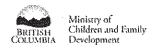
# JOINT UNION-MANAGEMENT ACCIDENT INVESTIGATION REPORT

Ministry of Children and Family Development, Prince George Youth Custody Services, 1211 Gunn Road, Prince George.

1.	Worker's name:	s.22					
	Address: s.22						
	Prince Geo	orge BC	Postal	Code: s.22			
	Telephone: S.22						
	Classification: You	uth Supervisor	<b>Employee</b> N	No.			
2.	Location and addr V2N 4P2 Perime		occurred:	PGYCS 12	211 Gunn R	Road, Princ	ce George, BC
	Accident/Incident of	date: <u>2011</u> Year	05 Month	12 Time	e: <u>2350</u>	pm □	am □
3.	Notification of acci	dent/incident: 201 Year		12 Time: Day	<u>2350</u>	pm □	am □
4.	Names, addresses	and telephone nun	nbers of witr	iesses:			
	(a) None						
	(b)						
	(c)						
5.	Brief description of s.22 was briefly pathe perimeter fences recent bear sighting Officer opened gate partway through the breaches in the fence path. s.22 wopen the gate.	pinned by sliding gass. At sliding gate 3 g in the vicinity and a 3 approximately 12 e open gate to observe. The Control Offi	the 3 s.22 the control of advised s.22 inches to enve the ball fiver closed the state of the sta	was doir fficer advise not to asure the gate eld fence from the gate unawa	a a security d s.22 go through e was function m a distance are that s.22	that there gate 3. The oning. s.22	foot checking had been a he Control walked or any obvious s in the gates
6.	Injury analysis:						
	☐ Head	□ Legs	□ Wound	ls	□ Burns		□ Eyes
	☐ Strain/sprain	☐ Hands	□ Foreig	n body	□ Trunk		□ Feet
	☐ Hernia	☐ Fracture	□ Arms		□ Intern	al	□ Other
	Describe if other:	Left shoulder, left	arm, back,	neck_			

7.	Sequence of events which preceded the accident/incident:
	As described above
8.	After reviewing accident/incident investigation worksheets, list:
	(i) The essential links: Unclear communication between \$5.22 and the Control Officer
	(ii) The contributing factors: Perimeter camera used to view gate 3 was obscured with
	condensation and <sup>S.22</sup> was not visible to the Control Officer
0	December of competing action (a) to appropriate incidentalization of the original action (a) to appropriate incidentalization of the original action (b) to appropriate incidentalization of the original action (b) to appropriate incidentalization of the original action (c) to appropriate incidentalization (c) to appropriate inciden
9.	Recommend corrective action (s) to prevent similar accidents/incidents. (If investigators cannot reach a consensus, please report separate recommendations.)
	1. Install signage on both sides of the three sliding gates indicating "caution, remotely
	operated motorized gate stand back 10 feet. Foot traffic use man gate".
	2. Implement policy that staff on foot will use man gates for transition through fences.
	Sliding gates will be used for vehicle traffic only.
	3. Email reminding staff to report all security equipment deficiencies immediately.
10.	Date report completed: 2011 Year Month day
OC	CUPATIONAL HEALTH & SAFETY COMMITTEE INVESTIGATORS
oc	Employer Committee Representative B.C.G.E.U. Committee Representative
	signature signature
	Name: Roy Vlake Name: Jim Arnold
	Classification: <u>BCGEU Youth Supervisor</u> Classification: <u>Employer ML4</u>
	Discuss report at next Occupational Health & Safety Committee meeting.
	KEEP ORIGINAL AND FORWARD COPY TO: Ministry Designate, B.C.G.E.U. Office, WCB
	201 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence	Date Reported			
Exact Location of Incident COURTYARD	Time 1030 (select)	Reported to: (name) HELANIE SAUVE			
Directly Affected Person's Name 1) s.22 2) 2) 2) 3) 4) 4) 5)  Employee ID # 1) s.22 2) 4) 5)	Position (e.g. Social Worker, et 1) YOUTH SUPERVISOR 2) 3) 4) 5)				
Incident:       ☑ Injury or Illness;       ☐ Near Miss;       ☐ Spill/Release;       ☐ Chem. Exposure;       ☐ Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       ☐ Violence (threat, assault);       ☐ Theft (Estimated Cost : \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):					
Severity of Injury, Illness or Incident:  No Physical Injury;  First Aid only (OFA phone # - );  Medical Treatment (Dr., clinic, ambulance);  Time Loss (not including day of injury); # of days loss					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT SHOULDER					
	Witnesses (Attach statements i				
Object/equipment/substance inflicting injury or damag	*	( )			
	3)	( )			
Description of incident (Who, What, Where, When,					
while daying Joetball strained his	with the youth, ( light shoulder.	Jouth Supervion			
DESCRIPTION					
Immediate Basic Cause(s): (What triggered event-	e.g. fall from height, caught in machinery	/, child removal etc.)			

	Δ .				
ANALYSIS	1) throwing a footbal 2) 3) Underlying Cause and Contributing Fa work procedures; poor lighting; defective  1) Shatching, wasm 2) 3) 4)	ctors: (What allowed the trigger to equipment or tools; working alone	exist – e.ç lack of ori	g. inadequate training entation; noise etc.)	, supervision or
	5)				
	Recommended Control, Corrective Me				Date to be
	(goal is to prevent/minimize re-occurre		Action By	**	Completed By: 1)
	moper succoung	ma in oh wirdt			2) 3)
	1) proper stretching 2) up prior to engage 3) activities with th	e nouth	OFA Pho	ne # (for First Aids)	4) 5)
	4)	90000			6)
	5)				
NOI	6)			Handle by the state of the stat	
PREVENTION	Additional Comment or Observations.	Where applicable, give details of	makes and	models of machines,	equipment, tools,
'RE\	structures etc. involved in this incident.				
Ü.					
	Investigated By: HELANIE SAUVE	Phone #: 250 - 708 - 2202		Occupation: SUPERVISOR OF	STAFFING
	Investigated By: ARISTIAN TAUER	Phone #:	24	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represent	tative		/ 201-
	C. Jacux	Milland Sau	<u> </u>	01/10	12010
	Reviewed By:	Date: 2010 - 10 - 01		Comments:	
Min Kee	* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.  Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or				
LOC	ai Bugeu area office; (4) Locai vvorksateb	ου υπισε ir a iost time injury, nad p	otentiai 101	senous injury, requir	eu meuicai aiu, or

if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



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Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence	Date Reported			
Exact Location of Incident ADMISSIONS, 94 TALCOTT RD.	Time () (ØŽÓ (select)	Reported to: (name) HELANIE SAUVE			
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1,5.22 2) 3) 4) 5)			
Incident:       ✓ Injury or Illness;       Near Miss;       Spill/Release;       Chem. Exposure;       Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       Violence (threat, assault);       ☐ Theft (Estimated Cost : \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):					
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - ); Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); # of days loss					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
	Witnesses (Attach statements if appl 1) ON CAMERA	olicable) Phone #			
Object/equipment/substance inflicting injury or damage	2)	( )			
	3)	( )			
Description of incident (Who, What, Where, When, Why)					
youth Supervisor walked	on pushly mapped	I floor			
and slipped youth Ju	pervisor fell and	injued			
youth Supervisor walked and slipped. Youth Sur	d elbow.	3			
DESCRIP					
DE					
Immediate Basic Cause(s): (What triggered event- e.g. fa	I from height, caught in machinery, chi	ld removal etc.)			

ANALYSIS	1) wed floor 2) 3)  Underlying Cause and Contributing Fawork procedures; poor lighting; defective  1) Youth Supervivor W 2) Signage was personal and	equipment or tools; working alone	; lack of orientatio	on; noise etc.)	\(\)
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurred)  1) Remark Staff to be 2)  3)  4)	ance of accidentlineident).	Action By:  OFA Phone # (f	Date to be Completed By:  1) 2) 3) for First Aids) 4) 5) 6)	
PREVENTION	5) 6) Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	makes and model	ls of machines, equipment, tools	;,
	Investigated By:  Investigated By:  Investigated By:  INVESTIAN HALLER  Signature of Workers' Representative	Phone #:  Phone #:  250 - 708 222  Signature of Employer Represen  All Warus Sauce	dative Sulpate:	pation: PERVISOR OF STAFFING pation: C.O. OI.09.2010	
	Reviewed By:	Date:	Comr	ments:	
* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.  Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.  Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.  This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!					



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Min	nistry of Children and Family Development gional Tracking Number:	Date of Occurrence  Ququs   147H	Date Reported  AUGUST 14TH			
Exa	TRANSPORT IN VEHICLE	Time (select)	Reported to: (name)			
	ectiv Affected Person's Name  Employee ID # 1) s.22 2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOU'H SUPERVISOR  2) YOU'H SUPERVISOR  3)  4)  5)	Phone # 1/s.22 2/, 3) 4) 5)			
Inci	Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction         ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost : \$ )         ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	Severity of Injury, Illness or Incident:  ☐ No Physical Injury; ☐ First Aid only (OFA phone # - );  ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury); # of days loss					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, har internal injury etc.)						
Ð	EXPOSURE / DI SEASE					
		Witnesses (Attach statements if and 1) s.15, s.22	nlicahla) Phone #			
Obj	ect/equipment/substance inflicting injury or damage	2)	( )			
		3)	( )			
	Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)			
	Both youth Supervisors exerted t	the refugees to anoth	er Centre.			
	Clouth Gipennians were contin	ed in a small spa	ce; vehicle			
z	Lor a 4 hour transport Re	Jugees were very il	I and Youth			
PTION	Supervisors were not equi	ped with masks	J\ { <b>\Q</b> F. \\			
DESCRII	North Supervisors did mot h					
Jouth Supervisors did mot have adequate supplies such as water, cups on everyone and jood.						
		No filling a control of the control	AND			
	Immediate Basic Cause(s): (What triggered event- e.g. fall	l from height, caught in machinery, ch	ild removal etc.)			

ANALYSIS	1) Confined in an encl 2) 3) Underlying Cause and Contributing Fawork procedures; poor lighting; defective 1) lack of protective s 2) lack of protective s 3) Contributed to deli	actors: (What allowed the trigger to	o exist – e.g. inadequate training			
	4) 5)					
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By:	Date to be Completed By:		
PREVENTION	1) clear, proximial p 2) processes for the	olicy and detainment refugees. ional to accompare smpany the transpoi	OFA Phone # (for First Aids)	1) 2) 3) 4) 5) 6)		
	Investigated By: MELANIE SAUVE	Phone #: 250 · 708 - 220	Occupation:	2570111250		
	Investigated By://	Phone #: 250 · 708 · 220	Occupation:	PEKVISOK		
	Signature of Workers' Representative  Signature of Employer Represent  Admit Support S		tative Date: C= /co	3/2010		
	Reviewed By:	Date:	Comments:			
Mini	* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.					
Loca	Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.					
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	1) physical restrain	nd				
	2)					
	3)					
	Underlying Cause and Contributing F work procedures; poor lighting; defective				, supervision or	
SIS	1) no contributing	Jactors				
ANALYSIS	2)					
A	3)					
	4)					
	5)					
				•		
	Recommended Control, Corrective M (goal is to prevent/minimize re-occurr		Action By	r:	Date to be Completed By:	
	" no recommen dat	ions			1) 2)	
	2)		OFA Pho	ne # (for First Aids)	3) 4)	
	3)				5) 6)	
	4)		***************************************		,	
Z	5)					
PREVENTION	6) Additional Comment or Observations	Where applicable, give details of	makes and	models of machines	equipment tools	
₹EVE	<b>Additional Comment or Observations</b> . Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.					
P						
	Investigated By:	Phone #: 250 - 708 - 2702		Occupation:	C CTACELLIC	
:	MELANIE SAUVE	I Phone #:		SUPERVISOR COccupation:	x ZIALLIMO	
	Signature of Workers' Representative	Signature of Employer Represen	tative	B-4 /	6	
	1- Genel	allelanie Sam	<u> </u>	Date: 15 /0	3/2010	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reviewed By:	Date: Sept. 14.10		Comments:		
* if I	ATAL, ensure employer has contact the	local WorkSafeBC Office as per W0	CB Act #172	2 (1)(a), local BCGEL	Joffice, BCPSA	
	* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.					
Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or						
	if requested.  Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.					
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	nistry of Children and Family Development gional Tracking Number:	Date of Occurrence	Date Reported			
Exa	act Location of Incident (OURTYARD	Time (730) (select)	Reported to: (name) MELANIE SAUVE			
Dire 1) S 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  27 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phora# 1) <sup>s.22</sup> 2) 3) 4) 5)			
Inc	Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	verity of Injury, Illness or Incident: ☐ No Physical Injury; ☑ First Aid only (OFA pho ☑ Medical Treatment (Dr., clinic, ambulance); ☑	one # - ); 1 Time Loss (not including day of i	injury); <sup>3</sup> # of days loss			
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)						
	BRUISE	LEFT KNEE				
	Witnesses (Attach statements if applicable) Phone # 1) s.15, s.22					
Obj	ect/equipment/substance inflicting injury or damage	2)	( )			
		3)	( )			
	Description of incident (Who, What, Where, When, Why)					
DESCRIPTION	while physically restraining s.22 Eripped over another Supervisor gavel myuring hus knew and ward was a fellowed and see fell					
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)			



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Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence Date Reported				
Exact Location of Incident	Time (select)	Reported to: (name)			
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost : \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☑ First Aid only (OFA phone # - );  ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury); # of days loss					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  NECK STRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
Witnesses (Attach statements if applicable) Phone # 1) s.15, s.22					
Object/equipment/substance inflicting injury or damage	2) 3)	( )			
Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)			
While physically restrain were engaged in a physically Supervisor st					
Immediate Basic Cause(s): (What triggered event- e.g. fa	ll from height, caught in machinery, ch	ild removal etc.)			

