



## BC 4-H Incident Investigation Report Directions and Interpretations

### Background

This report is completed as a follow-up for the BC 4-H Council. Information from this report provides valuable information on incident types, causes and trends. Information may be used for reporting incidents to the insurance carriers.

### Definitions

The 4-H coordination refers to the 4-H person who has the main responsibility for the 4-H event at which the incident occurred. This may be the 4-H Beef Sales committee chair, the 4-H leader, the 4-H program director, etc. The coordinator must contact their District Key Leader who has the responsibility of working with the coordinator to complete these forms.

The casualty refers to the person who received injuries.

### Directions for Completion

1. **CASUALTY DETAILS:** - This is the personal contact information. For minors it is necessary to also list a parent or guardian. In case of property damage - the casualty is the owner of the property.
2. **INCIDENT DETAILS:** - This section details the type of incident that has occurred. There are four outcomes that may result from an incident: First Aid, Medical Aid, Fatality, and/or Personal Property damage. Check one or more outcomes as applicable.
  - a. Description of incident - must include the following details
    - i. What happened (brief description of the events leading up to, during and following the incident)
    - ii. When did it occur (time of day)
    - iii. Who was involved (provide names, roles and positions if applicable)
    - iv. Why? (Based on details gathered why did the incident occur?)
  - b. Exact location of the Incident (nearest town, building, etc.)
  - c. Based on the incident, check boxes must be completed for all the sections that follow. These sections include:
    - i. Body parts injured. (Mark multiple boxes if appropriate and circle the primary injury)
    - ii. Nature of injury. (Mark one box only)
    - iii. Source of injury. (Mark one box only)
    - iv. Incident type. (Mark one box only)
    - v. Activity being performed at time of Incident. (Mark one box only)
    - vi. Casualty's experience in situation - less than 1 year, 1-4 years, 5 years or more.
3. **DIRECT CAUSES:**
  - a. Select the direct cause of the incident from the list of hazardous acts and hazardous conditions on the report. Mark multiple boxes if applicable. These are immediate indicators detailing why the incident occurred and are used to determine immediate actions that need to be implemented to ensure that the incident does not re-occur.
  - b. Immediate Corrective Action - What is being done to ensure this incident will not repeat itself? By whom, by when?
4. **CONTRIBUTING FACTORS**
  - a. Mark multiple boxes if applicable. These represent underlying indicators detailing why an incident occurred and are used when the 4-H program needs to implement long-term corrective actions.
    - i. Physical Capabilities - the person may not have been strong enough to lift certain materials
    - ii. Physical Stress - Being overtired
    - iii. Mental Stress - a person may lack confidence in performing certain tasks
    - iv. Behaviour - horseplay or practical jokes
    - v. Knowledge/Skill - lack of training for the activity undertaken
    - vi. Leadership/Supervision - lack of immediate supervision or miscommunication of instructors
    - vii. Engineering - the manner in which something was designed or manufactured
    - viii. Equipment - the wrong type of equipment used for the task
    - ix. Maintenance - improper servicing or lack of needed repairs.
    - x. Other - a contributing factor other than those noted - please provide an explanation
  - b. Long Term Preventative Actions - What should be done to ensure this type of incident does not repeat itself?
  - c. Have notification requirements been met? - Have you contacted the BC 4-H office.
5. **WITNESSES**
  - a. Be sure to write down the names and contact information of at least three witnesses. If possible, have the witnesses write down what they saw happen and attach to this report.
  - b. Have the injured person, or their guardian write down their statement as to what occurred. This must be signed and dated.
6. **DISTRIBUTION**

The original report must be forwarded to the BC 4-H office. PO Box 490, Enderby, BC, V0E 1V0.

## 1. Casualty Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Status \_\_\_\_\_  
Address \_\_\_\_\_  Member  Leader  
Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_  Volunteer  Other  
4-H Club Name \_\_\_\_\_  
4-H Activity \_\_\_\_\_ Primary Contact for Activity  
Name \_\_\_\_\_ Phone \_\_\_\_\_

## 2. INCIDENT DETAILS

First Aid  Medical Ambulance/  
Hospital Aid  Fatality  Personal Property Damage

Date/Time Incident Occurred \_\_\_\_\_ Date/Time Incident Reported \_\_\_\_\_ Reported to: \_\_\_\_\_ Reported by: \_\_\_\_\_  
MM DD YYYY 24-Hour Clock MM DD YYYY 24 Hour Clock

