

Getting Started

Complete the fields below to develop a description of the incident. Information you provide here will be included on your output summary report.



Note: Use Adobe Reader when using this tool
Need help using this tool? Contact Us

| Incident Overview | |
|--|--|
| Company Name | |
| Incident Name | |
| Incident Type | <p>Number of vehicles involved:</p> <p>Number of workers involved:</p> <p>Number of non-workers involved:</p> <p>Type of crash:</p> <p>Consequences: (choose all that apply)</p> <ul style="list-style-type: none"> injuries to employees injuries to third party property damage environmental damage |
| Incident date | |
| Report date | |
| User name | |
| Description of incident | |
| Description of injuries | |
| Description of vehicle damage, property damage, other consequences | |

Step One Incident Response Costs



| Cost Factors to Consider | Time (hours) | Rate (hourly) | Costs |
|--|--------------|---------------|-------|
| Emergency responders dispatched to crash scene | | | |
| Fees for search and rescue team to attend scene | | | |
| Company emergency response team | | | |
| Emergency supplies, other related fees | | | |
| First Aid | | | |
| First aid attendant - completing forms, arranging / securing emergency services and transportation | | | |
| First aid supplies and equipment | | | |
| Transportation to medical care | | | |
| Ambulance, taxi or other means to transport injured worker(s) | | | |
| Taking or accompanying injured worker(s) to hospital, or remaining with injured worker(s) | | | |
| Making the scene / site safe | | | |
| Traffic control, temporary barricades | | | |
| Site clean-up - fuel spill control, debris removal and disposal | | | |
| Vehicle Recovery | | | |
| Towing | | | |
| Impoundment / storage | | | |
| Other costs (describe) | | | |
| | | | |
| | | | |
| Incident Response Costs Total | | | |

Step Two Reporting, Investigation and Follow-Up Costs



| Cost Factors to Consider | Time (hours) | Rate (hourly) | Costs |
|---|--------------|---------------|-------|
| Reporting | | | |
| Internal reporting as per company requirements - report forms, recording in first aid book, notifications, etc. | | | |
| Reporting to WorkSafeBC if employee injured (e.g. Form 7 – Employer’s Report of Injury or Occupational Disease) | | | |
| Reporting to vehicle insurance company(s) | | | |
| Reporting to police | | | |
| Other costs (describe below) | | | |
| | | | |
| | | | |
| Investigating the MVI <i>Include time to travel to scene, examine scene, inspect vehicles, take photos and measurements, interview worker(s), witnesses and third parties, conduct research (e.g. interview specialists), develop recommendations and report.</i> | | | |
| Investigation Lead | | | |
| Investigator B - e.g. employee or JOHSC member | | | |
| Investigator C - e.g. management representative | | | |
| Other costs and fees - e.g. external specialists or consultants; materials and supplies | | | |
| Follow-Up | | | |
| Meet with injured worker, their family, co-workers | | | |
| Prepare / communicate information to press | | | |
| Cooperate / liaise with other agencies (police, ICBC, WorkSafeBC) who may also investigate the incident | | | |
| Review incident with management, safety committee and workers to share what was learned | | | |
| Time and other resources to implement corrective actions | | | |
| Other costs (describe below) | | | |
| | | | |
| | | | |
| Reporting, Investigation and Follow-Up Costs Total | | | |

Step Three Worker Replacement Costs

Complete section A if you will hire a new employee(s) to replace the injured employee(s). Complete section B if you will reassign a current employee(s) to fill in for the injured employee(s).



| Cost Factors to Consider | Time (hours) | Rate (hourly) | Costs |
|---|--------------|---------------|-------|
| A - Hiring new employee | | | |
| Develop and run advertisements | | | |
| Fees for hiring agency | | | |
| Review resumes, conduct interviews and associated work to complete hire | | | |
| Coordinate and complete orientation and training of new hire | | | |
| Salary of new hire during training activities | | | |
| Additional direction, supervision necessary for new hire | | | |
| Other costs (describe below) | | | |
| | | | |
| | | | |
| B - Relocating / rescheduling / reassigning another worker | | | |
| Time and travel costs to relocate replacement employee | | | |
| Trainer salary for orienting and training employee | | | |
| Employee salary during training activities | | | |
| Additional direction, supervision necessary for relocated employee | | | |
| (Temporary) reduced productivity of new or relocated worker | | | |
| Overtime costs and/or pay differential | | | |
| Other costs (describe below) | | | |
| | | | |
| | | | |
| Worker Replacement Costs Total | | | |

