

Incident Investigation Report

Clear Form

1. Production Information

Production Name: _____ WorkSafeBC account number: _____

Production Office Address: _____

Production Representative's Name: _____ Email & Phone: _____

2. Incident Location, Date and Time

Site/Location of Incident (address): _____

Date of Incident: _____ Time of Incident: _____ AM PM

3. Injured Persons

Last Name	First Name	Job Title

4. Witnesses or Other Persons Whose Presence Might Be Necessary for Proper Investigation

Last Name	First Name	Job Title or Role in Investigation

5. Description of What Happened (Events that preceded the incident and a description of incident)

6. Description of Injury and/or Property Damage

7. Type of Incident

- | | | |
|---|--|---|
| <input type="checkbox"/> Slips, Trips and Falls | <input type="checkbox"/> Fall from height | <input type="checkbox"/> Struck by |
| <input type="checkbox"/> Cuts and Lacerations | <input type="checkbox"/> Electrical Shock | <input type="checkbox"/> Musculoskeletal Injury |
| <input type="checkbox"/> Entanglement | <input type="checkbox"/> Hazardous Material Exposure | <input type="checkbox"/> Crush |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Incident with Potential to Cause Injury | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Environment Exposure | <input type="checkbox"/> Noise and Vibration | <input type="checkbox"/> Other |

8. Identification of Unsafe Conditions, Acts or Procedures

Potential Causes (Preliminary)
Root Causes (Full)

9. Corrective Actions

Interim Corrective Actions Identified (Preliminary)	Person Assigned to	Date Implemented
Final Corrective Actions Identified (Full)	Person Assigned to	Date Implemented

10. Persons who carried out our participated in the full investigation

Representative	Name	Job Title
Employer Representative		
Worker Representative		
Other		
Other		

Step 1: Preliminary Investigation (to be completed within 48 hours of the incident)

- Submit to Warner Bros. Production Safety Representative for review
- Upon approval, distribute to JOHS committee

Step 2: Full Investigation (to be submitted to WorkSafeBC within 30 days of the incident)

- Complete and submit to Warner Bros. Production Safety Representative for review
- Upon approval, submit to WorkSafeBC
- Submit to the member union within 5 days of submission to WorkSafeBC