Description of Incident or Illness

Exact Location of Incident (nearest town/village, building, floor, address)

Is a claim being made to the 4-H Insurance Policy?  Yes  No

Body Part Injured (Mark multiple boxes if appropriate and **circle** the PRIMARY injury) *Do not complete for Personal Property Damage.*

<input type="checkbox"/> abdomen	<input type="checkbox"/> buttocks/tailbone	<input type="checkbox"/> eye(s)	<input type="checkbox"/> groin	<input type="checkbox"/> internal	<input type="checkbox"/> neck	<input type="checkbox"/> undetermined
<input type="checkbox"/> ankles	<input type="checkbox"/> chest/ribs	<input type="checkbox"/> face	<input type="checkbox"/> hand(s)	<input type="checkbox"/> knee(s)	<input type="checkbox"/> shoulder(s)	medical
<input type="checkbox"/> arm(s)	<input type="checkbox"/> ear(s)	<input type="checkbox"/> finger(s)	<input type="checkbox"/> head	<input type="checkbox"/> leg(s)	<input type="checkbox"/> toe(s)	
<input type="checkbox"/> back	<input type="checkbox"/> elbow(s)	<input type="checkbox"/> foot/feet	<input type="checkbox"/> hip(s)	<input type="checkbox"/> lungs	<input type="checkbox"/> wrist(s)	

Nature of Injury/Illness (Mark one box only) *Do not complete for Personal Property Damage.*

<input type="checkbox"/> multiple injuries, Or:	<input type="checkbox"/> disease	<input type="checkbox"/> heat stress	<input type="checkbox"/> skin condition
<input type="checkbox"/> abrasion	<input type="checkbox"/> electric shock	<input type="checkbox"/> hernia	<input type="checkbox"/> sprain (joints)
<input type="checkbox"/> allergic reaction	<input type="checkbox"/> emotional/psychological	<input type="checkbox"/> hypothermia	<input type="checkbox"/> strain (muscles)
<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body - eye	<input type="checkbox"/> incision/cut	<input type="checkbox"/> tooth damage
<input type="checkbox"/> bruise	<input type="checkbox"/> fracture	<input type="checkbox"/> poisoned	<input type="checkbox"/> welding flash irritation
<input type="checkbox"/> burn	<input type="checkbox"/> frostbite	<input type="checkbox"/> puncture	<input type="checkbox"/> whiplash
<input type="checkbox"/> concussion	<input type="checkbox"/> hearing loss	<input type="checkbox"/> respiratory	<input type="checkbox"/> undetermined medical other _____

Source of Injury (Mark one box only) *Do not complete for Personal Property Damage.*

<input type="checkbox"/> animal/insect	<input type="checkbox"/> facility/furnishings	<input type="checkbox"/> machinery type:	<input type="checkbox"/> vegetation
<input type="checkbox"/> body mechanics	<input type="checkbox"/> ground/floor/terrain	<input type="checkbox"/> materials/objects:	<input type="checkbox"/> vehicle type:
<input type="checkbox"/> chemical substance	<input type="checkbox"/> human (client)	<input type="checkbox"/> over exertion	<input type="checkbox"/> other: _____
<input type="checkbox"/> climatic condition	<input type="checkbox"/> human (non-client)	<input type="checkbox"/> personal lifts/elevators	
<input type="checkbox"/> computer use	<input type="checkbox"/> lifting	<input type="checkbox"/> tools type:	

Incident Type (Mark one box only)

<input type="checkbox"/> bites/stings	<input type="checkbox"/> contact extreme temperature	<input type="checkbox"/> noise exposure	<input type="checkbox"/> struck against
<input type="checkbox"/> bodily reaction	<input type="checkbox"/> exposure to harmful substance	<input type="checkbox"/> penetrated	<input type="checkbox"/> struck by
<input type="checkbox"/> caught in/under/between	<input type="checkbox"/> fall from elevation	<input type="checkbox"/> radiation	<input type="checkbox"/> vehicles
<input type="checkbox"/> contact with electrical current	<input type="checkbox"/> fall-on same level	<input type="checkbox"/> rubbed/scraped	<input type="checkbox"/> verbal/physical assault

