



# Incident Investigation Report

<b>Employer Name</b> Community Living Society	<b>Employer Number</b> 239298
<b>Employer Head Office Address</b> #300 - 5945 Kathleen Avenue, Burnaby, B.C. V5H 4J7	

## Incident Occurred

<b>Location where incident occurred</b>	
<b>Date</b> (yyyy-mm-dd)	<b>Time</b> a.m. <input type="checkbox"/>
	p.m. <input type="checkbox"/>

## Injured Person(s)

			For Office Use Only		
Last Name	First Name	Job Title	Age	Length of experience with this employer	Length of experience with this task/job
1)					
2)					

## Nature of Injury/Injuries

1)
2)

## Witnesses

Last Name	First Name	Address	Phone
1)			
2)			
3)			

## Incident Description

Briefly describe what happened, including the sequence of events preceding the incident. Attach additional information as necessary.

## Statement of Causes

List any unsafe conditions, acts, or procedures that in any manner contributed to the incident. Attach additional information as necessary.

## Corrective Actions Taken and Recommendations

Identify any corrective actions that have been taken and any recommended action that will be implemented to prevent similar incidents.

Corrective Action Taken	Action By Whom	Completed Action Date
1)		
2)		
3)		

Recommended Corrective Action	Action By Whom	Action By Date
1)		
2)		
3)		

## Updates to Documents Based on Incident (as necessary)

Care Plan has been updated .....  yes  no  
 Protocols/Safe Work Procedures have been updated or documented .....  yes  no  
 Risk Assessment(s) have been updated .....  yes  no

## Person(s) Conducting Investigation

Name	Signature	Coordinator	Other: Employee Services Assistant Coordinator JOHSC Member Director of Community Inclusion	Date