	1) physical altercati	ion between two	young people.			
	2)					
	3)					
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective			g, supervision or		
S	1) no underlying ca					
ANALYSIS	(2)					
A A A	3)					
	4)					
	5)					
	<i>O</i> ,					
	Recommended Control, Corrective Me			Date to be		
	(goal is to prevent/minimize re-occurre		Action By:	Completed By:		
	1) MO ACCOMMONDACTIONS			2) 3)		
	3)		OFA Phone # (for First Aids)	4) 5)		
				6)		
	4)					
N <sub>O</sub>	5)					
PREVENTION	6)  Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools,					
REVI	structures etc. involved in this incident.					
Б						
	Investigated By:	Phone #: 250 - 708 - 220	Occupation:	CSTAFEINA		
	MELANIE SAUVE Investigated By:	Phone #:	Occupation:			
	Signature of Workers' Representative	# 108 222 Signature of Employer Represent	tative C. O	a·		
	Chain	Molanie Ser	Tative Date: 01/09/	2010		
	Reviewed By:	Date:	Comments:			
* if I	-ATAL ansura amployer has contact the le	ncal WorkSafeRC Office as ner WC	R Act #172 (1)(a) Incal BCGE	Loffice BCPSA		
* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.						
Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3)						
	Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.					
T	Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.  This form is considered confidential once it has been completed. If you have received a completed form in					
	error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!					



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Ministry of Children and Family Development Regional Tracking Number:		Date of Occurrence	Date Reported AUG.15			
Exact Location	on of Incident UNIT 4	Time \204 (select)	Reported to: (name) HIKE HAX PHEE			
Directly Affect 1) \$.22 2) 3) 4) 5)	ted Person's Name Employee ID #  2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
N	Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Severity of Injury, Illness or Incident:  No Physical Injury;  First Aid only (OFA phone # - );  Medical Treatment (Dr., clinic, ambulance);  Time Loss (not including day of injury);  # of days loss						
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)						
SPRAINED ANKLE, ENUTIONAL DISTRESS RIGHT ANKLE			1			
	Witnesses (Δttach statements if annlicable) Phone # 1) s.15, s.22					
Object/equip	ment/substance inflicting injury or damage	2)	( )			
		3)	( )			
Descript	ion of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)			
DESCRIPTION DESCRIPTION PLOC	le physically restraining a had to deflect two Joen. The leichs were directly however youth year by one Jook strike. Le ded to physically it son.	of leich's from and ched as the young Supervisor 5.22 Gouth Supervisor estrain the kicki	person bung was n°° young			
Immedia	te Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)			

ANALYSIS	1) physical altered 2) 3) Underlying Cause and Contributing Fawork procedures; poor lighting; defective 1) 2) 3) 4) 5)		o exist – e.	g. inadequate training	young plop, supervision or
PREVENTION	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurred)  1) Applying to occur 2) Other metaleness. 3) Remarked Shift all 5. 4) 5) 6) Additional Comment or Observations. structures etc. involved in this incident.	ence of accident/incident):  UMMINI DIATELY  Superison for faiff are ok		one # (for First Aids)	Date to be Completed By:  1) 2) 3) 4) 5) 6)
Mini Kee Loc	Investigated By:  Investigated By:  Investigated By:  Investigated By:  Signature of Workers' Representative  Reviewed By:  FATAL, ensure employer has contact the logister's office and your Human Resources Department of the Companies of the Com	epartment. oleted report to: (1) Regional OSH BC Office if a lost time injury, had p	tative  GB Act #17  Advisor; (2	Date: 0/09 Comments:  2 (1)(a), local BCGEU Local JOSH Commits r serious injury, require	PFING  2010  Joffice, BCPSA  ttee Co-Chairs; (3)
Locatif re	al BCGEU area office; (4) Local WorkSafel quested.	BC Office if a lost time injury, had pobtained by contacting your Region once it has been completed.	potential fo nal OSH Ac <i>If you ha</i>	r serious injury, requir dvisor or the BCGEU. Eve received a com	ed medical aid, or pleted form in



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

	nistry of Children and Family Development gional Tracking Number:	Date of Occurrence	Date Reported AUG . 03 - 2010				
	act Location of Incident Dutside of Stores by eaged area	Time (select)	Reported to: (name) HELANIE SAUVE				
		2) 3) 4)	Phone # 1)s.22 2) 3) 4) 5)				
Inc	ident: Injury or Illness; Injury or Illness; Injury or Illness; Injury or Illness; Index Miss; Index Spill/Releating Motor Vehicle; Index Ergonomic; Index Violence (Index Fire; Index Air Quality (IAQ); Index Air Quality (IAQ); Index I	threat, assault); 🔲 Theft (Estima	ited Cost : \$ )				
Se	Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - ); Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); # of days loss						
sen	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Strained back (right lat)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  back						
Witnesses (Attach statements if applicable) 1)  Object/equipment/substance inflicting injury or damage 2)							
٦	Filing cabinet I dolly  Description of incident (Who, What, Where, When, Why)	Employees Account (be as specific a	( )				
At approximately 08:00 A.M. I was trying to load a filing cabinet anto a dolly. I was pushing the dolly underneath the filing cabinet and attempting to pull the cabinet toward me with my right arm. I fel a tearing / pulling sensation in my right lat. This was fairly painful and it even hurt to take a deep breath. It feels better now and it is 11:30 hrs.							
	Immediate Basic Cause(s): (What triggered event- e.g. fall	from neight, caught in machinery, chi	ia removal etc.)				

	1)					
	2)					
	3)					
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	equipment or tools;	working alone; l	exist – e.g. inac ack of orientati	fequate training on; noise etc.)	j, supervision or
SIS	1) Working alone. Sho	ould have	QO+s.22	to	load it	for me.
ANALYSIS	2)	•	لي			
Ă	3)					
	4)					
	5)					
	Recommended Control, Corrective Me	asures or Treatmer	nt Provided			Date to be
	(goal is to prevent/minimize re-occurre	ence of accident/inc	cident):	Action By:		Completed By: 1)
	1) Ask for help when	n currying	grocialing			2) 3)
	2) heavy items.			OFA Phone # (	(for First Aids)	4)
	3)					5) 6)
	4)					
z	5)					
PREVENTION	6)				-1 <i></i>	
KEN	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, g	jive details of m	akes and mode	es of machines	, equipment, tools,
PRE						
		Di#.		1000		
	Investigated By MELANIE SAUVE	Phone #: 250 - 7	708-2702	Si	upation: UPEKVISOR (	OF STAFFING
	Investigated By:	Phone #:	708-222	1 000	upation:	Ţ.
	Signature of Workers' Representative	Signature of Emplo	yer Representa	itive Date	 •	1 com 101
	- Clame	1 alf Dani	e Jam		AUG .03 -	2010/2010
	Reviewed By:	Date:		Com	ments:	
	FATAL, ensure employer has contact the lo ister's office and your Human Resources D		fice as per WCE	3 Act #172 (1)(a	a), local BCGEU	J office, BCPSA
Kee	p Original and Forward a copy of the comp	oleted report to: (1) R	egional OSH A	dvisor; (2) Loca	ıl JOSH Commi	ittee Co-Chairs; (3)
	al BCGEU area office; (4) Local WorkSafeE quested.	3C Office if a lost tim	e injury, had po	tential for serio	us injury, requir	red medical aid, or
	Further assistance can be o					
	his form is considered confidential of					



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence JUNE 25	Date Reported JUNE 25			
Exact Location of Incident UNIT 1,94 TALCOTT RD., VICTORIA	Time (select) 1415	Reported to: (name) MIKE YAGER			
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPPRUISOR  2)  3)  4)  5)	Phone # 1) <sup>s.22</sup> 2) 3) 4) 5)			
Incident:       ☐ Injury or Illness;       ☐ Near Miss;       ☐ Spill/Release;       ☐ Chem. Exposure;       ☐ Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       ☑ Violence (threat, assault);       ☐ Theft (Estimated Cost : \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):					
Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid only (OFA phone # - ); ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury); # of days loss					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
	Witnesses (Attach statements if and 1) s.15, s.22	olicable) Phone #			
Object/equipment/substance inflicting injury or damage	2)	( )			
	3)	( )			
Description of incident (Who, What, Where, When, Why)					
The above mentioned youth Su	pervisor found moles	dispersed in the			
donicted have the shired use	e wallen bya a	Leng and			
living unid. The notes were written by a client and depicted how the client would "capture" the youth Supervisor reported Usese threats to the Jenier Houth Supervisor and Director.					
S.79 YCJA					
Immediate Basic Cause(s): (What triggered event- e.g. fa	I from height, caught in machinery, chi	ld removal etc.)			

		۸ , ۸		
	1) work environment, 2) offenders. 3)			
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	equipment or tools; working alon	to exist – e.g. inadequate trail e; lack of orientation; noise et	c.)
ANALYSIS		uences for chall		
₹	3)			
	4)			
	5)			
•	Recommended Control, Corrective Me	easures or Treatment Provided		Date to be
	(goal is to prevent/minimize re-occurre s.15, s.79 YCJA		Action By:	Completed By:
	5.15, 5.79 TOJA		HIKE HACPHEE	1) June 27
			OFA Phone # (for First Aid	(s) (3) (4)
				5) 6)
	•			
				No. of the control of
PREVENTION				
VEN	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	f makes and models of machi	nes, equipment, tools,
2RE	Structures etc. Involved in this incident.			
	Investigated By: HELANIE SAUVE	Phone #: 250 - 708 - 220	Occupation: $\gamma_0$	outh Supervisor
	Investigated by:	Phone #: 250 200 -	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represe	229 ntative	
	( lager	1 11	Doto:	9/2010
	Reviewed By:	Date: 111111914 2	OIO Comments:	
		7,000	010	
	FATAL, ensure employer has contact the loster's office and your Human Resources D		/CB Act #172 (1)(a), local BC0	GEU office, BCPSA
Loc	p Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafet quested.	oleted report to: (1) Regional OSH BC Office if a lost time injury, had	Advisor; (2) Local JOSH Cor potential for serious injury, re	nmittee Co-Chairs; (3) quired medical aid, or
	Further assistance can be o	obtained by contacting your Regio		
	his form is considered confidential ( rror please forward it to your Region			



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Ministry of Children and Family Development Regional Tracking Number:		Date of Occurrence AV6.01 2010	Date Reported			
Exa	ct Location of Incident UNIT 4	Time (select) 2020	Reported to: (name) RICK HARCHESE			
Directly Affected Person's Name		Position (e.g. Social Worker, etc.) 1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phone # 1) s.22 2) 3) 4) 5)			
Inci	Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost:\$) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Severity of Injury, Illness or Incident:  No Physical Injury;  First Aid only (OFA phone # - );  Medical Treatment (Dr., clinic, ambulance);  Time Loss (not including day of injury); # of days loss						
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  TORN LIGAMENT  Body Part(s) Injured or affected (e.g. arm, foot, hand, back internal injury etc.)  RIGHT BICEP						
			olicable) Phone #			
Obj	ect/equipment/substance inflicting injury or damage	2) 3)	( )			
	Description of incident (Who, What, Where, When, Why)	– Employees Account (be as specific	as possible with names etc)			
DESCRIPTION	While physically restraini Supervisor s.22 unju	ng a young person	. Youth			
	Immediate Basic Cause(s): (What triggered event- e.g. fall	I from height, caught in machinery, ch	ild removal etc.)			