**Activity Being Performed at Time of Incident (Mark one box only)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> working with project animal       | <input type="checkbox"/> food services          | <input type="checkbox"/> driving              | <input type="checkbox"/> recreational games  |
| <input type="checkbox"/> showing project animal            | <input type="checkbox"/> hand tools             | <input type="checkbox"/> travel (non-driving) | <input type="checkbox"/> 4-H social activity |
| <input type="checkbox"/> working with project (non animal) | <input type="checkbox"/> power tools            | <input type="checkbox"/> maintenance/repair   | <input type="checkbox"/> sporting Activity   |
| <input type="checkbox"/> trail riding                      | <input type="checkbox"/> inspection/enforcement | <input type="checkbox"/> materials handling   | <input type="checkbox"/> other: _____        |
| <input type="checkbox"/> highway cleanup                   | <input type="checkbox"/> instruction/training   | <input type="checkbox"/> office work          |  |

**Injured/involved experience in 4-H activity**     Less than 1 year     More than 1 year

**3. DIRECT CAUSES - Select all that apply.**

**Hazardous Acts**

- |   |  |
|---|--|
| <input type="checkbox"/> failure to follow procedure                        | <input type="checkbox"/> removing safety devices |
| <input type="checkbox"/> failure to use Personal Protective Equipment (PPE) | <input type="checkbox"/> use defective equipment |
| <input type="checkbox"/> failure to warn/secure                             | <input type="checkbox"/> violence threats        |
| <input type="checkbox"/> improper lifting                                   | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> operate at improper speed                          | <input type="checkbox"/> Other _____             |

**Hazardous Conditions**

- |  |  |
|--|--|
| <input type="checkbox"/> chemical/biohazards                   | <input type="checkbox"/> noise             |
| <input type="checkbox"/> defective tools, equipment, materials | <input type="checkbox"/> poor housekeeping |
| <input type="checkbox"/> inadequate/improper guards/barriers   | <input type="checkbox"/> poor visibility   |
| <input type="checkbox"/> inadequate/improper PPE               | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> inadequate or improper procedures     | <input type="checkbox"/> Other _____       |

**Had a Hazard Assessment been completed for the activity being done?**     Yes     No

**Immediate Corrective Action**

1)	<i>By whom:</i>	MM	DD	YYYY
	<i>By when?</i>			
2)	<i>By whom:</i>	MM	DD	YYYY
	<i>By when?</i>			

**4. Contributing Factors - Select all that apply.**

- |  |   |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> physical capability | <input type="checkbox"/> behaviours             | <input type="checkbox"/> engineering | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> physical stress     | <input type="checkbox"/> knowledge/skill        | <input type="checkbox"/> purchasing  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> mental stress       | <input type="checkbox"/> leadership/supervision | <input type="checkbox"/> maintenance | <input type="checkbox"/> Other _____ |

**Long Term Preventative Action(s)**

1)	<i>By whom:</i>	MM	DD	YYYY
	<i>By when?</i>			
2)	<i>By whom:</i>	MM	DD	YYYY
	<i>By when?</i>			

**Have notification requirements been completed?**     Yes     No

BC 4-H Representative    Phone No.:

Signature:    Date:

**INJURED/INVOLVED PARTY'S STATEMENT / statement from parent/legal guardian (attach additional pages if necessary)**

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

<b>Witnesses:</b>	
Name: _____	Contact: _____
Name: _____	Contact: _____
Name: _____	Contact: _____
<b>Has this condition developed over time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is this a recurrence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If this is a recurrence of a previous injury, please indicate the nature of and previous date(s) of the previous injuries.</b>	Previous injuries 1) 2)
Previous date(s): MM DD YYYY	
<b>Signature:</b> _____ <b>Date:</b> _____	
<b>6. TO BE COMPLETED BY THE 4-H COORDINATOR IN CHARGE OF THE ACTIVITY OR BY THE DISTRICT KEY LEADER</b>	
<b>I agree that immediate Corrective Actions and Long Term Preventative Actions are reasonable.</b> <b>I will assist in preventing a reoccurrence of this type of incident.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What measures (if any) could be implemented to ensure this incident does not re-occur?</b> <b>If additional actions are necessary, identify for completion.</b>	
<i>By whom:</i>	
<i>By when:</i> MM DD YYYY	
<b>Signature:</b> _____ <b>Date:</b> _____	

The information gathered on the BC 4-H Incident Investigation Report is collected in compliance with the Occupational Health and Safety Act and under the provisions of the Freedom of Information and Protection of Privacy Act and will be used only for purposes indicated therein.