Step Four Lost Productivity and Injury Management Costs



| Cost Factors to Consider | Time (hours) | Rate (hourly) | Costs |
|--|--------------|---------------|-------|
| Lost Productivity | | | |
| Salary and benefits extended to injured worker(s) while off work | | | |
| Salary for manager or supervisor to visit incident site, manage immediate incident, contact worker's family, etc. | | | |
| Work interrupted / not completed because of incident (day of incident) | | | |
| Decreased productivity beyond day of incident (e.g. due anxiety, morale, involvement in investigation) | | | |
| Interrupted or reduced productivity of contractors or subcontractors | | | |
| Lost sales, contracts and production because of crash, or absence of injured worker(s) | | | |
| Other costs (describe below) | | | |
| | | | |
| Managing the Injury Claim | | | |
| <i>When an injured employee makes a claim for compensation and is away from work, the employer (or third party they hire) needs to manage the claim - work with employee, WorkSafeBC and medical professionals to coordinate return-to-work schedule and activities.</i> | | | |
| Salary of claims manager | | | |
| Fees from third party claims manager | | | |
| Medical costs and other fees not covered by insurance | | | |
| Increases in extended care benefits premiums | | | |
| Other costs (describe below) | | | |
| | | | |
| Reduced productivity of injured worker(s) once they return to work | | | |
| Lost productivity associated with modified work duties, schedules | | | |
| Time for follow-up medical appointments | | | |
| Other costs (describe below) | | | |
| | | | |
| Lost Productivity and Injury Management Costs Total | | | |

Step Five Vehicle Repair or Replacement Costs



Complete section A, B or C depending which applies.

| Cost Factors to Consider | Time (hours) | Rate (hourly) | Costs |
|---|--------------|---------------|-------|
| A - Repairs Completed Through Vehicle Insurance Claim | | | |
| Complete and submit claim to insurance company | | | |
| Manage the claim - meet / liaise with insurer, adjusters, agent, etc. | | | |
| Deliver damaged vehicle; inspect, pick up, re-mobilize repaired vehicle | | | |
| Cost of rental vehicle (if not covered by insurance) | | | |
| Reduced vehicle re-sale value due to involvement in crash | | | |
| Other costs (describe below) | | | |
| | | | |
| B - Company Repairs Damaged Vehicle At Own Expense | | | |
| Assess damage to vehicle(s), prepare estimate, schedule work | | | |
| Cost of replacement parts and supplies | | | |
| Labour to complete repairs | | | |
| Deliver damaged vehicle; inspect, pick up, re-mobilize repaired vehicle | | | |
| Cost of rental vehicle during repairs | | | |
| Reduced vehicle re-sale value due to involvement in crash | | | |
| Other costs (describe below) | | | |
| | | | |
| C - Company Replaces Damaged Vehicle At Own Expense | | | |
| Cost* of replacement vehicle | | | |
| Cost* of on-board equipment | | | |
| Salary of fleet manager to coordinate purchase or lease | | | |
| * Amortize this cost over expected life of the new vehicle. For example, if you expect to use the vehicle for six years, divide total costs by six, and enter that value. Include taxes, fees, finance charges, etc. If you lease a vehicle, also include lease fee increases and penalties applied by lease company. | | | |
| Other costs (describe below) | | | |
| | | | |
| Vehicle Repair or Replacement Costs Total | | | |