	6		**	0 0.1	
ANALYSIS	1) two youth while 2) 3) Underlying Cause and Contributing Fawork procedures; poor lighting; defective 1) There was no world 2) 3) 4) 5)	actors: (What allowed the trigger to equipment or tools; working alone	exist – e.ç ; lack of ori	g. inadequate training ientation; noise etc.)	
	Recommended Control, Corrective Me	easures or Treatment Provided	4 5		Date to be
PREVENTION	1) MC ALCOMMUM Control 2) 3) 4) 5) 6) Additional Comment or Observations, structures etc. involved in this incident.	DND		ne # (for First Aids)	Completed By:  1) 2) 3) 4) 5) 6)
	Investigated By:  MELANIE SAUVE  Investigated By:  ARISTIAN DUE Signature of Workers' Representative	Phone #: 250 - 708 - 2202  Phone #: 250 - 208 22  Signature of Employer Represent  All David Source	≥ (/ ative	Occupation: SUPERVISOR OF Occupation:  Date: / 5 0	_
	Reviewed By:	Date: AUG. 03, 2010		Comments:	
Mini Kee Loca if re	FATAL, ensure employer has contact the loster's office and your Human Resources Department of the compatible of the considered confidential of the confidential of th	ocal WorkSafeBC Office as per WC Department.  Detected report to: (1) Regional OSH A BC Office if a lost time injury, had pobtained by contacting your Region conce it has been completed.	Advisor; (2) otential for al OSH Ad <b>If you ha</b> v	Local JOSH Commit serious injury, requir lvisor or the BCGEU. ve received a com	ttee Co-Chairs; (3) ed medical aid, or pleted form in



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Reg	istry of Children and Family Development pional Tracking Number:	Date of Occurrence SEPT . OZ , 2010	Date Reported SEPT. DZ , 2010			
Exa	ct Location of Incident	Time (130)	Reported to: (name) HELANIE SAUVE			
Dire 1) S. 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  20  21  3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
Inci	Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	verity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho ☐ Medical Treatment (Dr., clinic, ambulance); ☐		njury);			
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAIN WRIST  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
	Witnesses (Attach statements if applicable) Phone # 1) s.15, s.22					
Obj	ect/equipment/substance inflicting injury or damage	2) 3)	( )			
	Description of incident (Who, What, Where, When, Why)	   Employees Account (be as specific	as possible with names etc)			
DESCRIPTION	While physically restrained Supervisor . Str					
	Immediate Basic Cause(s): (What triggered event- e.g. fal	ll from height, caught in machinery, ch	ild removal etc.)			

ANALYSIS	1) young person and 2) 3) Underlying Cause and Contributing Fa work procedures; poor lighting; defective  1) MO CONTRIBUTING 2) 3) 4)	ectors: (What allowed the trigger to equipment or tools; working alone	o exist – e.g. ; lack of orie	inadequate training	, supervision or
	5)	gourge or Treatment Provided			Date to be
PREVENTION	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurred)  1)  AU COMMEN Control  2)  3)  4)  5)  6)  Additional Comment or Observations. structures etc. involved in this incident.	ence of accident/incident):		e # (for First Aids) nodels of machines	Date to be Completed By:  1) 2) 3) 4) 5) 6)
	Investigated By:  MELANIE SAUVE  Investigated By:  ARISTIAN / MER  Signature of Workers' Representative  Reviewed By:		Z Y tative	Occupation: SUPERVISOR Occupation: Date: 15.09.	CF STAFFING 2010
± !E !	•	JEH. 03. 201	<u> </u>		Loffico BCDSA
Mini Kee Loc if re	FATAL, ensure employer has contact the loster's office and your Human Resources Dep Original and Forward a copy of the compal BCGEU area office; (4) Local WorkSafel quested.  Further assistance can be confidential officeror please forward it to your Region	Department.  Deleted report to: (1) Regional OSH of the SH of the	Advisor; (2) potential for s nal OSH Adv <i>If you hav</i> e	Local JOSH Commiserious injury, requires instructions in the BCGEU.	ttee Co-Chairs; (3) red medical aid, or



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence	Date Reported			
Exact Location of Incident SCHOOL, 94 TALLOT RD.	Time 0 0945 (select)	Reported to: (name) MELANIE SAUVE			
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
	ase;	ated Cost : \$ )			
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - );  Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); # of days loss					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  LIGHT ABRASION TO THE RIGHT KNEE  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT KNEE					
Witnesses (Attach statements if applicable) Phone # 1) s.15, s.22					
Object/equipment/substance inflicting injury or damage	2)	( )			
	3)	( )			
Description of incident (Who, What, Where, When, Why)					
While trying to separate two altercation, the above men scraped her knee on the					

	ID Alyman Call Call Car	otion by liven to	out north			
	1) physical atterco	accor Jaman 1	seo gour			
	2)					
	3)					
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)					
S	1) more at the above	Alinata augan	odim an complan	100		
YSI	1) mone of the above Clients engaged in an unplan 2) physical attercation.					
ANALYSIS		CMON.				
	3)					
	4)					
	5)					
	Recommended Control, Corrective Me		Action Du	Date to be		
	(goal is to prevent/minimize re-occurrence of accident/incident):  Action By:		Action By:	Completed By: 1)		
	2)			2) 3)		
	3)		OFA Phone # (for First Aids)	4)		
				5) 6)		
	4)					
z	5)					
PREVENTION	6)					
KE	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.					
PRE						
:						
	Investigated By: HELANIE SAUVE	Phone #: 250 · 708 - 2202	Occupation: SUPERVISOR OF	CTATELLIA		
	Investigated By:	Phone #:	Occupation.	2141 LINO		
	Signature of Workers' Representative	Signature of Employer Represent	tative			
	1. Marie	Melanie Sauré	Date: 14/ 6) /	. 2010		
	Reviewed By:	Date: July 13, 2010	Comments:			
· .		July 13: 2010				
	FATAL, ensure employer has contact the l		CB Act #172 (1)(a), local BCGEU	J office, BCPSA		
Mini	ster's office and your Human Resources D	Department.				
	p Original and Forward a copy of the comp					
	al BCGEU area office; (4) Local WorkSafe quested.					
	Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.					

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



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Ministry of Children and Family Development Regional Tracking Number:		Date of Occurrer		Date Reported
Exact Location of Incident UNIT 1		Time (select)	1850	Reported to: (name) HELANIE SAUVE
Directly Affected Person's Name	e ID #	Position (e.g. Soc 1) YOUTH SU 2) 3) 4) 5)		Phone # 1) 2) 3) 4) 5)
	☐ Violence (t	threat, assault);	Theft (Estima	
Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid ☐ Medical Treatment (Dr., clinic, a			ncluding day of i	njury);     # of days loss
Injury or Illness Type (cut, bruise, strain or spra sensitivity, disease, post traumatic stress, etc.)	in, fracture,	Body Part(s) Inju internal injury etc.		e.g. arm, foot, hand, back,
Object/equipment/substance inflicting injury o	or damage	Witnesses (Attack 1) s.15, s.22 2)	n statements if apo	olicable) Phone #
Description of incident (Who, What, Wher	e When Why) -		int (he as specific	as nossible with names etc)
s.79 YCJA	ψ, ετειωτή ττει <b>ή)</b> -	p.o.y.coo / 1000u	(20 do opodino i	
DESCRIPTION				
Immediate Basic Cause(s): (What triggere	d event- e.g. fall	from height, caugh	t in machinery, chi	ld removal etc.)

	S.79 TOJA				
	1 2				
	3				
	Underlying Cause and Contributing Fa	actors: (vvnat allowed the trigger to	exist – e.	g. inadequate training	; supervision or
<b></b>	work procedures; poor lighting; defective  1) MO (1MA) (1 MA) (2011)				
YSIS	I mo what agong an	al or communing	Jaco	$0  \mathbb{W}$	
ANALYSI	2)				
4	3)				
	4)				
	5)				
					70.00
		7 4 45 - 14			Data to be
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre	ence of accident/incident):	Action By	<i>r</i> :	Date to be Completed By:
	1) limit countyard so	having between			1) 2)
	2) gul and boy	unid	OFA Pho	ne # (for First Aids)	3) 4)
	3)			,	5) 6)
	4)				<b>~</b> ,
7	5)				
OLL	6)				
PREVENTION	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	makes and	models of machines	equipment, tools,
PRE					
	Investigated Du	Phone #:		Occupation:	
	Investigated By: MELANIE SAUVE	250 - 708 - 2202		SUPERVISO	R OF STAFFING
	Investigated By:  WRISTIAN PAUE R	Phone #: 250-708 222	4	Occupation:	7
	Signature-of Workers' Representative	Signature of Employer Represent		Date: 2/_06	-
	C. Paul	_ refelance Sai	WY		
	Reviewed By:	Date: \( \text{LML Z1, 20} \)	10	Comments:	
* if	FATAL, ensure employer has contact the k	ocal WorkSafeBC Office as per WC	CB Act #17	2 (1)(a), local BCGEU	J office, BCPSA
	ister's office and your Human Resources D	•			-
Kee	ep Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafel	oleted report to: (1) Regional OSH a	Advisor; (2 ootential fo	) Local JOSH Commi r serious iniury, requir	ttee Co-Chairs; (3) ed medical aid, or
	quested.				
	his form is considered confidential		If you ha	ve received a com	
е	rror please forward it to your Regio	nal OSH Advisor and destroy	/permane	ently delete your c	opy. Thanks!



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П	istry of Children and Family Development pional Tracking Number:	Date of Occurrence	Date Reported JUNE 08, 2010	
Exa	ct Location of Incident UNIT 4	Time 1220 Reported to: (nai		
Dire 1) <sup>S.2</sup> 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  2) 3) 4) 5)	Position (e.g. Social Worker, etc.) 1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phon 5.22 1) 2) 3) 4) 5)	
Inci	dent: ☐ Injury or Illness; ☑ Near Miss; ☐ Spill/Relea ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence ( ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐	threat, assault);	ated Cost : \$ )	
Sev	verity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid only (OFA pho ☐ Medical Treatment (Dr., clinic, ambulance); ☐		injury);      # of days loss	
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back internal injury etc.)				
Lower back pain Lower back				
	·	Witnesses (Attach statements if an 1) s.15, s.22	nlicable) Phone #	
Obj	ect/equipment/substance inflicting injury or damage	2)	( )	
		3)	( )	
	Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)	
DESCRIPTION	While supervising the unid, - altercation. The above me by physically restraining			
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)	

	1) spentaneous alter	cation between-l	wo youth	
	3) Underlying Cause and Contributing Fa	actors: (What allowed the trigger to	o exist – e.g. inadequate training	g, supervision or
	work procedures; poor lighting; defective	equipment or tools; working alone	; lack of orientation; noise etc.)	
YSIS	1) there are no under	lying contributi	mg Jaclous.	
ANALYSIS	2)			
4	3)			
	4)			
	5)			
		,		
	Recommended Control, Corrective Me			Date to be
	(goal is to prevent/minimize re-occurre	-	Action By:	Completed By: 1)
	1 mo alconamen dowon			2) 3)
	3)		OFA Phone # (for First Aids)	4) 5)
	4)			6)
	5)			
TION	6)			
PREVENTION	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	makes and models of machines	, equipment, tools,
PRE				
	Investigated By:	Phone #: 250, 760, 700	Occupation: SUρε	ERVISOR OF
	Investigated By: MELANIE SAUVE Investigated By:	Phone #: 250 - 768 - 2202	Occupation: So	AFFING
	Signature of Workers' Representative	Signature of Employer Represen		
	- March	M. Sauvé	Date: JUNE	08, 2010
	Reviewed By:	Date: JUNE 08, 2010	Comments:	
* ; €	FATAL, ensure employer has contact the k	ncal Work SafaRC Office as ner Wi	CR Act #172 (1)(a) Incal BCGE	Loffice BCPSA
	ister's office and your Human Resources D		55 / IOC // / / C ( / / (a) / 100a / 500E	o emee, ber er
	ep Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafe			
	quested.	obtained by contacting your Region		. our mountain and, of

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence MAY 19 2010	Date Reported MAY 19, 2010
Exact Location of Incident LIFES KILLS ROOM	Time 1040 (select)	Reported to: (name) MEL SAUVE
Directly Affected Person's Name Employee ID # 1) s.22	Position (e.g. Social Worker, etc.) 1s.22	Phone #
2) 2) 3) 4) 4) 5) 5)	2) 3) 4) 5)	2) 3) 4) 5)
Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Releader ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ);	(threat, assault); 🔲 Theft (Estima	ated Cost : \$ )
Severity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA phomeon) ☐ Medical Treatment (Dr., clinic, ambulance);	one# - ); KAREN CHRIST	
Injury or Illness Type (cut) bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (dinternal injury etc.)  MIDDLE FING	
	Witnesses (Attach statements if ap 1)s.15, s.22	plicable) Phone #
Object/equipment/substance inflicting injury or damage	2)	( )
	3)	( )
Description of incident (Who, What, Where, When, Why)	<ul> <li>Employees Account (be as specific</li> </ul>	as possible with names etc)
During sowing program, a clumadistently the employed the blade cutting her		
Immediate Basic Cause(s): (What triggered event- e.g. fal	i irom neignt, caugnt in machinery, ch	ilu removal etc.)

