UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Accident / Investigation Form

Incident Reporting-Personal Details				
Nature of Report	☐ Incident/ Near Miss	☐ First Aid	☐ Hazardous Situation	☐ Lost Time ☐ Injury
Date Reported	Time		Gender ☐ Male ☐ Female	
Last Name:	First Name		Email Address	
Employee ☐	Occupation:		Employee No.	
	Faculty/Department:		Supervisor:	
Contractor ☐	Employer			
	Contact Details			
Student ☐	Program		Student No.	
	Supervisor/TA name			
Other ☐				
Experience in task being performed	☐ <1 month	☐ 1-12 months	☐ 1-5 yrs	☐ >5 yrs
Training in task being performed	☐ None	☐ Introduction	☐ Internal-Task Specific	☐ External task-specific

Witnesses	
Name N/A	Telephone
Address	
Name	Telephone
Address	
Physician's Name (if applicable)	Telephone
Address	

Incident Details

Date of Incident:	Time:
Building:	Location
Did the incident involve equipment or an object? Specify	Pictures Attached ☐ Yes ☐ No
Did the incident involve chemicals or substances? Specify	UNBC Security Incident for Attached ☐ Yes ☐ No

Describe what happened leading up to the incident, the incident details and, if applicable, describe injury. Attach an accident/incident diagram, if appropriate.

Describe the nature, date and time of first aid treatment, if applicable.

Describe the sequence of events following the incident

Part of Body Injured Check (✓) all that are applicable (Indicate "R" right, "L" left , or "B" both, where applicable)

☐ Head	☐ Lower back	☐ Hand/fingers	☐ Ankle/foot
☐ Eye	☐ Upper Arm	☐ Hip	☐ Internal Organs
☐ Neck	☐ Elbow	☐ Upper leg	☐ Other _____
☐ Upper back	☐ Lower Arm	☐ Knee	
	☐ Wrist	☐ Lower leg	

Nature of injury, illness or symptom Check (✓) all that are applicable

☐ Asthma or other respiratory illness	☐ Poisoning of effects of substance	☐ Spain/Strain
☐ Bruise, contusion or crush injury	☐ Burn	☐ Superficial injury
☐ Dermatitis or skin Condition	☐ Concussion	☐ Other (explain)
☐ Effects of exposure to the elements	☐ Dislocation	
☐ Foreign matter intrusion	☐ Electric Shock	
☐ Needle stick or sharp injury	☐ Fracture	

Type of Accident/Incident Check (✓) all that are applicable

☐ Repetitive Strain	☐ Slip/fall	☐ Exposure to _____
☐ Acute Strain (lifting, pulling, carrying)	☐ Vehicle	☐ Other (explain)
☐ Caught in/under/between	☐ Client/employee action	
☐ Struck, contacted by/with/against	☐ Cut/bruise	

Contributing Factors: Check (✓) all that are applicable

Conditions

- ☐ Congestion or restricted action
- ☐ Poor housekeeping; disorderly workplace
- ☐ Slip/trip hazards
- ☐ Lack of or inappropriate furniture/equipment
- ☐ Design or arrangement of furniture/equipment
- ☐ Defective furniture, tools, equipment or materials
- ☐ Inadequate or excessive illumination
- ☐ Inadequate ventilation
- ☐ Excessive noise
- ☐ Inadequate or improper protective equipment
- ☐ Fire and explosion hazards
- ☐ Inadequate warning systems
- ☐ Irate client/employee action
- ☐ Adverse weather
- ☐ Other (explain):

Practices

- ☐ Improper body position/posture
- ☐ Tasks not varied/micro breaks not taken
- ☐ Unnecessary rushing
- ☐ Improper lifting
- ☐ Unsafe loading/placement
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Altering or modifying equipment
- ☐ Not using personal protective equipment or failing to use it properly
- ☐ Not following appropriate procedures
- ☐ Inappropriate conduct
- ☐ Hazardous personal attire
- ☐ Other (explain):

What are the reasons for the existence of these practices and/or conditions?

Is there a behavioral component which contributed to the Incident	☐ Yes	☐ No
If yes explain		
Was there a physical cause of the Incident	☐ Yes	☐ No
If yes explain		
Did management systems or procedural deficiencies lead to the unsafe condition	☐ Yes	☐ No
If yes explain		

Post Incident Events:				
Treatment given to injured person by	☐ None	☒ First Aider	☐ Physician	☐ Hospital
Immediate actions taken to reduce the risk of re-occurrence			☒ Yes	☐ No
If yes explain				

Prevention/Corrective Action

Actions to prevent accident/incident recurrence. Check (✓) those actions taken to prevent recurrence. Mark with (**P**) other corrective actions decided upon or planned but not yet carried out. More than one item may apply.

- ☐ Training/instruction of person involved
- ☐ Improve work procedures
- ☐ Inform staff/managers of safe work procedures
- ☐ Perform job safety analysis
- ☐ Inform staff/managers of hazard and how to protect themselves
- ☐ Notify appropriate individuals
- ☐ Improve engineering/design
- ☐ Improve inspection procedures
- ☐ Tools, equipment, furniture repair or replacement
- ☐ Request ergonomic assessment
- ☐ Request environmental assessment
- ☐ Correction of work area
- ☐ Recommend development/improvement to training/OHS program
- ☐ Reassess work standards
- ☐ Reassignment of person
- ☐ Improve housekeeping
- ☐ Other (describe):

Describe actions taken.

Department:		
Director/Manager's Signature	Name (print)	Date (dd-mmm-yyyy)
Safety Department:		
Safety Department's Signature	Name (print)	Date (dd-mmm-yyyy)
Employee:		
Employee's Signature	Name (print)	Date (dd-mmm-yyyy)

Copies forwarded to affected department, Safety and Employee.