Step Six Insurance, Property Damage and Other Costs



| Cost Factors to Consider | Costs |
|--|-------|
| Vehicle Insurance Claim | |
| Vehicle insurance claim deductible | |
| Increase in annual vehicle insurance premiums <i>If you or your employee is at-fault in a crash, how much the annual premium increases can vary significantly depending on several factors. To estimate how much your vehicle insurance premiums will increase, go to the ICBC Premium Impact Estimator.</i> | |
| Cargo insurance claim deductible | |
| Increase in annual cargo insurance premiums | |
| Extended or other medical services claim deductibles | |
| Increases in annual extended or other medical services premiums | |
| WorkSafeBC Claim | |
| <p>If your employee is involved in a crash that results in a WorkSafeBC claim, the increase in your company's annual assessment fees depends on several factors such as the company's claims history, its annual payroll and its annual WSBC claims costs impact your Experience Rating (ER). WorkSafeBC uses the following equation:</p> <p>(Industry's base premium rate +/- your Experience Rating) x Your assessable payroll = Your total premiums</p> <p>Even if your organization has not experienced an MVI-related claim in the last several years, if it has one MVI that results in WorkSafeBC claim, there is:</p> <ul style="list-style-type: none"> • a 50% chance that the ER will increase by more than 4%, and • a 25% chance that the ER will increase by more than 8%. <p>To <u>estimate</u> how much an MVI-related claim will impact your annual WorkSafeBC fees, enter information in the boxes below.</p> <p>Enter your current Base Rate %</p> <p>Enter your current Experience Rating % <small>(enter a negative value if you are currently receiving a discount based on your Experience Rating)</small></p> <p>Enter your assessable payroll</p> <p>Current WorkSafeBC annual premiums</p> <p>Projected annual premiums if ER increases 4%</p> <p>Projected annual premiums if ER increases 8%</p> <p>Projected premium increase if ER increases 4% A</p> <p>Projected premium increase if ER increases 8% B</p> | |
| Increase in annual WorkSafeBC Assessment Fees Choose and enter A or B (from above), or use another estimated value | |

Step Six (cont'd) Insurance, Property Damage and Other Costs



| | | |
|---|--|--|
| Other insurance costs (describe below) | | |
| | | |
| Property damage - not covered by insurance policy | | |
| Cargo, supplies, tools and equipment lost or damaged during incident | | |
| Cost of repairing or replacing damaged company asset - building, site, etc. | | |
| Cost of repairing or replacing damaged third party asset - infrastructure, building, site, etc. | | |
| Disposal of damaged vehicle or equipment | | |
| Other costs (describe below) | | |
| | | |
| Penalties and legal actions | | |
| Penalties or fines to employer - police, CVSE / NSC, WorkSafeBC | | |
| Penalties or fines to driver, if covered by employer | | |
| Personal injury compensation and settlements for liabilities to third parties | | |
| Costs to pursue or defend legal actions | | |
| Other costs (describe below) | | |
| | | |
| Environmental, lost business and reputation | | |
| Environmental costs - site remediation, penalties or fees | | |
| Penalties for late delivery or non-performance on contract obligations | | |
| Reduced business due to cancelled contracts, lost bid opportunities | | |
| Decreased sales because clients or customers shop elsewhere | | |
| Reduced value of company's goodwill or reputation | | |
| Other costs (describe below) | | |
| | | |
| Insurance, Property Damage and Other Costs Total | | |

Step Seven Incident Cost Summary



Company Name:

Incident Name:

| Step | Cost Element | Amount |
|--------------|--|--------|
| One | Incident Response Costs Total | |
| Two | Reporting, Investigation and Follow-Up Costs Total | |
| Three | Worker Replacement Costs Total | |
| Four | Lost Productivity and Injury Management Costs | |
| Five | Vehicle Repair or Replacement Costs Total | |
| Six | Insurance, Property Damage and Other Costs Total | |
| Seven | Incident Cost Summary | |

How long will it take the organization to financially recover from this one incident?

Total cost of incident

The organization's average profit margin on revenue or sales

%

Additional gross sales required to recover incident costs

Average daily sales or revenue

Number of working days for which all profits must be used to recover costs of this incident