	4			
	1)			
	2)			
	3)			
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	actors: (What allowed the trigger to equipment or tools; working alone	o exist – e.g. inadequate traininç ; lack of orientation; noise etc.)	g, supervision or
Sis	1) lack of instruction	1 In the youth	re: use of equ	ipmen
ANALYSIS	2)			
AN	3)			
	4)			
	,			
	5)			
				Ī
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By:	Date to be Completed By:
			s.22	1) I HHEDIATELY
	1) Instructor will re 2) Defore the Start	al pragrami		3)
	3)		OFA Phone # (for First Aids)	4)   5)
	4)			6)
NO	5)			
PREVENTION	6) Additional Comment or Observations.	Where applicable give details of	makes and models of machines	s, equipment, tools.
E	structures etc. involved in this incident.	ROTARY CUTTER		,
R K			•	
		Dh #.	Occupation	
	Investigated By: MELANTE SAUVE	Phone #: 250-708 - 220		F STAFFING
	Investigated By:	Phone #: Z 50 708 a	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represen		12010
	C. Jane!	ry Danie Sauré		/0
	Reviewed By:	Date: MAY19, 2010	Comments:	
* if	FATAL, ensure employer has contact the lo	ocal WorkSafeBC Office as per W0	CB Act #172 (1)(a), local BCGEU	J office, BCPSA
	ister's office and your Human Resources D			•
Kee	p Original and Forward a copy of the comp	leted report to: (1) Regional OSH	Advisor; (2) Local JOSH Comm	ittee Co-Chairs; (3)
	al BCGEU area office; (4) Local WorkSafet quested.	3C Office if a lost time injury, had p	ootential for serious injury, requi	red medical aid, or
	Further assistance can be o	obtained by contacting your Region		
	his form is considered confidential o error please forward it to your Region			



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence MARCH 16	Date Reported MARCH 16		
Exact Location of Incident 94 7ALCOTT RD, UNIT 3	Time	Reported to: (name) CHRISTIAN HAUER		
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2) YOUTH SUPERVISOR  3)  4)  5)	Phone # 1/s.22 2/ 3/ 4) 5)		
☐ Motor Vehicle; ☐ Ergonomic; ☒ Violence (	ase;	ated Cost : \$ )		
Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid only (OFA pho ☐ Medical Treatment (Dr., clinic, ambulance); ☐		injury);  # of days loss		
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)				
	Witnesses (Attach statements if and 1)	nlicable) Phone #		
Object/equipment/substance inflicting injury or damage	2)	( )		
	3)	( )		
Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)		
s.22 CLOW Supervising	a group of youth i	in the games		
room aresident requested.	to go to the bath	Moom, Uputh		
¿ Supervior made a	rapido call to ar	railable		
E staff to assess with the	satincom regule	71 Ucuth		
Scame agitated upon have been the self-to assert with the	My to Walt. Molly	WEGGIN TO		
s.22	the resident mile	octu Superviai		
directed the Uneats towa	ids youth Supervi	An s.22		
The threats verbalized were	trating in content			
Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)		

	Α.		. 1	SANCE AND ADDRESS OF THE SANCE AND ADDRESS OF	AND COMMANDES UNION MACHINE ACCUSED
	1) young person became	e agitated/impat	ient		
	3)				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	equipment or tools; working alone	; lack of or	ientation; noise etc.)	
Sis	1) Worleing a Deno an	other Courts Lu	pervio	a would	have
ANALYSIS	1) working alone, and 2) been able to esc	od the Jyoung p	lewen	to the Dr	attlicom.
AN	3)				
	4)				
	5)				
	Recommended Control, Corrective Me		Astina D		Date to be
	(goal is to prevent/minimize re-occurre 1) s.15, s.79 YCJA	ence of accident/incident).	Action By	y.	Completed By: 1)
	2)			and the state of t	2) 3)
	3)		OFA Pho	one # (for First Aids)	4) 5)
	4)		<u>10</u>	59	6)
	5)				
NO NO	0)				The state of the s
PREVENTION	Additional Comment or Observations.	Where applicable, give details of	makes and	I models of machines,	equipment, tools,
'RE\	s.79 YCJA				
ш.					
	200000000000000000000000000000000000000				
	Investigated By: MELANIE SAUVE	Phone #: 250 - 708 220	7 >	Occupation: 50/08	LUISOR OF AFFING
	Investigated By:  [KRISTIAN HAWER	Phone #: 250 - 708 22'	_	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represen		Date:	**************************************
W. O. A. C	C. COUN	ay. Souri		05.05	- 2010
	Reviewed By:	Date:		Comments:	
* if !	FATAL, ensure employer has contact the lo	ocal WorkSafeRC Office as per WC	'R Act #17	2 (1)(a) local BCGEL	Loffice BCPSA
	ister's office and your Human Resources D		, or not mili	- (.)(a), 100a1 000E0	5.1100, 201 011
Kee	p Original and Forward a copy of the comp	pleted report to: (1) Regional OSH	Advisor; (2	) Local JOSH Commit	ttee Co-Chairs; (3)
	al BCGEU area office; (4) Local WorkSafel quested.				eu medical alu, of
	Further assistance can be on this form is considered confidential of the confidential		If you ha	ve received a com	



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence MARCH , 09 , 2010	Date Reported MARCH, 10, 2010	
Exact Location of Incident UNIT 4 94 TALCOTT RD.	Time 1330 (select)	Reported to: (name) MELANIE SAUVE	
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phono # 1	
Incident: Injury or Illness; Near Miss; Spill/Rele Motor Vehicle; Ergonomic; Violence Fire; Flood; Indoor Air Quality (IAQ);	ase;	ated Cost : \$ )	
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA ph Medical Treatment (Dr., clinic, ambulance);	one # - ); Time Loss (not including day of i	AT TIME OF RECO	
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  UPFER BACK			
	Witnesses (Attach statements if ap 1) s.15, s.22	plicable) Phone #	
Object/equipment/substance inflicting injury or damage	2) 3)	( )	
Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)	
Employee separated two agit holding a youth stationar muscle in his upper limited to be a separated two agits and the stationar muscle in his upper limited to be a separated two agits and the separa			

	1)	Manual Andrews (17 to or)				
	2)					
	3)					
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)					
ANALYSIS	1) no underlying co	mar a common	MY 30	(ClUU)		
NAL	2)					
A	3)					
	4)					
	5)					
		•				
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action B		Date to be Completed By:	
	1) MO ALCOMMUN datio		Action D	y.	1)	
	2)	$\sim$			2) 3)	
	3)		OFA Pho	one # (for First Aids)	4) 5)	
	, and the second				6)	
	4)					
N.	5)					
PREVENTION	6) Additional Comment or Observations.	Where applicable, give details of r	makes and	l models of machines	equipment, tools.	
EVE	structures etc. involved in this incident.	Tribio applicazio, givo actalio eri	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,	
PR						
	Investigated By:	Phone #:		Occupation:		
	HELANIE SAUVE	250 - 708 - 2207	<u> </u>	SUPER V/SCR Occupation:	of Staffing	
	Investigated By:	Phone #:  250 708 22  Signature of Employer Represent	24	Occupation.		
	Signature of Workers' Representative	V V)	-	Date: MARCH 17	7010	
	C. Alaus	Millaine Sa	MA_			
	Reviewed By:	Date:		Comments:		
* if !	FATAL, ensure employer has contact the k	ocal WorkSafeBC Office as per WC	B Act #17	2 (1)(a) Incal BCGEL	Inffice BCPSA	
	ster's office and your Human Resources D		, ir i i	= (1)(a), 100a1 000EC		

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence JAN . 25 , 2010	Date Reported JAN. 25, 2010
Exact Location of Incident 94 TALCOTT RD.  UNIT	Time (select) 1950	Reported to: (name) MIKE MACPHEE
Directly Affected Person's Name	Position (e.g. Social Worker, et 1) SENIOR YOU'H SÜPER 2) 3) 4) 5)	c.) Phone # NISOR 1) <sup>s.22</sup> 2) 3) 4) 5)
Incident: Injury or Illness; Near Miss; Spill Motor Vehicle; Ergonomic; Viole Fire; Flood; Indoor Air Quality (IA	/Release; ☐ Chem. Exposure; ☐ ence (threat, assault); ☐ Theft (Est AQ); ☐ Occupational Disease; ☐ O	imated Cost : \$ )
Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid only (OF ☐ Medical Treatment (Dr., clinic, ambulanc		of injury); # of days loss
Injury or Illness Type (cut, bruise, strain or sprain, fractur sensitivity, disease, post traumatic stress, etc.)	re, Body Part(s) Injured or affecte internal injury etc.)	d (e.g. arm, foot, hand, back,
	Witnesses (Attach statements in 1) s.15, s.22	fapplicable) Phone #
Object/equipment/substance inflicting injury or damag	2)	( )
	3)	} ( )
Description of incident (Who, What, Where, When,	Why) - Employees Account (be as spec	ific as possible with names etc)
S.79 YCJA  NOIL GIANO STATE AND STAT	o a fall from baight, caught in machinen	child removal ato )
Immediate Basic Cause(s): (What triggered event-	e.g. tall from height, caught in machinery	, child removal etc.)

	s.79 YCJA						
	1						
	2,						
	3)						
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)						
S							
-YSI	2) uncontrollable reaction from a resident, couldn't predict the						
ANAL.YSIS	3) MCidIND	THOM ALBIN A MAN	wid	icaman b	reald the		
`							
	4)						
	5)						
			1				
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurr		Action B	ву:	Date to be Completed By:		
	1) recommend cutley in disherasher		OFA Phone # (for First Aids)		1) completed		
	2) and drawer be locked at all times				3) Complete		
	3) recommend care plan to youth				4) and typiat		
	4) instigator				6)		
	5)						
NO.	6)						
PREVENTION	Additional Comment or Observations						
'nRE	structures etc. involved in this incident.	lock has been i	notal	lld on uni	<b>\</b>		
ш		dishwasher.	p-	0 1 1	. 15		
		operational rev	1000	completed	with lecon		
	~		<u> </u>				
		<u>=</u>		Occupation:			
	Investigated By: MELANIE SAUVE Investigated By:	Phone #: 250-708-2202 Phone #: 250 708 22		Occupation:	0.		
	Investigated By: MELAWIE SAUVE	Phone #: 250-708-2202	24	Occupation:			
	Investigated By: MELANIE SAUVE Investigated By: CHICISTIAN HAUER	Phone #: 250-708-2202 Phone #: 250 708 22	24				

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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<sup>\*</sup> if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.



	istry of Children and Family Development pional Tracking Number:	Date of Occurrence MARCH 01. 2010  Date Reported MARCH 01. 2				
Exa	ct Location of Incident COURTYARD 94 TALCOTT RO.	Time (select)	Reported to: (name)			
Dire 1) S 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  22  3) 4) 5)	Position (e.g. Social Worker, etc.)  1) PROGRAM (CORDINATOR 1) \$.22  2) PROGRAM (CORDINATOR 2)  3)  4)  5)				
Inci	Motor Vehicle: Ergonomic: Violence (	ase;	ated Cost : \$			
Sev	verity of Injury, Illness or Incident: ☑ No Physical Injury; ☐ First Aid only (OFA pho☐ Medical Treatment (Dr., clinic, ambulance); ☐	one # - ); Time Loss (not including day of i	njury); # of days loss			
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
		Witnesses (Attach statements if an 1) s.15, s.22	olicable) Phone #			
Obj	ect/equipment/substance inflicting injury or damage PROPANE KILN (ROCK HEATER)	2) 3)				
	Description of incident (Who, What, Where, When, Why)					
Employee 5.22 bend over to light the rock header bilm with a barberue lighter in order to light the kilm, the propone tank must be turned open. The value leading to the biln was in the open popertion for 10 sec. Imployee attempted to light the kilm with a few strikes unsuccessfully. With a final attempt, a large fireball erupted from the kilm.						
	Immediate Basic Cause(s): (What triggered event- e.g. fal	l from height, caught in machinery, ch	ild removal etc.)			

