Incident Report Form And Submission Timeline

1.0 Form Objective & Regulatory Context

This Incident Report Form and Submission Timeline is designed to document all workplace incidents, including injuries, near misses, and property damage, in compliance with WorkSafeBC Part 3 (Occupational Health and Safety) and Part 4 (General Conditions). The form ensures timely reporting, thorough investigation, and proper record-keeping to meet regulatory requirements and support continuous improvement in safety practices.

Incidents must be reported internally within 24 hours, and serious injuries or fatalities must be reported to WorkSafeBC immediately. This form provides a structured process for capturing incident details, root causes, corrective actions, and submission deadlines.

2.0 Administrative Details

Date of Incident: _____

Time of Incident: _____

Location of Incident (specific area/equipment): _____

Reported By (full name and job title): _____

Date Report Submitted: _____

Incident Type (injury, near miss, property damage): _____

WorkSafeBC Notification Required? (Yes/No): _____

WorkSafeBC Notification Date/Time (if applicable): _____

3.0 Audit / Inspection Items

☐ Pass ☐ Fail - Incident scene secured and preserved for investigation.

☐ Pass ☐ Fail - First aid or medical treatment provided to injured person(s).

☐ Pass ☐ Fail - Witnesses identified and statements collected.

☐ Pass ☐ Fail - Photographs taken of the incident scene and any contributing factors.

☐ Pass ☐ Fail - Equipment or materials involved in the incident identified and tagged out.

☐ Pass ☐ Fail - Root cause analysis initiated using the 5 Whys or similar method.

☐ Pass ☐ Fail - Immediate corrective actions implemented to prevent recurrence.

☐ Pass ☐ Fail - Incident report completed and submitted to supervisor within 24 hours.

☐ Pass ☐ Fail - WorkSafeBC notified within required timeframe (if serious injury or fatality).

☐ Pass ☐ Fail - Incident entered into the internal safety database or log.

☐ Pass ☐ Fail - Safety committee notified of the incident (if applicable).

☐ Pass ☐ Fail - Follow-up investigation scheduled within 48 hours.

4.0 Corrective Actions & Deficiencies

Incident Description (detailed account of what happened): _____

Root Cause(s) Identified: _____

Immediate Corrective Action Taken: _____

Long-Term Corrective Action Plan: _____

Person Responsible for Corrective Action: _____

Target Completion Date for Corrective Action: _____

Status of Corrective Action (Open/In Progress/Closed): _____

Lessons Learned / Recommendations: _____

5.0 Sign-off & Authorization

Reporting Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Safety Manager Signature: _____ Date: _____

Date of Final Review: _____ Date: _____