



This form is provided to employers for the purpose of documenting the employer's investigation into a workplace incident. Please attach a separate sheet if necessary.

**Call Centre**

Phone 604 276-3100  
Toll-free 1 888 621-SAFE (7233)

**After-hours health and safety emergency**

Phone 604 273-7711  
Toll-free 1 866 922-4357 (WCB-HELP)

**Fax**

604 276-3247

**Mailing address**

WorkSafeBC  
PO Box 5350 Stn Terminal  
Vancouver BC V6B 5L5

Employer name		Employer number
Employer head office address		
City	Province	Postal code

**Incident occurred** *ref: s. 3.4(a) Occupational Health and Safety Regulation (OHS Regulation)*

Address where incident occurred		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time incident occurred	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>

**Injured person(s)** *ref: s. 3.4(b) OHS Regulation*

Last name	First name	Job title/Occupation
1)		
2)		

**Witnesses** *ref: s. 174(4) Workers Compensation Act (WCA) and s. 3.4(c) OHS Regulation*

Last name	First name
1)	
2)	
3)	

**Incident description** *ref: s. 3.4(d)-(e) OHS Regulation*

Briefly describe what happened, including the sequence of events preceding the incident. Please refer to the "Incident Investigation Reference Guide" for assistance when completing this report. The guide is available on [WorkSafeBC.com](http://WorkSafeBC.com).



Employer name	Employer number
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**Analysis**

From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events will assist in determining the underlying or causal factors in the occurrence. Please refer to the "Incident Investigation Reference Guide" for assistance when completing this report. The guide is available on [WorkSafeBC.com](http://WorkSafeBC.com).

**Statement of causes** *ref: s. 174(2)(a)–(b) WCA and s. 3.4(f) OHS Regulation*

List any unsafe conditions, acts, or procedures that in any manner contributed to the incident. Please refer to the "Incident Investigation Reference Guide" for assistance when completing this report. The guide is available on [WorkSafeBC.com](http://WorkSafeBC.com).

Employer name	Employer number
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**Recommendations** *ref: s. 174(2)(c) WCA and s. 3.4(g) OHS Regulation*

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.		
Recommended corrective action	Action assigned to	Completion date or expected completion date (yyyy-mm-dd)
1)		
2)		
3)		
4)		

**Persons conducting investigation** *ref: s. 3.4(h) OHS Regulation*

Representative of	Name (please print)	Signature (optional)	Date signed (yyyy-mm-dd)
Employer			
Worker			
Employer <input type="checkbox"/> Worker <input type="checkbox"/> Other <input type="checkbox"/>			

**Date Incident Investigation Report submitted to WorkSafeBC** *ref: s. 175(2)(b) WCA*

(yyyy-mm-dd)
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**Follow-up action and report**

Section 176 of the *Workers Compensation Act* states:

- (1) Following an investigation under this Division, the employer must without undue delay undertake any corrective action required to prevent recurrence of similar incidents.
- (2) As soon as is reasonably practicable, the employer must prepare a report of the action taken under subsection (1) and
  - (a) provide the report to the joint committee or worker representative, as applicable, or
  - (b) if there is no joint committee or worker representative, post the report at the workplace.

**Note:** If the recommended corrective actions specified in the report have been implemented by the time it was prepared and submitted to WorkSafeBC, and the report was subsequently distributed or posted as required, compliance with section 176(2) has been met. In cases where the incident investigation report was submitted prior to the corrective actions being implemented, or those actions differ from the corrective actions recommended in the report, a separate follow-up report must be prepared and distributed or posted, in accordance with section 176(2).

Please refer to the "Incident Investigation Reference Guide" for assistance when completing this report. The guide is available online at [www.worksafebc.com/forms/assets/PDF/52E40Guide.pdf](http://www.worksafebc.com/forms/assets/PDF/52E40Guide.pdf).