	·	<u> </u>			
ANALYSIS	1) Loupment Malfi 2) poor albign (joilty 3)  Underlying Cause and Contributing Fawork procedures; poor lighting; defective  1) allative of upme 2)  3)  4)	actors: (What allowed the trigger to equipment or tools; working alone			, supervision or
-	5)		I		Data to be
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By	<i>r</i> :	Date to be Completed By:
TION	1) area is oud of bour 2) equipment and me 3) in place 4) quicker access to tank 5) to be burner 6)	mas until pater assures are put		ne # (for First Aids)	1) 2) 3) 4) 5) 6)
PREVENTION	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	makes and	models of machines	equipment, tools,
	Investigated By: NELANIE SAUVE	Phone #: 250 - 708 - 22	202	Occupation: 50PER	UISOR OF
	Investigated By HRIGTIAN LOVER	Phone #: 250 - 703 - 0	>224	Occupation: ST	AFFING
	Signature of Workers' Representative	Signature of Employer Represent	[	Date: MARCH OZ	
	Reviewed By:	Date:		Comments:	•
Mini Kee <sub>l</sub> Loca	FATAL, ensure employer has contact the loster's office and your Human Resources D p Original and Forward a copy of the compal BCGEU area office; (4) Local WorkSafet quested.	epartment. leted report to: (1) Regional OSH A BC Office if a lost time injury, had p	Advisor; (2) potential for	) Local JOSH Commi serious injury, requir	ttee Co-Chairs; (3)
	his form is considered confidential of the form is considered confidential of the form of		If you has	ve received a com	



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	stry of Children and Family Development onal Tracking Number:	Date of Occurrence FEB.05 <sup>TH</sup> 2010	Date Reported FEB .05 <sup>TH</sup> ZO10			
Exac	ct Location of Incident 94 TALCOTT RD. UNIT 4	Time 2000 (select)	Reported to: (name) RICK MARCHESE			
Direct 1) s.2 2) 3) 4) 5)	ctly Affected Person's Name Employee ID #  2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
Incid	Incident:       ☐ Injury or Illness;       ☐ Near Miss;       ☐ Spill/Release;       ☐ Chem. Exposure;       ☐ Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       ☐ Violence (threat, assault);       ☐ Theft (Estimated Cost: \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):					
Sev	erity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho☐ Medical Treatment (Dr., clinic, ambulance); ☑		njury);			
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAIN   SPRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT KNEE						
		Witnesses (Attach statements if ap 1) NO WITNESSES	plicable) Phone #			
Obje	ect/equipment/substance inflicting injury or damage	2)	( )			
		3)	( )			
	Description of incident (Who, What, Where, When, Why)					
While exciting a yeath to his room, youth turned around quickly Jacing the escorting youth Supervisor. Youth pushed the youth Supervisor Houth Supervisor physically retrained the youth. During the restraint Joulh Supervisor injured his right tende.						
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)			

	The second secon					
	1) - Kertraining alling 2) 3)	out willent.				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	ctors: (What allowed the trigger to equipment or tools; working alone;	exist – e.g lack of orie	. inadequate training entation; noise etc.)	, supervision or	
ANALYSIS	1) Appropriate action was taken by youth Supervisor Note legal 2) Propor procedures were followed regarding the legal 3) authority to initiate graphical intervention.					
	5) a could have provided more attendant options					
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By:		Date to be Completed By:	
PREVENTION	1) - Staff should 2) allumy m 3) Specific for the formal f	consider ore personal etween himself residents Chirum incidents	OFA Phor	ne # (for First Aids)	1) 2) 3) 4) 5) 6)	
	"/ Cone	-				
	Investigated By: Investigated By:  Machuel  Signature of Warkers' Representative	250 108 2224		Occupation: Occupation: Div	0. ef 085.	
	Reviewed By:	Date:		Comments:		
* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.  Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3)						
Loc	al BCGEU area office; (4) Local WorkSafel quested.	BC Office if a lost time injury, had p	otential for	serious injury, requir	ed medical aid, or	
	Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.  This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!					



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	nistry of Children and Family Development gional Tracking Number:	**	Date of Occurrence ೦೧.28	Date Reported して、2&		
Exa	act Location of Incident  COURTYARD		Time			
Dire 1) <sup>S</sup> 2) 3) 4) 5)	ectly Affected Person's Name Employee  2) 3) 4) 5)	e ID#	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone #  1 <sup>s.22</sup> 2, 3) 4) 5)		
	Incident: Injury or Illness; Near Miss; Spill/Release; Chem. Exposure; Property/Equip Malfunction Motor Vehicle; Ergonomic; Violence (threat, assault); Theft (Estimated Cost: \$ Fire; Flood; Indoor Air Quality (IAQ); Occupational Disease; Other (describe):  Severity of Injury, Illness or Incident:					
	No Physical Injury; ☐ First Aid of the last o		one # - ); ] Time Loss (not including day of i	njury); # of days loss		
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
	Witnesses (Attach statements if applicable) Phone #					
Ohi	ect/equipment/substance inflicting injury o	r damaga	1)	( )		
CDJ	ecoequipmentosabstance innicang injury o	i damage	2)	( )		
			3)	( )		
	Description of incident (Who, What, Where	e, When, Why)	Employees Account (be as specific	as possible with names etc)		
	Supervision ( Supervision basketball.	the cow	ityand activity,	Gouth		
	Supervion	was	struck in the life	with a		
PTION	Insketball					
:						
DESCR						
	Immediate Basic Cause(s): (What triggered	d event- e.g. fal	l from height, caught in machinery, ch	ild removal etc.)		

ANALYSIS	1) MO MMML QUAD 2) 3) Underlying Cause and Contributing Fa work procedures; poor lighting; defective 1) MO UM DUNYING CA 2) 3) 4) 5)	ctors: (What allowed the trigger to equipment or tools; working alone	lack of or	ientation; noise etc.)	
PREVENTION	Recommended Control, Corrective Med (goal is to prevent/minimize re-occurre  1) MO ALCOMMAN CO 2)  3)  4)  5)  6)  Additional Comment or Observations. structures etc. involved in this incident.	nce of accident/incident):		one # (for First Aids)	Date to be Completed By:  1) 2) 3) 4) 5) 6) equipment, tools,
	Investigated By:  HELANIE SAUVE  Investigated By:  Ion Charascio  Signature of Workers' Representative  F263/12	Phone #: 250 - 708 - 72 Phone #: Signature of Employer Represent		Occupation: SUPERUISO Occupation:  Date:	OR OF STAFFING
Mini	Reviewed By:  Date: FEB. Ol Comments:  * if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.  Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or				

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

	istry of Children and Family Development gional Tracking Number:	Date of Occurrence	Date Reported				
Exa	ict Location of Incident VYCS CON(ROL	Time 0725 (select)	Reported to: (name) HELANIE SAUVE				
Dire 1) <sup>s</sup> 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  22  3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phore # 1) s.22 2) 3) 4) 5)				
Inci	Incident:       ☐ Injury or Illness;       ☑ Near Miss;       ☐ Spill/Release;       ☐ Chem. Exposure;       ☐ Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       ☐ Violence (threat, assault);       ☐ Theft (Estimated Cost: \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):						
Sev	Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid only (OFA phone # - ); ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury); # of days loss						
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  Mum  My  My  My  My  My  My  My  My  My  M						
	Witnesses (Attach statements if applicable) Phone # 1)s.15, s.22						
Obj	ect/equipment/substance inflicting injury or damage	2)					
		3)	( )				
	Description of incident (Who, What, Where, When, Why)		- 22				
	While entering the control	room, youth Jupe	WIDO				
Account of the second	caught the exact of the car	pet with his right	t look and				
NO	Humpfor Doubtind The	Jouth Supervisor	experienced				
IPTI(	ación in la installata lango						
DESCRIPTION	pain in his right lonce.						
ä							
COLUMN TO A COLUMN							
No.	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)				

		i	_f _ f.Pi	R /1			
	1) area carpet which	was not flush	to the	Jlon			
	· · ·						
	3) Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or						
	work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)						
Sis	1) there were no und	terlying cause or	nd/o C	ontubutino	lactor		
ANAL YSI	1) there were no underlying cause and/or contributing factors						
AN	3)				·		
	4)						
	5)						
	3)						
	Recommended Control, Corrective Me	asures or Treatment Provided			Date to be		
	(goal is to prevent/minimize re-occurre	ence of accident/incident):	Action By	<b>/</b> : ·	Completed By: 1)		
	1, MO VICELLA MONICIONALIA		OFA Phone # (for First Aids)		2)		
	2)				3) 4)		
	3)				5) 6)		
	4)						
z	5)						
PREVENTION	6)						
VEN	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	makes and	i models of machines	, equipment, tools,		
PRE							
	Investigated By: MELANIE SAUVE	Phone #:		Occupation:			
	Investigated By: (A warusci)	Phone #:		Occupation:			
	Signature of Workers' Representative	Signature of Employer Represent		Date:			
	Fib3/12	_ Milani Sai	W				
	Reviewed By:	Date: DEC. 01		Comments:			
* if	* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA						

Minister's office and your Human Resources Department.

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

	nistry of Children and Family Development gional Tracking Number:	Date of Occurrence SEPT. 24	Date Reported SEPC. 2년			
Exa	act Location of Incident VYCS UNIT	Time (select)	Reported to: (name) MELANIE SAUVE			
	ectiv Affected Person's Name Employee ID # 5.22 -/ 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1s.22 2, 3) 4) 5)			
Inc	Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost:\$) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - );  Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); 2  **Time Loss (not including day of injury); 2  **Time Loss (not including day of injury); 2					
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  S7RAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  KNEE STRAIN					
Witnesses (Attach statements if applicable) Phone # 1) NO WITNESSES ( )						
Obj	ect/equipment/substance inflicting injury or damage	2)	( )			
A CONTRACTOR OF THE PARTY OF TH		3)	( )			
	Description of incident (Who, What, Where, When, Why)					
DESCRIPTION	The youth in the living unit kitchen floor. Youth sluper kall while walking auro					
2000 T 1000 T 10	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)			

	1) WET FLOOR					
	2)					
	3)					
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)					
SIS	1) there were no underlying causes					
ANALYSIS	2)					
AN	3)					
	4)					
	5)					
	· · · · · · · · · · · · · · · · · · ·		a .			
	Recommended Control, Corrective Measures or Treatment Provided		Date to be			
	(goal is to prevent/minimize re-occurrence of accident/incident):	Action By:	Completed By:			
-	1) no recommendations		1) 2)			
	2)	OFA Phone # (for First Aids)	3) 4)			
	3)		5) 6)			
	4)		-,			
-	5)					
ŌL	6)					
PREVENTION	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.					
PRE						
	Investigated By NELANIE SAUVE Phone #: 250 - 708 - 27	Occupation: SUPERVISOR OF	STAFFING			
	Investigated By: Phone #:	Occupation:	30000			
	Signature of Workers' Representative Signature of Employer Represen					
-	Fib 3/12 M. Sallve	Date.				
	Reviewed By: Date: DEC. 01 /11	Comments:				
٠/،	*ATAL	2D Apt #472 (4)(a) local DOOF!	Loffice BCBSA			
* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.						
	Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3)					
Loca	al BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had p quested.					
	Further assistance can be obtained by contacting your Region					
	his form is considered confidential once it has been completed. rror please forward it to your Regional OSH Advisor and destroy					



Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence	Date Reported			
Exact Location of Incident	Time Reported to: (name (select) HELANIE SAL				
Directly Affected Person's Name Fmolovee ID # 1) s.22 2) 2) 2) 3) 4) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOU(H WPERVISOR 2) 3) 4) 5)	Phone # 1) <sup>s.22</sup> 2) 3) 4) 5)			
Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Severity of Injury, Illness or Incident:  ☐ No Physical Injury; ☐ First Aid only (OFA phone # - ); ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury);					
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
Witnesses (Attach statements if applicable) Phone # 1)s.15, s.22					
Object/equipment/substance inflicting injury or damage	2)	( )			
	(3)	( )			
Description of incident (Who, What, Where, When, Why)					
Cohile playing lawettal	I in the countyar	a, Gouth			
cohile playing basketbal Superviso injured his.	funger.	$\mathcal{G}$			
NOILA					
DESCRIP					
DES					
Immediate Basic Cause(s): (What triggered event- e.g. fa	Il from height, caught in machinery, ch	ild removal etc.)			

