

Employer's name		WorkSafeBC accou	nt num	Ir	ncident num	Date of incident	
		- 1 11		Type of incident Employer contact information			
Employer division or department		Employer address		Employer contact information		1	
Investigation team	Name (p	orint)		Signature		Date signed	
Lead investigator							
Employer representative							
Worker representative							
Investigation start date	Inves	tigation complete d	late			Report only - no investigation	n
Location - physical address, or road o	or highway name with r	eference to nearby	identifiable feat	ure			•
<u> </u>			In ·			I 	1 ,
City / nearest community			Province			Time of incident	a.m. / p.m.
							1
Type of roadway							
Worksite			source road - sin	_		Two-lane highway	
Parking lot		R	esource road - tv			Three-lane highway	
Alley/laneway		Residential street Four or more lanes					
Rural secondary road		Primary/arterial road Other		Other (describe below)		
Roadway features							
Straight		Ang	gle or merge inte			Other (describe below)
Curve - left		Round-about					
Curve - right		Light-controlled Other (describe below))			
Steep grade		Sign-controlled					
4-way intersection			Uncontrolled Other (describe below))		
T-intersection			Marked crosswalk				
Weather conditions			Road con	ditions		Visibility conditions	3
Clear				Dry		Goo	d
Rain				Wet		Poc	r
Snow			Snow accum	nulations		Sunris	e
Fog		Slush		Sunse	t		
Extreme hot		lce Night		t			
Extreme cold				Mud		Obstruction	s
Other (describe below)			Other (describe	e below)		Other (describe below	')
Information about vehicles invol	ved	Number of work ve	hicles involved:		Numb	er of non-work vehicles involved:	
						Vehicle Identification	Insurer / Policy

						Vehicle Identification	Insurer / Policy
Vehicle	Owner (name)	Driver (name)	Make / Model	Year	Licence Plate	Number	Number
#1							
#2							
#3							
#4							

			Injuries and other losses
or death of employee medical treatment	Property damage less than \$25,000	Injury to employee, requires medical treatment	Serious injury or death of employee
• • • • • • • • • • • • • • • • • • • •	Property damage more than \$25,000		, ,

Injury to non-worker, requires Minor injury to non-worker or had potential for medical treatment causing serious injury damage



The	peop	le inv	volved

Party	Description or Name	Role	Contact Information

What happened?

Before the incident: Describe circumstances, conditions, decisions, actions and events that happened before the crash itself, but are relevant to or had bearing upon the crash.

The incident: Describe the sequence of events of the incident. Make notes to identify relevant photos, sketches, diagrams and other supporting documents.



Determine immediate causes: Choose the category and then describe the unsafe or substandard acts, practices or conditions that lead directly to the incident, or had significant bearing on it.

Substandard Conditions

Excessive noise

Substandard Acts and Practices

Vehicle Conditions	Substandard Acts
Not fit for purpose	Driving while distracted
Unsafe operating condition	Following too close
Safety features absent or inoperable	Ignoring traffic control devices
No winter tires	Failing to yield
Worn or damaged tires	Improper passing

Faulty brakes
Faulty lights
Not wearing seatbelt
Cracked/damaged windshield
Insufficient skill/competency
Incorrect/inoperable equipment
Poor housekeeping - cab
Speeding; too fast for conditions
Not wearing seatbelt
Insufficient skill/competency
Inattention/complacency
Does not recognize hazard

Improper maintenance

No emergency kit

Other

Does not react correctly to hazard

Improper entry/exit of vehicle

Improper seat or mirror adjustment

Environmental Conditions

Adverse weather

Poor lighting (sun, dark)

Improper backing/reversing

Does not know operating procedure

Does not follow operating procedure

Poor lighting (sun, dark)

Poor visibility (fog, etc)

Other

Temperature extremes

Road surface, obstructions

Road design or maintenance

Substandard Practices

Impairment - fatigue, alcohol or drugs

Inadequate training or orientation

Other Driver not familiar with route
Poor/unrealistic scheduling

Other Conditions

Actions of other driver(s)

Poor journey management

High-risk route or intersection

Actions of pedestrian or cyclist

Defective vehicle(s) - others

Insufficient rest breaks

Defective vehicle(s) - others

Violence from passenger or other

Irregular/unpredictable schedules

Poor communications Drive between midnight and 6:00 am

Medical condition - driver

No check-in or emergency procedure

Poor vision or hearing - driver

Vehicle not inspected before use

Inadequate traffic control Improper loading/securement Improper clothing or footwear Improper use of equipment

Wildlife/animals on road Improper lockout

Other Other



Determine underlying causes: Describe gaps, deficiencies, circumstances, conditions, decisions or acts that contributed to the incident. Explain the underlying reasons that the immediate causes exist or occurred. From the list below, choose all that apply.

Basic Cause	Describe	Basic Cause	Describe
1) Inadequate hazard identification or risk assessment		12) Inadequate vehicle inspections	
2) Inadequate or ineffective control measures		13) Inadequate vehicle maintenance	
3) Inadequate policy, procedures or practices		14) Inadequate system for reporting or correcting safety issues	
4) Incomplete implementation of policy or procedure		15) Improper motivation/incentives; poor performance tolerated	
5) Inadequate training or orientation		16) Employee not empowered to make driving-critical decisions	
5) Inadequate process for confirming driver competency		17) Inadequate experience, knowledge or skill	
7) Inadequate work (trip, journey) planning		18) Fatigue - task load/duration or lack of rest	
8) Inadequate management oversight, or supervision		19) Mental/physical stress or illness	
9) Inadequate purchasing standards or specifications		20) Misconduct - intentional or unintentional	
9) Inadequate or incomplete communications		21) Other – specify:	
11) Inadequate engineering or design		22) Other – specify:	

Corrective Actions

Туре	Actions	Assigned To	Target Completion Date	Date Completed	Verified by (initial)

Review and Approval

Member	Print Name	Signature	Role	Date
Reviewed by Manager				