# UBC INCIDENT SITE INVESTIGATION GUIDE

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| ROLES:**MANAGER/SUPERVISOR** (employer representative) of the person injured/affected, or who is responsible for the area/work, must investigate and submit a CAIRS report within 48 hours of incident.**WORKER REPRESENTATIVE** (non-management) must participate in the investigation.**JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEE (JOHSC) AND LOCAL SAFETY TEAM (LST) REPRESENTATIVES** assists with the investigation.**INJURED OR AFFECTED WORKER**, if available, provides details to the investigation team and files their own CAIRS report.**RISK MANAGEMENT SERVICES & FACULTY/DEPARTMENT SAFETY ADVISORS** provides resources and support for all involved in investigations. |

1. **PRELIMINARY INCIDENT INVESTIGATION**

[ ]  Supervisor visits the scene (with a member of LST or knowledgeable fellow worker).

[ ]  Ensure the scene is safe or restricted until hazard is removed or properly mitigated.

[ ]  Provide necessary first aid and/or medical treatment.

## Type of Occurrence (If any of 1-8 are checked, contact Risk Management Services ASAP)

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| **Type** | **Yes** | **Type** | **Yes** |
| 1. Death of a worker
 |[ ]  1. Blasting accident causing injury
 |[ ]
| 1. \*Serious injury to a worker
 |[ ]  1. Dangerous incident involving explosives other than blasting
 |[ ]
| 1. Major structural failure or collapse
 |[ ]  1. Diving incident (over-pressurization, etc.)
 |[ ]
| 1. Major release of hazardous substance
 |[ ]  Minor injury or no injury but with potential for serious injury |[ ]
| 1. Incident of fire or explosion with potential for serious injury
 |[ ]  Injury requiring medical treatment beyond first aid (Physician, ER) |[ ]

\*Serious Injury = Life threatening, traumatic injury, loss of consciousness, permanent change

## Nature Of The Serious Injury (Complete only if there was a serious injury matching below and notify Risk Management Services ASAP)

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature** | **Yes** | **Nature** | **Yes** |
| Life threatening/loss of consciousness |[ ]  Punctured lung or serious respiratory condition |[ ]
| Major broken bones in head, spine, pelvis, arms, legs |[ ]  Injury to internal organs or internal bleeding |[ ]
| Major crush injuries or major cut with severe bleeding |[ ]  Injury likely to result in loss of sight, hearing, or touch |[ ]
| Amputation of arm, leg, or large part of hand or foot |[ ]  Injury requiring CPR or other critical intervention |[ ]
| Major penetrating injuries to eyes, head, or body |[ ]  Serious chemical or heat/cold exposure |[ ]
| Severe 3rd degree burns |[ ]  Other: |[ ]

1. **RECORD SCENE INFORMATION & INTERVIEWS**
* **WHAT**, **WHEN,** and **WHERE?**
	+ Concise but detailed description of what happened (photos, measurements, interviews).
	+ Do not include personal identifying information.

## Place, Date, and Time of Incident

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| Location (address or coordinates, room & floor number) : |
| Date of Incident (YYYY-MM-DD): | Time of Incident (AM/PM): |

## Sequence of Events

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| What was happening leading up to the incident earlier or in previous days:* 1. What work was underway?
	2. What control(s) was used/available or what PPE was worn?
	3. Was a risk assessment and/or written procedure available and followed?
	4. Was the person working alone?

Past supervised training included (procedures, equipment, etc.):What emergency procedures followed? |

## Description of Incident (Refer to Contributing Factors/Conditions Tool)

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| What happened and what factors immediately contributed? |
| 1. Environmental/Surrounding conditions
2. Procedures/Practices, or other activities in the space
3. Availability/Functionality of necessary equipment
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## Persons Who Participated In the Investigation

|  |  |  |  |
| --- | --- | --- | --- |
| **Representative** | **Job Title** | **Other Persons** | **Job Title** |
| Employer Representative (required) |  | Other |  |
| Worker Representative (required) |  | Other |  |