	1) JPICLLY				
	2)				
	3)				
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)				
ANAL YSIS	no underlying cause a contributing Jactors				
ANA	3)				
	4)				
	5)				
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By		Date to be Completed By:
	1) exercise caution when playing 2) sports with youth				1) 2)
	2) Sports with youth		OFA Pho	ne # (for First Aids)	3) 4)
7	3)		·		5) 6)
	4)				9)
	5)				
TIO	6)				
PREVENTION	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.				
PRE					
	Language Company	Dhana iki		Occupation:	
	Investigated By: HELANIE SAUVE	Phone #: 250 - 708 - 2205	2	SUPERVISOR OF	STAFFING
	Investigated By:	Phone #:		Occupation:	
	Signature of Workers' Representative	Signature of Employer Represen	tative	ve Date:	
	gy-gy-54-10	My Manie Jal	707		
	Reviewed By:	Date: AUG.18 <sup>TH</sup> /20	tt	Comments:	
* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA					
Mini	ster's office and your Human Resources D	Department.			
Loc	p Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafel guested				
		obtained by contacting your Region			
	This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!				



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	stry of Children and Family Development ional Tracking Number:	Date of Occurrence	Date Reported AUG. 20 TH			
Exac	ct Location of Incident	Time (select) 1830	Reported to: (name) HELANIE SAUVE			
Dire 1)s.2 2) 3) 4) 5)	ctly Affected Person's Name Employee ID #	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1s.22 2) 3) 4) 5)			
	Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	erity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA pho Medical Treatment (Dr., clinic, ambulance);	one# - ); Time Loss (not including day of	injury); # of days loss			
	ry or Illness Type (cut, bruise, strain or sprain, fracture, sitivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (einternal injury etc.)  RIGHT ANK				
	Witnesses (Attach statements if applicable) Phone # .s.15, s.22					
Obje	ect/equipment/substance inflicting injury or damage	2)	( )			
		3)	( )			
	Description of incident (Who, What, Where, When, Why)					
DESCRIPTION	while playing floor hock the clients, youth Supe his right article.					
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)			

	1) Apaun			
	2)			
	3)			
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective			յ, supervision ог
ANALYSIS	1) Mu underlying Co	duse or contribe	iting Jactors	
Ā	3)			
	4)			
	5)			
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By:	Date to be Completed By:
		4		1) 2)
	2) Sports with youth.		OFA Phone # (for First Aids)	3) 4)
	3)			5) 6)
	4)			,
7	5)			
PREVENTION	6)			
SVEN	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.			
PRE				
	r' 1   B	F1 4.	Occupations	
	Investigated By: MELANIE SAWE	Phone #: 250 - 708 - 220		F STAFFING
	Investigated By:	Phone #:	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represen	tative Date:	
		Ay Manie Sa	Ul	
	Reviewed By:	Date: AU6.230 /201	Comments:	
	FATAL, ensure employer has contact the loster's office and your Human Resources D		CB Act #172 (1)(a), local BCGE	J office, BCPSA
Loc	p Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafel quested.	oleted report to: (1) Regional OSH. BC Office if a lost time injury, had p	Advisor; (2) Local JOSH Comm potential for serious injury, requi	ittee Co-Chairs; (3) red medical aid, or
	Further assistance can be of	obtained by contacting your Region	nal OSH Advisor or the BCGEU	anlated form in
l i	his form is considered confidential ( error please forward it to your Regio	once it nas been completed. nal OSH Advisor and destroy	n you nave received a con /permanently delete your (	copy. Thanks!



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	istry of Children and Family Development ional Tracking Number:	Date of Occurrence	Date Reported JULY 27	
Exa	ct Location of Incident STURES	Time AFTER NCON (select)	Reported to: (name) HELANIE SAUVE	
Dire 1) S 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  27  3) 4) 5)	Position (e.a. Social Worker. etc.) 1) \$.22 2) 3) 4) 5)	Phone #  3) 4) 5)	
Inci	dent: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Relea ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence ( ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐	threat, assault);   Theft (Estima	ated Cost : \$ )	
Severity of Injury, Illness or Incident:  No Physical Injury;  First Aid only (OFA phone # - );  Medical Treatment (Dr., clinic, ambulance);  Time Loss (not including day of injury); # of days loss				
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  SPRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT ROTATOR CUFF				
Witnesses (Attach statements if applicable) Phone # 1)				
Obj	ect/equipment/substance inflicting injury or damage	2)	( )	
		3)	( )	
	Description of incident (Who, What, Where, When, Why)			
DESCRIPTION	while breaking down a bre employee hurd her she			
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)	

ANALYSIS	1) 2) 3) Underlying Cause and Contributing Fawork procedures; poor lighting; defective  1) (MULL WALL MO LIMALA 2) 3)	equipment or tools; working alone;	; lack of orientation; noise etc.)	
	4) 5)			
PREVENTION	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurred)  1) 2) 3) 4) 5) 6) Additional Comment or Observations. structures etc. involved in this incident.	ence of accident/incident): IS AND MOVEMENTS J Physical		Date to be Completed By:  1) 2) 3) 4) 5) 6)
	Investigated By:  KELANIE , SAUVE  Investigated By:  Signature of Workers' Representative	Phone #: 250 - 708 - 72 Phone #: Signature of Employer Represent  Addition Saum	Occupation:	STAFFING
	Reviewed By:	Date:	Comments:	
Mini Kee Loca if red	FATAL, ensure employer has contact the loster's office and your Human Resources D  p Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafel quested.  Further assistance can be of his form is considered confidential of rror please forward it to your Region	Department.  Department to: (1) Regional OSH A  BC Office if a lost time injury, had p  Debtained by contacting your Region  Department to: (1) Regional OSH A  Department to: (2) Regional OSH A  Department to: (3) Regional OSH A  Department to: (4) Regional OSH	Advisor; (2) Local JOSH Commi notential for serious injury, requinal OSH Advisor or the BCGEU.	ittee Co-Chairs; (3) red medical aid, or



	istry of Children and Family Development ional Tracking Number:	Date of Occurrence	Date Reported			
Exa	ct Location of Incident UNIT 2	Time (select) 0840	Reported to: (name) MELANIE SAUVE			
Dire 1 5.2 2 3, 4) 5)	ectiv Affected Person's Name Employee ID #	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2) YOUTH SUPBRUISOR  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
Inci	Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☑ Violence (threat, assault); ☐ Theft (Estimated Cost : \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☑ First Aid only (OFA phone # - );  ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury); # of days loss					
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT FACIAL AREA					
	Witnesses (Attach statements if applicable) Phone #					
Obj	ect/equipment/substance inflicting injury or damage	1) 2) 3)	( )			
	Description of incident (Who, What, Where, When, Why)		as possible with names etc)			
			A.			
DESCRIPTION	an unknown liquid su water bottle.	botance from a	youth b			
	Immediate Basic Cause(s): (What triggered event- e.g. fa	ll from height, caught in machinery, ch	nild removal etc.)			

	"reactive youth				
	2)				
	3)				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	ictors: (What allowed the trigger to equipment or tools; working alone	exist – e.g lack of ori	j. inadequate training entation; noise etc.)	, supervision or
SIS	1) was the had in hos	DAMALAM OU	nt ox	bottle in	hich is
ANALYSIS	2) had an apparage	possession aw	,0 +00 + 1		
A	3)	· Com			
	4)				
	5)				
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By	, .	Date to be Completed By:
	1) no recommendati		71011011 23		1)
	2)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2)
	3)		OFA Pho	ne # (for First Aids)	4) 5)
	4)				6)
	5)				
PREVENTION	6)				
VEN.	Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of	makes and	models of machines	equipment, tools,
PRE	Security of the mondern				
	Investigated By: MELANIE SAUVE	Phone #: 250 · 708 · 220	2	Occupation: SUPBRIVOR OF	STAFFING.
	Investigated By:	Phone #:	***	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represen	tative	Date:	
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	LVY_		
	Reviewed By:	Date: July C7.11	(	Comments:	
	FATAL, ensure employer has contact the least state of the least state of the state		CB Act #17	2 (1)(a), local BCGEL	J office, BCPSA
Kee	o Original and Forward a copy of the com	pleted report to: (1) Regional OSH	Advisor: (2	) Local JOSH Commi	ttee Co-Chairs; (3)
Loc	al BCGEU area office; (4) Local WorkSafe quested.	BC Office if a lost time injury, had p	ootential for	r serious injury, requi	ed medical aid, or
	Further assistance can be	obtained by contacting your Region			inlated form in
	This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!				



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Rea	istry of Children and Family Development ional Tracking Number:	Date of Occurrence   Date Reported   ZOII-04-II   ZOII-04-IZ				
Exa	ct Location of Incident CONTROL ROOM	Time (select)	Reported to: (name) HELANIE SAUVE			
Dire 1) s.: 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID.#  22  2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 15.22 2, 3) 4) 5)			
Inci	Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost:\$) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Sev	Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - ); Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); # of days loss					
	ry or Illness Type (cut, bruise, strain or sprain, fracture, sitivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (e internal injury etc.)				
	SHOULDER STRAIN	RIGHT SHOULDER				
Witnesses (Attach statements if applicable) Phone # 1) 人/ ↑ ( )						
Obj	ect/equipment/substance inflicting injury or damage	2)	( )			
		3)	( )			
	Description of incident (Who, What, Where, When, Why)					
	While pliding out of a ch	air with wheels	, youth			
	Supervisor slipped and	heed his shoul	der when			
RIPTION	While sliding out of a chair with wheels, youth Supervisor slipped and hurd his shoulder when trying to regain his balance.					
DESCR						
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	ild removal etc.)			
1 I	( ) ( )	-	•			

	A			
	1) slip from chai	Λ		
	3)			
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	actors: (What allowed the trigger to equipment or tools; working alone;	exist – e.g. inadequate t lack of orientation; noise	raining, supervision or etc.)
<u>S</u>	1) there are no und	celling cause	<u></u>	
ANALYSIS	2)	ewyong and		
A	3)			
	4)			
	5)			
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre	easures or Treatment Provided ence of accident/incident):	Action By:	Date to be Completed By:
	1) NO RECOMMENDATIONS	<u> </u>		1) 2)
	2)		OFA Phone # (for First .	3) Aids) 4)
	3)		,	5) 6)
	4)			
z	5)			
PREVENTION	6) Additional Comment or Observations.	Whore applicable give details of	makes and models of ma	chines equipment tools
EVE	structures etc. involved in this incident.	villete applicable, give details of	nakes and models of ma	onnies, equipment, tools,
g.				
	Investigated By:	Phone #: 250 - 708 - 220	Occupation:	DAT STATELING
	MELANIE SAUVE Investigated By:	Phone #: 250 - 708 - 22	Occupation:	or of Staffing
	Signature of Workers' Representative	Signature of Employer Represen	correctional cative	Officer
	JA.	Melanie Sa	Date: APRII	L 12 <sup>TII</sup> , 2011
	Reviewed By:	Date:	Comments:	
	FATAL, ensure employer has contact the l		CB Act #172 (1)(a), local I	BCGEU office, BCPSA
	ister's office and your Human Resources E			
Loc	p Original and Forward a copy of the comp al BCGEU area office; (4) Local WorkSafe quested.	pleted report to: (1) Regional OSH BC Office if a lost time injury, had p	Advisor; (2) Local JOSH ( otential for serious injury	Committee Co-Chairs; (3) , required medical aid, or
		obtained by contacting your Region	al OSH Advisor or the Bo	CGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



	istry of Children and Family Development ional Tracking Number:	Date of Occurrence APRIL 28 <sup>TH</sup> . []	Date Reported APRIL 7874.11		
Exa	ct Location of Incident COURTYARD	Time (select)	Reported to: (name) MELANIE SAUVE		
Dire 1 s.2 2) 3) 4) 5)	ectiv Affected Person's Name Employee ID #  2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) \$.22 2) 3) 4) 5)		
Inci	Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):				
Sev	Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - ); Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); # of days loss				
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT HAMSTRING				
Obje	ect/equipment/substance inflicting injury or damage	Witnesses (Attach statements if application) NONE  2)  3)	Phone # ( ) ( )		
	Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)		
DESCRIPTION	while responding to a co strained her right has while running.				
	Immediate Basic Cause(s): (What triggered event- e.g. fal	I trom height, caught in machinery, ch	iid removal etc.)		

