

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#

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

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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 &amp; Occupation</i>	<i>Phone</i>	<i>Name &amp; 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 or tap 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 WORKSAFBC**

**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 &amp; Occupation</i>	<i>Phone</i>	<i>Name &amp; 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 portal, BC Gov Account #004000**

[Employer incident investigations \(EIIR\): Online reporting tool | WorkSafeBC](#)

**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) OHS@bcgeu.ca; (3) Local JOHS Committee