

Employee Incident Investigation Report (EIIR)



For internal use – Claim #

1. Employer's Information

School District No. 22 (Vernon)	Employer Account Number: 037583
1401-15 th Street. Vernon, BC, V1T 8S8	Note: ALL date formats must be in yyyy-mm-dd
Employer contact: safety@sd22.bc.ca	
Incident occurred at: (Name and Address)	
Incident date (yyyy-mm-dd):	Time incident occurred: a.m. p.m.
Name of person first reported to:	Date first reported:
Did not report:	
Reported to:	First aid Supervisor Office Other
Date reported:	

2. Worker Information

First Name and Middle Initial:	Last Name:	Gender:
		Male Female Non-Binary Other
Date of Birth (yyyy-mm-dd):	Home phone number (including area code):	Occupation:
Address:		
City, Province:		Postal Code:
Has the worker been employed by the employer for less than 12 months?	Yes No	If yes, please indicate start date (yyyy-mm-dd):

3. Persons Conducting Investigation

Representative of:	Name	Job title/Occupation	Signature (optional)	Date signed (yyyy-mm-dd)
Employer:				
Worker Rep (not the injured worker):				
H&S Committee member/other:				

4. Witness or other person with relevant information

Name (First/Last):	Job Title/Occupation:

5. Report Stage (select all that apply)

	Preliminary Report	Interim Corrective Action Report	Full Report	Full Corrective Action Report
Report date (yyyy-mm-dd):				

6. Type of Occurrence (select all that apply)

Serious injury to or death to a worker Major structural failure or collapse Major release of hazardous substance Blasting accident-causing personal injury Diving incident (as defined by WSBC reg.) Minor injury (e.g., first-aid-only injury)	Dangerous incident involving explosives other than blasting Injury requiring medical attention beyond first aid Minor injury or no injury but had potential for causing serious injury Incident of fire or explosion with potential for serious injury Near miss – equipment damage Other – vehicle incident (ICBC please specify below)
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7. General Information *(select all that apply)*

Did the incident occur on District premises or an authorized worksite?	Yes	No
Did the incident happen during the worker's normal shift?	Yes	No
Was the worker performing their regular duties at the time of the incident?	Yes	No
Were the worker's actions, at the time of injury, for the purpose of District business?	Yes	No
Did the worker seek First Aid?	Yes	No
Will the worker be away from work beyond the date of injury?	Yes	No
Has the worker seen (or intends to see) a qualified medical practitioner?	Yes	No
Are you aware of any recent pain or disability in the area of the reported injury?	Yes	No

Describe the body part injured:				
Side of body injured:	Left	Right	Both	Not applicable
Did the injury(ies) result from a specific incident?			Yes	No

8. Sequence of events preceding the incident

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment or procedures.

Preliminary Investigation Report
Full Investigation Report

9. Describe what happened: *(briefly describe the incident)*

Preliminary Investigation Report
Full Investigation Report

10. Identify any factors beyond your control that don't allow you to complete any part of the Preliminary Report:

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11. Identify Incident Type *(check all that apply)* & **Identify All Contributory Factors** *(check all that apply)*

<p>Struck against or struck by object</p> <p>Slip, trip or fall</p> <p>Caught in, under or between</p> <p>Exposure to/contact w/harmful substance <small>(excluding blood/body fluids)</small></p> <p>Fire</p> <p>Car or transportation accident</p> <p>Act of violence <small>(see Violent Information Section)</small></p> <p>Ergonomics</p> <p>Bodily reaction</p> <p>Overexertion</p> <p>Repetitive motion</p> <p>Lifting/moving object: approx. wt.:</p> <p style="padding-left: 40px;">lbs kg</p> <p>Other (specify under Statement of Causes)</p> <p>Behavioural States</p> <p>Rushing Frustration</p> <p>Fatigue Complacency</p>	<p>Equipment</p> <p>Faulty – equipment known to be faulty before incident</p> <p>Faulty – equipment not known to be faulty before incident</p> <p>Used for something other than its intended purposes</p> <p>Used in accordance with manufacturer's instructions</p> <p>Other (specify under Statement of Causes)</p> <p>Environment</p> <p>Wet/slippery conditions</p> <p>Over-crowding or confined workspace</p> <p>Noise</p> <p>Lighting</p> <p>Climate temperature</p> <p>Property:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;">Buildings</td> <td style="width: 33%;">Grounds</td> </tr> <tr> <td></td> <td>Fencing</td> <td>Irrigation</td> </tr> </table> <p>Behavioural Critical Factors:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Line of Fire</td> <td style="width: 50%;">Balance, traction, grip</td> </tr> <tr> <td>Eye on Task</td> <td>Mind on Task</td> </tr> </table>		Buildings	Grounds		Fencing	Irrigation	Line of Fire	Balance, traction, grip	Eye on Task	Mind on Task
	Buildings	Grounds									
	Fencing	Irrigation									
Line of Fire	Balance, traction, grip										
Eye on Task	Mind on Task										

12. Identification of unsafe conditions, acts or procedures and their underlying factors

Preliminary Report: List the unsafe condition, acts, or procedures that significantly contributed to the accident.
Full Report: From the sequence of events, identify what events may have been significant in this incident occurring. An analysis of these events and all other relevant information will assist in determining the underlying or causal factors in the occurrence.

13. Corrective Action

Identify any corrective actions necessary to address unsafe conditions, acts, or procedures identified above in order to prevent similar incidents from happening.

Recommended corrective action:	Interim or full corrective action:	Action assigned to:	Completion date or expected completion date (yyyy-mm-dd):
1)	Interim Full		
2)	Interim Full		
3)	Interim Full		
4)	Interim Full		

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report. Preliminary Investigation (PI) Report must be submitted to safety@sd22.bc.ca within 48 hours and the Full Investigation (FI) Report submitted within 30 days.