ANALYSIS	1) AUMMUNG 2) 3) Underlying Cause and Contributing Fawork procedures; poor lighting; defective 1) AO UMALLYMY COUN 2) 3) 4) 5)	equipment or tools; working alone;	lack of ori	ientation; noise etc.)	, supervision or
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurred)  Stop Munning (1)  2) to otoma down (1)  3)	ence of accident/incident):	Action By	y: one # (for First Aids)	Date to be Completed By:  1) ONGO MG 3) 4) 5) 6)
PREVENTION	5) 6) Additional Comment or Observations. structures etc. involved in this incident.	Where applicable, give details of i	makes and	I models of machines,	equipment, tools,
	Investigated By:  HELANIE SAUVE  Investigated By:  Tony Guaras C.O  Signature of Workers' Representative	Phone #: 250 - 708 - 220 Phone #: 250 - 708 - 32 Signature of Employer Represent	9 1	Occupation: SUPERVISOR O Occupation: YouTh Supervis Date: HAY 1871	cr
	Reviewed By: FATAL, ensure employer has contact the lo		CB Act #17	Comments: 2 (1)(a), local BCGEU	office, BCPSA
Min	ister's office and your Human Resources D	lepartment.			

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence HAY 07 <sup>TH</sup> Date Reported HAY 07 <sup>TH</sup>			
Exact Location of Incident HARY'S FARM	Time (select)	Reported to: (name) MELANTE SAUVE		
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) <sup>s.22</sup> 2) 3) 4) 5)		
Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):				
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phone # - ); Medical Treatment (Dr., clinic, ambulance); Time Loss (not including day of injury); # of days loss				
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAIN  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIGHT SHOULDER				
Witnesses (Attach statements if applicable) Phone #  1) NONE; YOUTH IN CARE ( )				
Object/equipment/substance inflicting injury or damage	2)	( )		
	3)	( )		
Description of incident (Who, What, Where, When, Why	) – Employees Account (be as specific	as possible with names etc)		
Gouth Supervisor strained lifting a log and the				
Immediate Basic Cause(s): (What triggered event- e.g. fa	all from height, caught in machinery, ch	nild removal etc.)		

ANALYSIS	1) throwing a heavy 2) 3) Underlying Cause and Contributing Fa work procedures; poor lighting; defective 1) work procedures 2) 3) 4) 5)	actors: (What allowed the trigger to			, supervision or
PREVENTION	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurred)  1) Utilisation of proper life (goal is to prevent/minimize re-occurred)  2) here time stretching and (goal is to engaging in stream)  4)  5)  6)  Additional Comment or Observations. structures etc. involved in this incident.	ence of accident/incident):  ling techniques  norming up prior  ous physical activity	111111111111111111111111111111111111111	one # (for First Aids)	Date to be Completed By:  1) 2) 3) 4) 5) 6)
Min	Investigated By:  Signature of Workers' Representative  Reviewed By:  FATAL, ensure employer has contact the legister's office and your Human Resources Exp Original and Forward a copy of the company	Date:  Date:  Docal WorkSafeBC Office as per Wo	CB Act #17		STAFFING 2011 Joffice, BCPSA

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence HARCH 1478	Date Reported FUNRCH 1414				
Exact Location of Incident COURTYARD	Time 1935 (select)	Reported to: (name)  MELANIE SAUVE				
Directly Affected Person's Name  1) s.22 2)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phore # 1) s.22 2) 3) 4) 5)				
Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction         ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost : \$ )         ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):						
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA ph Medical Treatment (Dr., clinic, ambulance);	one # - ); ]Time Loss (not including day of	injury);  # of days loss				
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  May M Dack  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)						
Witnesses (Attach statements if applicable) Phone # 1) s.15, s.22						
Object/equipment/substance inflicting injury or damage	2)	( )				
	3)	( )				
Description of incident (Who, What, Where, When, Why)						
Utile responding to a consultation back.  Immediate Basic Cause(s): (What triggered event- e.g. fa						

-	1) DLCP 2) 3)				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective			g, supervision or	
ANALYSIS	1) no contributing of	actors			
AN	3)				
	4)				
	5)				
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By:	Date to be Completed By:	
-	1) no recommendat		Action by.	1) 2)	
	)		OFA Phone # (for First Aids)	3) 4)	
	3)		(,	5)	
	4)			,	
Z	5)				
PREVENTION	6) Additional Comment or Observations.	Where applicable, give details of r	makes and models of machine	s, equipment, tools,	
REVE	grass was wel causing the employee to love his boding.				
<u>a</u>	grass was wer can	sung one single	ye week w	w goowing.	
	Investigated By: HELANIE SAUVE	Phone #: 700 2200	Occupation: UN	TH SUPERVISOR	
	Investigated By: Tony Quarascio	Phone #: 708 - 2202	Occupation: Youth	. Supervisor	
	Signature of Workers' Representative	Signature of Employer Represent	tative Date: L		
	Reviewed By:	Date: MARCH 15, 20	C		
* if !	FATAL, ensure employer has contact the k	ocal WorkSafeBC Office as per WC	CB Act #172 (1)(a), local BCGE	U office, BCPSA	

Minister's office and your Human Resources Department.

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence  MARCH 05 <sup>TH</sup> Date Reported  MARCH 05 <sup>TH</sup>				
Exact Location of Incident 94 TALCOTT RD. LOT	Time 0645 Reported to: (name) (select) MELANIE SAUVE				
Directly Affected Person's Name Fmnloves ID # 1,5.22 2) 2) 2) 3) 3) 4) 4) 5)	Position (e.g. Social Worker, etc.) Phone #  1) YOUTH SUPERVISOR 1)  2)  3)  4)  5)				
Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA phomeon) Medical Treatment (Dr., clinic, ambulance);	one # - );  Time Loss (not including day of injury); 2 # of days loss				
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
SENSITIVITY	TAILBONE, LOWER JPINE, HEAD				
	Witnesses (Attack statements if applicable) Phone # 1)				
Object/equipment/substance inflicting injury or damage	2) ( )				
	3) ( )				
Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific as possible with names etc)				
While exiting his vehicle, prior to the start of his shift;  Youth Supervisor Jell and injured his tailbone and head.					
Immediate Basic Cause(s): (What triggered event- e.g. fa	ll from height, caught in machinery, child removal etc.)				

	1 A A A					
	1) fell on icy parker	ng lot				
	3)					
	3)		aviet au instancete training	. cuporision or		
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	equipment or tools; working alone;	; lack of orientation; noise etc.)	i, supervision of		
<u>S</u>	1) madequate sals	Δ	7			
ANALYSIS	2)	on poorwong to	<b>' \</b>			
ANA	3)					
	4)					
	5)					
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre	ence of accident/incident):	Action By:	Date to be Completed By:		
	1) Salting occurs in 2) however, recommon 3) pun to the 0,700	the parking lot,		1) 2)		
	2) houser recomm	mend salting		3)		
	3) pun to the Q700	hour shift	OFA Phone # (for First Aids)	4) 5)		
	4) start (ie. 0600)			6)		
	5)					
ON						
REVENTION	6) Additional Comment or Observations.	Where applicable, give details of r	makes and models of machines	, equipment, tools,		
Ĕ	structures etc. involved in this incident.					
ď						
	Investigated By:	Phone #:	Occupation:			
	MELANIE SAUVE	250-708-776	JUPERVISOR OF Occupation:	STAFFING		
	Investigated By:	Phone #: 708 2-2-4	Youth Supervi	ser		
	Signature of Workers' Representative	Signature of Employer Represent	tative Date:			
	Th	Mr. Sawy	Murch 29,	2011		
	Réviewed By:	Date: MARCH O7TH , 20	Comments:			
# : £ I	CATAL angues ampleues has contact the le	and Mark SafaBC Office as par MC	CP Act #172 (1)(a) Incol BCGEI	Loffice BCDSA		
	FATAL, ensure employer has contact the loster's office and your Human Resources D		55 Act #172 (1)(a), local books	onice, bor on		
Kee	p Original and Forward a copy of the comp	pleted report to: (1) Regional OSH /	Advisor; (2) Local JOSH Commi	ttee Co-Chairs; (3)		
Loc	Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or					
	if requested.  Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.					
T	This form is considered confidential once it has been completed. If you have received a completed form in					

error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



Ministry of Children and Family Development Regional Tracking Number:		Date of Occurrence	Date Reported			
Exact Loca	ation of Incident COURTYARD	Time (select)	Reported to: (name) KECANIE SAUVE			
Directly Affected Person's Name		Position (e.g. Social Worker, etc.) Phone # 1) YOUTH SUFERVISOR 1) \$.22 2) 3) 4) 4) 5)				
Incident:	Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost : \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):					
Severity of Injury, Illness or Incident:  ☑ No Physical Injury; ☐ First Aid only (OFA phone # - ); ☐ Medical Treatment (Dr., clinic, ambulance); ☐ Time Loss (not including day of injury); # of days loss						
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  STRAINED A BDOMINAL MUSCLE  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  570HACH						
	uipment/substance inflicting injury or damage	Witnesses (Attach statements if application) 2) 3)	( )			
Desc	ription of incident (Who, What, Where, When, Why)	– Employees Account (be as specific	as possible with names etc)			
Description of incident (Who, What, Where, When, Why) - Employees Account (be as specific as possible with names etc)  While responding to a Call for staff assistance above mentioned youth Supervisor pulled an abdominal muscle.						
Imme	ediate Basic Cause(s): (What triggered event- e.g. fal	l from height, caught in machinery, ch	ild removal etc.)			

	1) sudden exertion.	stateonary to gu	ick sprint				
	2)						
	3) Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or						
	work procedures; poor lighting; defective	equipment or tools; working alone;	lack of orientation; noise etc.)	g, supervision of			
SIS	1) pre-existing min	W.					
ANALYSIS	2)						
¥	3)						
	4)						
	5)						
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action By:	Date to be Completed By:			
-	1) no recommendat		, tottom by.	1) 2)			
	2)		OEA Discost 4: (Confirm At As)	3)			
	3)		OFA Phone # (for First Aids)	4) 5)			
	4)			6)			
	5)						
TION	6)						
PREVENTION	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.						
PRE	ordered etc. Hivored in the holden.						
	Investigated By: MELANIE SAUVE	Phone #: 250 - 708 - 221	Occupation:	SUPERVISOR			
ĺ	Investigated By:	Phone #: 250 - 708 - 22	(Occupation)				
	Signature of Workers' Representative	Signature of Employer Represent	ative Date: Feb 17	12011			
	Jh.	Milanie Sau	M				
	Reviewed By:	Date: JAN . 2474	Comments:				
* if F	* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA						

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

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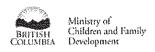
	stry of Children and Family Development onal Tracking Number:	Date of Occurrence FEB. 09 Z011	Date Reported FEB - 09 2011				
Exa	ct Location of Incident UNIT 3	Time   500 (select)	Reported to: (name) MIKE MACPHEE				
	ctlv Affected Person's Name Employee ID #  2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phone # 1 S.22 2) 3) 4) 5)				
	Incident: ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost : \$ ) ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):						
Sev	rerity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA pho Medical Treatment (Dr., clinic, ambulance);		njury); # of days loss				
	Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  BODY Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIBS						
	Witnesses (Attach statements if applicable) Phone #  1) NONE  ( )						
Object/equipment/substance inflicting injury or damage		2) 3)	( )				
	Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)				
DESCRIPTION	Youth Supervisor fell out Truising his ribb.						
	Immediate Basic Cause(s): (What triggered event- e.g. fa	II from height, caught in machinery, ch	ild removal etc.)				

