox"/> Other					
Describe the nature of the concern providing sufficient details to assist with the response:					
3) Signature of Individual Submitting Report: _____				Date: _____	

Please submit to your Supervisor or P.I. immediately after completion of PART A

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)

PART B – INVESTIGATION TYPE: **PRELIMINARY (within 48 hrs)** **FULL (within 30 days)** **HAZARD / SAFETY CONCERN**

4) Incident Causes and Significant Contributing Factors <i>(Check all that apply)</i>						
Basic Root Cause(s) <input type="checkbox"/> Abuse or misuse <input type="checkbox"/> Environment <input type="checkbox"/> Equipment <input type="checkbox"/> Supervision <input type="checkbox"/> Engineering (includes design) <input type="checkbox"/> Maintenance <input type="checkbox"/> Tools <input type="checkbox"/> Training / Orientation <input type="checkbox"/> Work procedures/process/standards <i>Other – use space below</i>	1	→	Cause Group (People Related) – specify details below <input type="checkbox"/> Safe operating procedures not followed <input type="checkbox"/> Change in workplace not communicated <input type="checkbox"/> Available equipment not used <input type="checkbox"/> Improper loading / lifting <input type="checkbox"/> Improper placement / position for task <input type="checkbox"/> Personal protective equipment not used <input type="checkbox"/> Safety devices not activated <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Using defective equipment <i>Other – use space below</i>	2	→	Cause Group (Work Environment Related) <input type="checkbox"/> Environmental conditions (e.g. gases, vapours, dust, smoke, fumes, light, temperature, airflow) <input type="checkbox"/> Equipment or materials <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Inadequate or improper personal protective equipment <input type="checkbox"/> Noise exposure <input type="checkbox"/> Poor / inadequate housekeeping <input type="checkbox"/> Spill / Exposure <input type="checkbox"/> Unsafe work conditions <input type="checkbox"/> Workspace design / ergonomics
ADDITIONAL CAUSE(S) / OTHER CONTRIBUTING FACTORS– Please provide details <i>(attach separate sheet if necessary)</i>						
<input type="checkbox"/> Preliminary Investigation (within 48 hours) DATE: _____						
<input type="checkbox"/> Full Investigation (within 30 days) DATE: _____						
5) Follow-Up Corrective Actions <i>(attach separate sheet if necessary)</i>	Interim	Full	Person(s) Responsible	Est. Completion Date <small>Check ✓ when done</small>		
	<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		
Supervisor / P.I. (or designate)						
Worker / Union Representative						
6) Local Safety Committee Review		Review Date:		Comments:		
		Co-Chair Name:				



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).
- 2) 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) Joint preliminary investigations must be completed within 48 hours for all WorkSafe claims, serious incidents, or near-misses that could have caused a serious injury.
- 2) The preliminary investigation should identify any immediate causes/contributing factors, and interim corrective actions.
- 3) Joint full investigations must then be completed within 30 days, 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).