



UBC INCIDENT SITE INVESTIGATION GUIDE

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)

Type	Yes	Type	Yes
1. Death of a worker	<input type="checkbox"/>	6. Blasting accident causing injury	<input type="checkbox"/>
2. *Serious injury to a worker	<input type="checkbox"/>	7. Dangerous incident involving explosives other than blasting	<input type="checkbox"/>
3. Major structural failure or collapse	<input type="checkbox"/>	8. Diving incident (over-pressurization, etc.)	<input type="checkbox"/>
4. Major release of hazardous substance	<input type="checkbox"/>	Minor injury or no injury but with potential for serious injury	<input type="checkbox"/>
5. Incident of fire or explosion with potential for serious injury	<input type="checkbox"/>	Injury requiring medical treatment beyond first aid (Physician, ER)	<input type="checkbox"/>

*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	<input type="checkbox"/>	Punctured lung or serious respiratory condition	<input type="checkbox"/>
Major broken bones in head, spine, pelvis, arms, legs	<input type="checkbox"/>	Injury to internal organs or internal bleeding	<input type="checkbox"/>
Major crush injuries or major cut with severe bleeding	<input type="checkbox"/>	Injury likely to result in loss of sight, hearing, or touch	<input type="checkbox"/>
Amputation of arm, leg, or large part of hand or foot	<input type="checkbox"/>	Injury requiring CPR or other critical intervention	<input type="checkbox"/>
Major penetrating injuries to eyes, head, or body	<input type="checkbox"/>	Serious chemical or heat/cold exposure	<input type="checkbox"/>
Severe 3rd degree burns	<input type="checkbox"/>	Other:	<input type="checkbox"/>



2. 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

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

Sequence of Events

<p>What was happening leading up to the incident earlier or in previous days:</p> <ol style="list-style-type: none"> a. What work was underway? b. What control(s) was used/available or what PPE was worn? c. Was a risk assessment and/or written procedure available and followed? d. Was the person working alone? <p>Past supervised training included (procedures, equipment, etc.):</p> <p>What emergency procedures followed?</p>

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

<p>What happened and what factors immediately contributed?</p> <ol style="list-style-type: none"> a. Environmental/Surrounding conditions b. Procedures/Practices, or other activities in the space c. Availability/Functionality of necessary equipment

Persons Who Participated In the Investigation

Representative	Job Title	Other Persons	Job Title
Employer Representative (required)		Other	
Worker Representative (required)		Other	

Corrective Actions

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

➤ **ENTER INTO CAIRS WITHIN 48 HOURS:** https://www.cairs.ubc.ca/public_page.php



CONTRIBUTING FACTORS / CONDITIONS TOOL

3. EVALUATE FINDINGS AND DETERMINE DIRECT CAUSES

Task Related Causes	
<input type="checkbox"/> Lifting overhead	<input type="checkbox"/> Twisting the trunk
<input type="checkbox"/> Heavy load - Push	<input type="checkbox"/> Heavy load - Lift
<input type="checkbox"/> Awkward load to handle	<input type="checkbox"/> Heavy load - Pull
<input type="checkbox"/> Sharp edges on load	<input type="checkbox"/> Hot load
<input type="checkbox"/> Stooping	<input type="checkbox"/> Repetitive motion
<input type="checkbox"/> Incorrect tool	<input type="checkbox"/> Extended reach
<input type="checkbox"/> Procedures not followed	<input type="checkbox"/> Rushing
<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Lifting

Environment Related Causes	
<input type="checkbox"/> Variations in floor surface	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Wet / Slippery	<input type="checkbox"/> Cold / Hot
<input type="checkbox"/> Personal Protective Equipment restrictions	<input type="checkbox"/> Vision obstructed
<input type="checkbox"/> Noise	<input type="checkbox"/> Limited space / Constrained posture
<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Lighting

Organizational Related Causes	
<input type="checkbox"/> Excessive workload	<input type="checkbox"/> Poor communication
<input type="checkbox"/> Planning inadequate	<input type="checkbox"/> Job / Skill training inadequate
<input type="checkbox"/> Poor job design / work layout	<input type="checkbox"/> Staffing inadequate
<input type="checkbox"/> Previous condition not corrected/identified	<input type="checkbox"/> Standard Operating Procedures not available/inadequate
<input type="checkbox"/> Other (specify below)	

Equipment Related Causes	
<input type="checkbox"/> High force equipment	<input type="checkbox"/> Defective equipment
<input type="checkbox"/> Signage / Labeling inadequate	<input type="checkbox"/> Preventative maintenance / inspections inadequate
<input type="checkbox"/> Equipment vibration	<input type="checkbox"/> Material / Equipment failure
<input type="checkbox"/> Proper equipment unavailable/inadequate	<input type="checkbox"/> Incorrect equipment
<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Guarding inadequate

Human Related Causes	
<input type="checkbox"/> Knowledge / Skill / Experience lacking	<input type="checkbox"/> Illness
<input type="checkbox"/> Personal distraction	<input type="checkbox"/> Language difficulties
<input type="checkbox"/> Pre-existing condition	<input type="checkbox"/> Physical limitations (reach, height, etc.)
<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> Fatigue

➤ ENTER INTO CAIRS: https://www.cairs.ubc.ca/public_page.php



CORRECTIVE ACTION PLAN

4. 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

WHY did the event occur?

Evaluate findings and determine cause(s) that may result in a recurrence.

Corrective Actions

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

- **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:

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.	



UBC CENTRALIZED ACCIDENT / INCIDENT REPORTING SYSTEM (CAIRS) QUICK TIPS