## Corrective Actions

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| --- | --- | --- | --- |
| **Action (What was done to ensure the area was safe? Lockout, restrict access, Emergency Responders called, etc.)** | **Assigned To** **(Job title of the person performing the action)** | **Expected Completion Date****YYYY-MM-DD** | **Completed Date****YYYY-MM-DD** |
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### ENTER INTO CAIRS WITHIN 48 HOURS: <https://www.cairs.ubc.ca/public_page.php>

# CONTRIBUTING FACTORS / CONDITIONS TOOL

1. **EVALUATE FINDINGS AND DETERMINE DIRECT CAUSES**

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| **Task Related Causes** |
| [ ] Lifting overhead | [ ] Twisting the trunk |
| [ ] Heavy load - Push | [ ] Heavy load - Lift |
| [ ] Awkward load to handle | [ ] Heavy load - Pull |
| [ ] Sharp edges on load | [ ] Hot load |
| [ ] Stooping | [ ] Repetitive motion |
| [ ] Incorrect tool | [ ] Extended reach |
| [ ] Procedures not followed | [ ] Rushing |
| [ ] Other (specify below) | [ ] Lifting |
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| **Environment Related Causes** |
| [ ] Variations in floor surface | [ ] Housekeeping |
| [ ] Wet / Slippery | [ ] Cold / Hot |
| [ ] Personal Protective Equipment restrictions | [ ] Vision obstructed |
| [ ] Noise | [ ] Limited space / Constrained posture |
| [ ] Other (specify below) | [ ] Lighting |
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| **Organizational Related Causes** |
| [ ] Excessive workload | [ ] Poor communication |
| [ ] Planning inadequate | [ ] Job / Skill training inadequate |
| [ ] Poor job design / work layout | [ ] Staffing inadequate |
| [ ] Previous condition not corrected/identified | [ ] Standard Operating Procedures not available/inadequate |
| [ ] Other (specify below) |  |
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| **Equipment Related Causes** |
| [ ] High force equipment | [ ] Defective equipment |
| [ ] Signage / Labeling inadequate | [ ] Preventative maintenance / inspections inadequate |
| [ ] Equipment vibration | [ ] Material / Equipment failure |
| [ ] Proper equipment unavailable/inadequate | [ ] Incorrect equipment |
| [ ] Other (specify below) | [ ] Guarding inadequate |
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| **Human Related Causes** |
| [ ] Knowledge / Skill / Experience lacking | [ ] Illness |
| [ ] Personal distraction | [ ] Language difficulties |
| [ ] Pre-existing condition | [ ] Physical limitations (reach, height, etc.) |
| [ ] Other (specify below) | [ ] Fatigue |
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* **ENTER INTO CAIRS:** <https://www.cairs.ubc.ca/public_page.php>

# CORRECTIVE ACTION PLAN

1. **DEVELOP FULL INVESTIGATION REPORT AND CORRECTIVE ACTION PLAN**
* **HOW** can recurrence of similar incidents be prevented, and who will be responsible?
	+ Do not include personal identifying information.

## Determination of Causes of Incident

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| **WHY** did the event occur?Evaluate findings and determine cause(s) that may result in a recurrence. |

## Corrective Actions

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| --- | --- | --- | --- |
| **Action****(Using identified contributing factors/ conditions, provide Corrective Actions that will prevent recurrence of incident)** | **Assigned To** **(Job title of the person performing the action)** | **Expected Completion Date****YYYY-MM-DD** | **Completed Date****YYYY-MM-DD** |
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* **END OF INVESTIGATION REPORT - ENTER RECORDED INFORMATION INTO CAIRS** <https://www.cairs.ubc.ca/public_page.php>

# RISK MANAGEMENT SERVICES SUPPORT INFORMATION

## Risk Management Services:

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| **Position** | **Phone Number** |
| RMS General Reception (8:30 AM – 4:30 PM, Monday – Friday) | 604-822-2029 |
| RMS Occupational & Research Safety Associate – Incident Investigations and CAIRS | 604-822-2250 |
| For assistance with custom work specific guides, please contact Risk Management Services. |

 6) SMART Corrective Actions

# UBC CENTRALIZED ACCIDENT / INCIDENT REPORTING SYSTEM (CAIRS) QUICK TIPS ww.cairs.ubc.ca