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| Employer Incident Investigation Report (EIIR) |

Please refer to the companion [quick guide](https://www.worksafebc.com/-/media/WorkSafeBC/Resources/health-care-providers/forms/52e40guide-pdf-en.pdf) for assistance completing the investigation and this form.

### 1. Employer’s information

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| --- | --- | --- |
| Employer’s name (legal name and trade name) | | |
| WorkSafeBC account number | Operating location number | |
| Employer’s head office address | | |
| City | Province | Postal code |
| Employer’s representative’s name | | Phone number (include area code) |
| Email address | | |

### 2. Injured persons

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a) |  |  |
| b) |  |  |
| c) |  |  |
| d) |  |  |

### 3. Place, date, and time of incident

|  |  |  |  |
| --- | --- | --- | --- |
| Location where incident occurred (street address or GPS coordinates) | | | |
| City (nearest) | Province | Postal code | |
| Date of incident (yyyy-mm-dd) | Time of incident | | a.m.  p.m. |

### 4. Type of occurrence (select all that apply)

|  |  |
| --- | --- |
| Death of a worker  Serious injury to a worker  Major structural failure or collapse  Major release of hazardous substance  Blasting accident causing personal injury | Dangerous incident involving explosives other than blasting incident  Diving incident, as defined by regulation  Incident of fire or explosion with potential for serious injury  Minor injury or no injury but had potential for causing serious injury  Injury requiring medical treatment beyond first aid |
| **An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.** | |

### 5. Report type (select all that apply) If this is a revised version of a previous report, please check here .

|  |  |  |  |
| --- | --- | --- | --- |
| **Preliminary Investigation Report**  If requested only,  provide a copy to WorkSafeBC. | **Interim Corrective Action Report** | **Full Investigation Report**  **Must be provided** to WorkSafeBC within 30 days\*Fax 1.866.240.1434 | **Full Corrective Action Report** |
| Report date (yyyy-mm-dd) | Report date (yyyy-mm-dd) | Report date (yyyy-mm-dd) | Report date (yyyy-mm-dd) |
| Officer’s name | Date sent (yyyy-mm-dd) |

### 6. Witnesses

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a) |  |  |
| b) |  |  |
| c) |  |  |

### 7. Other persons whose presence might be necessary for proper investigation

| **Last name** | **First name** | **Job title** |
| --- | --- | --- |
| a) |  |  |
| b) |  |  |

### 8. Sequence of events that preceded the incident

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| Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management. |

### 9. Unsafe conditions, acts, or procedures that significantly contributed to the incident

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| Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures. |

### 10. Nature of the serious injury (optional — complete only if there has been an injury)

|  |  |
| --- | --- |
| Life threatening or resulting in loss of consciousness  Major broken bones in head, spine, pelvis, arms, or legs  Major crush injuries  Major cut with severe bleeding  Amputation of arm, leg, or large part of hand or foot  Major penetrating injuries to eye, head, or body  Severe (third-degree) burns | Punctured lung or other serious respiratory condition  Injury to internal organ or internal bleeding  Injury likely to result in loss of sight, hearing, or touch  Injury requiring CPR or other critical intervention  Diving illness such as decompression sickness or near drowning  Serious chemical or heat/cold stress exposure  Other (specify) |

### 11. Brief description of the incident

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| Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any. |

### 12. Corrective actions identified and taken to prevent recurrence of similar incidents

| **Action**  (Required in Preliminary Report and Interim Corrective Action Report.  Update in Full Report, if necessary.) | **Action assigned to**  (name and job title) | **Expected completion date**  (yyyy-mm-dd) | **Completed date**  (yyyy-mm-dd) |
| --- | --- | --- | --- |
| a) |  |  |  |
| b) |  |  |  |
| c) |  |  |  |
| d) |  |  |  |
| e) |  |  |  |

### 13. Explanation of blank areas on this Preliminary Report, if any

|  |
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| If there are blank areas, describe the circumstances beyond your control that explain this lack of information. |

### 14. Persons who carried out or participated in the preliminary investigation

| **Representative** | **Name** | **Job title** | **Signature** (optional) | **Date signed** (yyyy-mm-dd) |
| --- | --- | --- | --- | --- |
| Employer representative |  |  |  |  |
| Worker representative |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

### End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

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| **Note**: If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.  As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable. |

### 15. Determination of causes of incident

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| Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed. |

### 16. Full description of the incident

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| Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary. |

### 17. Additional corrective actions necessary to prevent recurrence of similar incidents

| **Additional corrective action**  (Required in Full Report and Full Corrective Action Report.) | **Action assigned to**  (name and job title) | **Expected completion date**  (yyyy-mm-dd) | **Completed date**  (yyyy-mm-dd) |
| --- | --- | --- | --- |
| a) |  |  |  |
| b) |  |  |  |
| c) |  |  |  |
| d) |  |  |  |

### 18. Persons who carried out or participated in the full investigation

| **Representative** | **Name** | **Job title** | **Signature** (optional) | **Date signed** (yyyy-mm-dd) |
| --- | --- | --- | --- | --- |
| Employer representative |  |  |  |  |
| Worker representative |  |  |  |  |
| Other |  |  |  |  |

### 19. Other relevant workplace parties

| **Company name** | **Contact person** | **Contact number or email address** |
| --- | --- | --- |
| a) |  |  |

### End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

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| Employers are required to submit **full** investigation reports to WorkSafeBC **within 30 days\* of the incident**. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do **NOT** submit a preliminary report unless you have been so directed by a WorkSafeBC officer.  \* Employers can request an extension from a WorkSafeBC officer, **if the full investigation cannot be completed within 30 days**.  As of January 1, 2016, copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable. |