Province of British Columbia Ministry of Forests

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

The supervisor responsible for the immediate supervision of the worker must complete this form.
You should first interview witnesses, if any, and examine the site of the accident.

WORKER'S NAME (Surname) (Middle Initial) (First Name) | OCCUPATION | AGE

OFFICE LOCATION | DATE OF ACCIDENT Y M D | TIME OF ACCIDENT ☐ a.m. ☐ p.m.

WHEN WERE YOU ADVISED OF OCCURRENCE? | IF DELAY, WHY?

LOCATION OF ACCIDENT (site, project, etc.)

BODY PART
- ☐ head
- ☐ eyes
- ☐ trunk
- ☐ arms
- ☐ hands
- ☐ legs
- ☐ feet
- ☐ internal

TYPE OF INJURY
- ☐ wounds
- ☐ strain/sprain
- ☐ hernia
- ☐ fracture
- ☐ burns
- ☐ foreign body
- ☐ skin disease

DESCRIBE INJURY

DESCRIBE ANY DAMAGE TO EQUIPMENT

WERE THE WORKER'S ACTIONS AT THE TIME OF THE ACCIDENT/INCIDENT FOR THE PURPOSES OF MINISTRY BUSINESS? Yes ☐ No ☐ | IF NO, EXPLAIN

FROM *YOUR OWN INVESTIGATION,* WHAT WAS THE SEQUENCE OF EVENTS WHICH RESULTED IN THIS ACCIDENT/INCIDENT (DETAILS OF WHAT TOOLS, EQUIPMENT, SUBSTANCE OR STRUCTURES WERE INVOLVED, AND WHAT THE WORKER WAS DOING). IF NECESSARY, USE BACK OF FORM FOR DIAGRAM.

CAUSE ANALYSIS *Mark basic cause* (X); *mark contributing causes (if any)*

UNSAFE ACTS
- ☐ Operating without authority
- ☐ Operating at unsafe speed for conditions
- ☐ Short-cutting safety devices or methods
- ☐ Using unsafe equipment or using equipment unsafely
- ☐ Unsafe loading, placing, mixing, lifting
- ☐ Taking unsafe position
- ☐ **Working on moving or dangerous equipment**
- ☐ **Distraction, teasing, horseplay**
- ☐ **Failure to use personal protective devices**
- ☐ **Not listed**
- ☐ **Physical disability (include medical, alcohol, drugs, etc.)**
- ☐ Improper work procedures (specify) _____

UNSAFE CONDITIONS
- ☐ Inadequately guarded equipment
- ☐ Defective tools, equipment or substance
- ☐ Hazardous arrangement or poor housekeeping
- ☐ Unsafe illumination
- ☐ Unsafe ventilation
- ☐ Unsafe clothing
- ☐ Unguarded work area, uncontrolled traffic
- ☐ Unsafe design or construction
- ☐ Lack of protective equipment
- ☐ Contaminated materials
- ☐ Dangerous natural conditions
- ☐ Design of tools/equipment inadequate
- ☐ Not listed

CORRECTIVE ACTION *Based on the cause checked above, check the corrective action you are taking.*

UNSAFE ACTS
- ☐ Stop the worker
- ☐ Study the job
- ☐ Retrain (tell, show, try, check)
- ☐ Follow up
- ☐ Enforce
- ☐ Physical disability
- ☐ Develop safe work procedures
- ☐ Other (specify) _____

UNSAFE CONDITIONS
- ☐ Correct
- ☐ Remove
- ☐ Guard/Warn
- ☐ Advise. If supervisor cannot handle, then recommend to:
- ☐ (a) own supervisor; or
- ☐ (b) mechanical/maintenance department
- ☐ Other (specify) _____

WHAT OTHER STEPS OUTSIDE OF YOUR SUPERVISION COULD BE TAKEN TO PREVENT A RECURRENCE?

SUPERVISOR'S SIGNATURE | POSITION TITLE | REPORT DATE Y M D

COMMENTS OF MANAGER

MANAGER'S SIGNATURE | POSITION TITLE | REPORT DATE Y M D

CC: MANAGER, SUPERINTENDENT OR EQUIVALENT
REGIONAL PERSONNEL/SAFETY
ACCIDENT PREVENTION VICTORIA

DESCRIPTION/COMMENTS

DIAGRAM