



UBC O CONTRACTOR INCIDENT/ACCIDENT REPORT

OKANAGAN

It is the responsibility of the Contractor's Safety Representative to investigate the incident and produce an Investigation Report within 3 working days of the incident or accident. For immediate reporting purposes, the UBC O Representative is to complete this page and distribute as follows:

- 1) Fax a copy to Health, Safety & Environment 250-807-9591
- 2) Fax a copy to Supply Management 250-807-9278
- 3) Provide a copy to the Contractor's Safety Representative
- 4) Post a copy at the work site along with Investigation Report*
- 5) Local Safety Committee along with Investigation Report*

1	Details of the Incident/Accident: <input type="radio"/> Time Loss (days off work) <input checked="" type="checkbox"/> Medical treatment (visit doctor, no days off work) <input checked="" type="checkbox"/> No medical treatment, no time loss			
Date & Time of Incident/Accident: (m/d/y) AM/PM		OR	Period of Exposure Resulting in Industrial Disease From: (m/d/y) To: (m/d/y)	Location of Accident (Bldg, Rm #)
Name of Person Completing Form:	Date and Time Reported: (y/m/d) AM/PM	Supervisor of worker involved: Name: Phone # Email:		Date and Time Reported to supervisor: (m/d/y) AM/PM
Company Name	Name of Prime Contractor if different from Company Name	Company Contact: Name: Phone # Email:	Site Foreman / Superintendent Name: Phone # Email:	
UBC O Project Manager Representative Name: Phone # Email:	Trades involved	Was First Aid Given? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of First Aid Attendant	
2	Describe fully what happened. If appropriate, include description of property damage. Attach additional information, diagrams or photos where possible.			
3	Comments or Suggestions to Prevent Recurrence			
4	Did the Contractor immediately** report this incident to the WCB Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/>			
<small>* Created and Distributed by Contractor's Safety Representative ** Under Part 3 Division 10 of the BC Occupational Health and Safety Regulations for serious incidents</small>				