

# Employer Incident Investigation Report (EIIR)

Please refer to the companion **quick guide** for assistance completing the investigation and this form. Please attach a separate sheet if necessary

## 1. Employer's information

Employer's name (legal name and trade name)		Operating location number	WorkSafeBC account number
Employer's head office address			
City		Province	Postal code
Employer's representative's name	Email address		Phone number (include area code)

## 2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

## 3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## 4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

**An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.**

## 5. Report type (select all that apply) If this is a revised version of a previous report, please check here .

<input type="checkbox"/> <b>Preliminary Investigation Report</b> If requested only, provide a copy to WorkSafeBC.	<input type="checkbox"/> <b>Interim Corrective Action Report</b>	<input type="checkbox"/> <b>Full Investigation Report</b> <b>Must be provided to WorkSafeBC within 30 days*</b> Fax 1.866.240.1434	<input type="checkbox"/> <b>Full Corrective Action Report</b>
Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)
Officer's name		Date sent (yyyy-mm-dd)	

**6. Witnesses**

Last name	First name	Job title
a)		
b)		
c)		

**7. Other persons whose presence might be necessary for proper investigation**

Last name	First name	Job title
a)		
b)		

**8. Sequence of events that preceded the incident**

Required in Preliminary Report. Update in Full Report if necessary. Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or company management.

**9. Unsafe conditions, acts, or procedures that significantly contributed to the incident**

Required in all reports. Describe anything, or the absence of anything, that contributed to the hazard such as poor housekeeping or poor visibility, using equipment without guards, or the lack of safe work procedures.

**10. Nature of the serious injury (optional – complete only if there has been a serious injury)**

- |   |   |
|---|---|
| <input type="checkbox"/> Life threatening or resulting in loss of consciousness   | <input type="checkbox"/> Punctured lung or other serious respiratory condition          |
| <input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs | <input type="checkbox"/> Injury to internal organ or internal bleeding                  |
| <input type="checkbox"/> Major crush injuries                                     | <input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch    |
| <input type="checkbox"/> Major cut with severe bleeding                           | <input type="checkbox"/> Injury requiring CPR or other critical intervention            |
| <input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot    | <input type="checkbox"/> Diving illness such as decompression sickness or near drowning |
| <input type="checkbox"/> Major penetrating injuries to eye, head, or body         | <input type="checkbox"/> Serious chemical or heat/cold stress exposure                  |
| <input type="checkbox"/> Severe (third-degree) burns                              | <input type="checkbox"/> Other (specify)  |

**11. Brief description of the incident**

Required in Preliminary Report. Briefly, summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

**12. Corrective actions identified and taken to prevent recurrence of similar incidents**

<b>Action</b> (Required in Preliminary Report and Interim Corrective Action Report. Update in Full Report, if necessary.)	<b>Action assigned to</b> (name, job title, contact information)	<b>Expected completion date</b> (yyyy-mm-dd)	<b>Completed date</b> (yyyy-mm-dd)
a)			
b)			
c)			
d)			
e)			

**13. Explanation of blank areas on this Preliminary Report, if any**

If there are blank areas, describe the circumstances beyond your control that explain this lack of information.

**14. Persons who carried out or participated in the preliminary investigation**

<b>Representative</b>	<b>Name</b>	<b>Job title</b>	<b>Signature</b> (optional)	<b>Date signed</b> (yyyy-mm-dd)
Employer representative				
Worker representative				
Other				
Other				

**End of report**

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

**Note:** If this was a simple investigation and **all needed corrective actions have been completed within 48 hours**, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

Copies of **all** reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

**15. Determination of causes of incident**

Required in Full Report. Analyze the facts and circumstances of the incident to identify underlying factors that led to the incident. Underlying factors include factors that made the unsafe conditions, acts, or procedures in the Preliminary Report possible. Update items from section 9, if needed.

**16. Full description of the incident**

Required in Full Report. Use the brief description from the Preliminary Report and update it, if necessary.

**17. Additional corrective actions necessary to prevent recurrence of similar incidents**

<b>Additional corrective action</b> (Required in Full Report and Full Corrective Action Report.)	<b>Action assigned to</b> (name, job title, contact information)	<b>Expected completion date</b> (yyyy-mm-dd)	<b>Completed date</b> (yyyy-mm-dd)
a)			
b)			
c)			
d)			
e)			

**18. Persons who carried out or participated in the full investigation**

Representative	Name	Job title	Signature <small>(optional)</small>	Date signed <small>(yyyy-mm-dd)</small>
Employer representative				
Worker representative				
Other				
Other				

**19. Other relevant workplace parties**

Company name	Contact person and job title	Contact information or email address
a)		
b)		

**End of report**

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

**Ways to submit an Employer Incident Investigations Report (EIIR)**

Employers are required to submit full investigation reports to WorkSafeBC within 30 days of the incident. Do not submit a preliminary report unless you have been directed to by a WorkSafeBC officer. Copies of all reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

The easiest and most convenient way to submit your report is through your [online services account](#).

Once you have logged into your account, click on the "Health & Safety" tab and you will see a link to the "View or submit Employer Incident Investigation Report" tool.

Alternatively, you can [upload](#) this completed form to us or fax it to 604.276.3247 (toll-free at 1.866.240.1434) or send by mail to: WorkSafeBC, PO Box 5350 Stn Terminal, Vancouver, BC V6B 5L5.

Note that employers can request an extension from a WorkSafeBC officer if the full investigation cannot be completed within 30 days.