



INCIDENT INVESTIGATION REPORT

Safety and Security
3700 Willingdon Avenue
Burnaby, BC V5G 3H2
T 604.456.8011 • F 604.435.6035

LOCATION, DATES & TIMES

Date of Incident	Time of Incident	Date Reported
Location of Incident		

INCIDENT SPECIFICS

<input type="radio"/> Accident <input type="radio"/> Near Miss <input type="radio"/> Event	Incident Type <input type="radio"/> Power Outage <input type="radio"/> Chemical Spill <input type="radio"/> Flood <input type="radio"/> Other	
Environmental Impact <input type="radio"/> Yes <input type="radio"/> No	Substance Released	Amount <input type="radio"/> kg <input type="radio"/> lb
Evacuation Required <input type="radio"/> Yes <input type="radio"/> No	Emergency Services Called <input type="radio"/> Yes <input type="radio"/> No	

EMPLOYEE/STUDENT INFORMATION

Employee Student

First Name	Last Name	BCIT ID#	
Department Supervisor	Occupation (if applicable)	First Aid Provided <input type="radio"/> Yes <input type="radio"/> No	Attendant

WITNESSES

1	First Name	Last Name	Phone
2	First Name	Last Name	Phone

DESCRIPTION OF EVENT

RESULTS OF EVENT

CAUSES

Material	Task	Environment	Management	Personnel
<input type="radio"/> Equipment failure <input type="radio"/> Machinery design <input type="radio"/> Hazardous substance <input type="radio"/> PPE <input type="radio"/> Other:	<input type="radio"/> Work procedures <input type="radio"/> Tools and materials <input type="radio"/> Safety devices <input type="radio"/> Lockout <input type="radio"/> Other:	<input type="radio"/> Temperature <input type="radio"/> Noise <input type="radio"/> Lighting <input type="radio"/> Housekeeping <input type="radio"/> Uneven/slippery surface Other:	<input type="radio"/> Written procedures <input type="radio"/> Training procedures <input type="radio"/> Supervision Maintenance <input type="radio"/> Other:	<input type="radio"/> Fatigue <input type="radio"/> Training <input type="radio"/> Inattention/careless <input type="radio"/> Stress <input type="radio"/> Physically able to perform task <input type="radio"/> Other:

Root Cause

INVESTIGATOR

First Name	Last Name	Phone
Title	Work Area	

FOLLOW UP

Action items	Person in Charge	Completed

INVESTIGATION CLOSURE

Investigator/Supervisor Name	Signature	Date
Investigation Contact Name	Signature	Date
Employee/Student Name	Signature	Date
OH&S Manager Name	Signature	Date
Safety Director Name <i>(major incidents)</i>	Signature	Date