

PSC 38 PART A: PRELIMINARY JOINT ACCIDENT/INCIDENT INVESTIGATION FORM

PART A MUST BE COMPLETED WITHIN 48 HOURS OF THE INCIDENT

File No: Click to enter a file#

Ministry Click here to enter Ministry	Location Click here to enter address	Date of Preliminary Investigation dd/mm/yy Click here to enter a date
Last Name Click here to last name	First Name Click here to enter first name	Occupation/Job Title Click here to enter text
Describe Accident Location	Date of Incident dd/mm/yy Click here to enter a date	Time of Incident hh:mm Click here to enter time
Accident Category (check) <input type="checkbox"/> Injury or Illness <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Property Damage <input type="checkbox"/> Fire <input type="checkbox"/> Other (specify)		
Severity of Injury or Illness (check) <input type="checkbox"/> No Injury (near miss) <input type="checkbox"/> First Aid Only <input type="checkbox"/> Offsite Medical Treatment <input type="checkbox"/> Fatality**		
Describe Injury or Illness		
Worker Account/Description of Incident. If an Occupational Disease (eg. MSI, chemical exposures) list exposure location, dates		
Basic Timeline of Events Leading Up To and Immediately After the Incident		
Names & Job Titles of Witness(s)		
List Hazards, Unsafe Conditions, Acts, Procedures that Contributed to the Incident		
Names of Any Other People or Resources that May Be Required to Conduct a Full Incident Investigation		

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Name(s) & Occupations of Person (s) who Completed Above Preliminary Investigation			
<i>Worker Representative</i>		<i>Employer Representative</i>	
<i>Name & Occupation</i>	<i>Phone</i>	<i>Name & Occupation</i>	<i>Phone</i>
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>
<i>Email:</i>		<i>Email:</i>	

List Interim Measures Taken to Prevent Reoccurrence of the Incident

Item #	Hazard, Unsafe Act, Procedure	Corrective Measure Taken to Prevent Reoccurrence	Completed By Name, job title	Date Completed	Comments
1	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	

Use add lines or use separate sheet if necessary

Any Outstanding Interim Measures Yet To Be Completed?

Item #	Hazard, Unsafe Act, Procedure	Outstanding Corrective Measure Taken to Prevent Reoccurrence	Name and Dept. responsible	Projected Completion Date	Comments
1	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	
	Click here to enter text.	Click here to enter text.		Click here to enter a date.	

If there are any empty fields in this report explain why:

Copy to:

Local Joint Occupational Health & Safety Committee or Safety Representative, BCGEU local

If no Joint Occupational Health & Safety Committee or Safety Representative post immediately at workplace in a prominent location

DO NOT SEND PART A PRELIMINARY INVESTIGATION TO WORKSAFEB

If fatal, ensure you contact WSBC 1 888 621-7233 BCGEU, local BCGEU office and MyHR at 1-877-277-0772 or after hours 250 952 0911

PSC 38 PART B FULL INVESTIGATION
PART B MUST BE COMPLETED WITHIN 30 DAYS OF THE INCIDENT

Have ALL outstanding interim corrective measures been implemented?
(if no, list measures and why not)

After reviewing the interim corrective measures from the preliminary investigation, are there any further corrective measures taken and/or recommended by the full Investigation team?

Item #	Recommended Corrective Measure Taken to Prevent Reoccurrence, Reduce Severity or Improve Response	Referred To	Date to be Completed By	Comments
1				

Use add lines or use separate sheet if necessary

Additional Comments or Observations. Where applicable give details of makes & models of machines, equipment, tools, structures, etc., involved in this accident. (Use separate sheet if necessary)

Names & Occupations of Persons who Completed Full Investigation

<i>Worker Representative</i>		<i>Employer Representative</i>	
<i>Name & Occupation</i>	<i>Phone</i>	<i>Name & Occupation</i>	<i>Phone</i>
<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>
<i>Email:</i>		<i>Email:</i>	

SEND PART B TO WorkSafeBC AT 604-276-3247

IF PART B CAN NOT BE COMPLETED WITHIN 30 DAYS OF THE INCIDENT CONTACT MyHR FOR ASSISTANCE

If this is an infectious disease exposure, please fax a copy to Occupational Health Programs, BC Public Service Agency 604-775-0697.
 Keep Original and Forward Copy To: (1) Ministry Designate; (2) BCGEU Area Office; (3) Local JOHS Committee