	1) fall pem chair				
	3)				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective				, supervision or
<u>S</u>	1) Inoken, old chair	4			
ANALYSIS	2)	on ou coron			
A	3)				
	4)				
	5)				
	Recommended Control, Corrective Me				Date to be
	(goal is to prevent/minimize re-occurre		Action By:		Completed By: 1)
	1) The old chair was in			2)	
	2) the finit because the youth 3) Supervisor's preferred the leaning		OFA Phone # (for First Aids)		3) 4)
	3) Supervisor's preferred the elaming				5)
	4) lack function			0)	
	5) Recommend removing all the old				
NO	Chara hom the dimita				
PREVENTION	Additional Comment or Observations.		makes and mode	els of machines	l , equipment, tools,
'EVI	structures etc. involved in this incident.				
<u>a</u>					
	Investigated By	Phone #:	Occi	mation:	
	Investigated By: HEL SAUVE	250-708-Z	202		OR OF STAFFING
	Investigated By:	Phone #: 250 703 20	DCCI	upation: Vowth Sad	ocruisor
	Signature of Workers' Representative	Signature of Employer Represent	alive	Youth Sul	
	Jel	Malanie Saur	il Date	: Feb 17	2011
	Reviewed By:	Date: FEB_10 2011	Com	ments:	
* if F	FATAL, ensure employer has contact the k	ocal WorkSafeBC Office as per WC	B Act #172 (1)(a	a), local BCGEL	J office, BCPSA
	ster's office and your Human Resources D		• • • • • • • • • • • • • • • • • • • •		

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

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This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

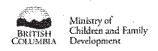
Ministry of Children and Family Development Regional Tracking Number:		Date of Occurrence	Date Reported FEB.04			
Exact Location of Inc	ident GYM	Time (select)	Reported to: (name) JEFF ROBINSON			
Directly Affected Pers 1) s.22 2) 3) 4) 5)	2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)			
☐ Motor Ve	Incident:       ☑ Injury or Illness;       ☐ Near Miss;       ☐ Spill/Release;       ☐ Chem. Exposure;       ☐ Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       ☐ Violence (threat, assault);       ☐ Theft (Estimated Cost : \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):					
Severity of Injury, II  No Phys  Medical	Iness or Incident: ical Injury; ☐ First Aid only (OFA pl Treatment (Dr., clinic, ambulance);	hone# - ); ⊠ Time Loss (not including day of	injury); 5 # of days loss			
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  BRUISE OR CRACK  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)  RIBS						
	Witnesses (Attach statements if applicable) Phone # 1) s.15, s.22					
Object/equipment/substance inflicting injury or damage		2)	( )			
	The Addies Wheels Wheels Who we will be a self-		as nossible with names etc)			
Description of in	cident (Who, What, Where, When, Why	/) - Employees Account (be as specific	as possible with names etc/			
During the restraint represent course, youth Supervisor fell forward during a take down plactice. Youth Supervisor injured his ribo.  Immediate Basic Cause(s): (What triggered event-e.g. fall from height, caught in machinery, child removal etc.)						
Immediate Basic	: Cause(s): (What triggered event- e.g. f	fall from height, caught in machinery, ch	nild removal etc.)			

	1				
ANALYSIS	1) Jall 2) 3) Underlying Cause and Contributing Fawork procedures; poor lighting; defective  1) MO Contributing Jacc 2) 3) 4) 5)  Recommended Control, Corrective Me	equipment or tools; working alone;			, supervision or
PREVENTION	(goal is to prevent/minimize re-occurre  1) there was adequate 2) technique was pl 3) youth supervisor of 4) off-balance. 5) Soft mots were used at 6)	Additional Comment or Observations. Where applicable, give details of r		y: one # (for First Aids) I models of machines,	Completed By:  1) 2) 3) 4) 5) 6)
	Investigated By:  Investigated By:  Investigated By:  Investigated By:  Investigated By:  Reviewed By:	Phone #: 250 - 708 - 2205  Phone #: 250 - 708 - 2205  Signature of Employer Represent  Af Illumia Suppose Date: 758 00	ative	Occupation: SUPER Occupation: STA  YOUTH SO  Date: Feb 1	FFING apervisor
* if E	FATAL, ensure employer has contact the lo	FEB. 09	B Δct #17		office RCPSA
	ster's office and your Human Resources D		10 MUL#1/	2 (1)(a), 100al DUGEU	OHICE, DOFOR

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

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Date of Occurrence JAN . 05 ZON	Date Reported JAN . 06 ZOII				
Time (Select)	Reported to: (name) MELANIE SAUVE				
Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)				
Incident:  ☐ Injury or Illness; ☐ Near Miss; ☐ Spill/Release; ☐ Chem. Exposure; ☐ Property/Equip Malfunction         ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence (threat, assault); ☐ Theft (Estimated Cost: \$ )         ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐ Occupational Disease; ☐ Other (describe):         Severity of Injury, Illness or Incident:         ☐ No Physical Injury; ☐ First Aid only (OFA phone # - );					
∑ Time Loss (not including day of	injury); # of days loss				
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)  Body Part(s) Injured or affected (e.g. arm, foot, hand, back, internal injury etc.)					
STRAIN LOWER BACK : NECK					
Witnesses (Attach statements if annlicable) Phone # 1) s.15, s.22					
2)	( )				
3)	( )				
r) – Employees Account (be as specific	as possible with names etc)				
Imployee slipped and fell after walking on freshly  Mopped floor.  Immediate Basic Cause(s): (What triggered event- e.g. fall from height, caught in machinery, child removal etc.)					
	Time (640)  Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4) 5)  Pase; Chem. Exposure; Prof. (threat, assault); Theft (Estiment of the companion of the comp				

	1) WET FLOOR				
	2)				
	3)				
	Underlying Cause and Contributing Fa	actors: (What allowed the trigger to	exist - e.g. ina	adequate training	, supervision or
	work procedures; poor lighting; defective				
ANALYSIS	1) INADE QUATE SIGNI	AGE ( GIGM WOW P	opted o	utside of	man hap.
	2) another sign show	uld be pooted on	the oth	er entit	1 mgo '
A	1) INADEQUATE SIGNI 2) another sign show 3) mantrap	,			
	4)				
	5)				
	,				
	Recommended Control, Corrective Me	asures or Treatment Provided			Date to be
	(goal is to prevent/minimize re-occurre	ence of accident/incident):	Action By:		Completed By: 1)
	, COMMODICINE TO SINGTON MEETING			2)	
	2) IMPORTANCE OF SIGNAGE AND WHERE OFA Phone # (for First Aids)			(for First Aids)	3) 4)
	3) TO PLACE SIGNAGE  4) Investigate options to make Floors less slippery  OFA Phone # (for First Aids)			5) 6)	
	4) Investigate options to make thous less slippery				
_	5)		,		
PREVENTION	6)	:			
EN	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.				
Ϋ́E	structures etc. involved in this incident.				
"					
	Investigated By: MELANIE SAUVE	Phone #: 750 - 708 - 220	)2 Oc	cupation:	AF CYAPTONA
	Investigated By:	Phone #:		cupation.	OF STAFFING
	Signature of Workers' Representative	⊋ऽ০ স্তঃ ২১১৭ Signature of Employer Represen	tativo	Youth Supe Feb 17, 2	
	Ignature of volkers Representative	My lavie Sau	- I Dat	te:	
	Reviewed By:			mments:	
		Date: JAN .06 - 2011			
	FATAL, ensure employer has contact the k		CB Act #172 (1)	(a), local BCGEU	J office, BCPSA
Mini	ster's office and your Human Resources D	Department.			

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

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# OSH Joint Incident Investigation Form

PSC 38 Equivalent

This form must be initiated immediately after notification.

This information is required by WorkSafeBC when serious workplace injuries and/or incidents occur that result in loss time (past the day of injury) or medical intervention. This report is also to be used for recording and investigating less serious incidents which include incidents with the **potential** to cause serious injury, violent incidents (threats, physical assault etc.) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

		Г	MCFD TRACKING	G NUMBER
INCIDENT LOCATION INFO REPORTING OFFICE PHONE 250-708-2202  ADDRESS OF INCIDENT (street address, city/to	RMATION  DATE OF OCCURRENCE  2012-12-10	DATE REPORTED  2012-12-10  EXACT LOCATION OF INCIDENT		то
94 Talcott Road, Victoria BC		Unit 3		
PEOPLE INVOLVED				
FEOFLE INVOLVED	NAME OF PERSON INCIDENT RE	PORTED TO		NE NUMBER nt than reporting office)
1) Michael MacPhee			250-	708-2226
NAME OF PERSON	N DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader, (	(if differen	NE NUMBER int than reporting office)
1) s.22		Youth Supervis	sor 250-7	708-2224
NAME OF WITNESS	POSITION (e.g. Social Worker, Team I Office Manager)	PHONE NUMBER eader, (if different than reporting (office)	INVOLVEMEN e.g. what they saw, heard, the	eir location at time
1) s.15, s.22	Youth Supervis	sor 250-708-2224	Partner on unit 3, whe altercation and ensuing break up altercation between tesidentss.79 YCJA	witnessed I the of the

#### INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

Violence Related Incidents	Verbal Threat  (i.e. abusive swear harm, veiled or per Written Threat  (i.e. abusive swear harm, veiled or per Bomb Threat  (i.e. written, verbal  Weapon Threat	rceived) ring, physical rceived)	Environmental Incidents	Gene Incid		
	Intimidating Be (i.e. stalking, infrin physical space) Aggressive Be (slamming fist, kicl damaged property Physical Assa	gement on Phaviour king door, )				
	(i.e. physical injury	"				
	(i.e. attacked, mer	nacing behaviour)				
	Vehicular Assa Worker to Wo (i.e. actual or percintimidation)	rker				
and the state of t	Other					
SEVERITY OF INJURY OR ILLN	First Aid Only	Medical		Time Loss		Fatal
No Physical Injury  TYPE OF INJURY OR ILLNESS		(Dr. Clinic,	Ambulance)	(Not including	g day of ir	njury) ——
Knocks, Scrapes, Abrasions, Bruises	Muscle/Tendo	on Sprai	ins	Medical S (scents, ch		
Muscle/Tendon Tears	Fractures	Lace	rations/Cuts	Disease		Burns
Other						
BODY PART(S) INJURIED OR A	FFECTED (CHECK ALL THAT	APPLY)				
Upper						
Mid Body (including arms)	Right Shoulder	Right Arm	Right Elbow	Right	Wrist	Right Hand/Fingers
(including arms)	Left Shoulder	Left Arm	Left Elbow	✓ Left W	/rist	Left Hand/Fingers
	Upper Back	Mid Back	Lower Back			
Lower Body						
PHYSICAL SURROUNDINGS D	ETAILS (IF APPLICABLE)	Erwir	onmental Conditions	:		
Object/Equipment/Subs or dam	tance inflicting injury	a	at time of incident g, sound, chemical expo		Offic	ce Structures implicated in incident (i.e doors)
Hit wall during restrair		NA			Door J	am
DESCRIPTION OF Who, What, Where, When, Why	y - Employee's Account (be s	pecific as possible with	h worker's names, times, loc	cations and use	e initials for	client names)
Injured wrist while	physically restra	ining a young	person who was	s tighting	anothe	er young person.
ANALYSIS						
Return to Basic						
	tervention to stop a					
Recommende (goal is t	d Control, Corrective I o prevent/minimize re-oc	Measures or Treacurence of accider	atment Provided nt/incident)		Action	Completion ned by Date

Recommended Control, Corrective Medigoal is to prevent/minimize re-occur		Actioned by	Completion Date
A) No recommendations			
ADDITIONAL COMMENTS OR OBSERVATIONS Where applic	able, give details of other hazards, which may or may	not be related to the incident.	
WINDOWS 1. 10 - WOOD 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			-
OSH COMMITEE JOINT INVESTIGAT	ORS		
NAME(S) AND OCCUPATION(S) OF PERSON(S) WH	IO INVESTIGATED INCIDENT:		
Name	Signature	Occupation	Phone
J. Rub		Syrver of Staffy	708-7:202
T. Guarascio		Seier-Youth Supervises	708-1216
eep Original and Forward a copy of the int (1) Local JOSH Commi	terim report to: ttee co-chairs for committee discuss	sion and further recommendati	ons.
Geep Original and Forward a copy of the co (1) Employer for their re (2) BCGEU Area Office (3) Regional MCFD OS (4) Local WorkSafeBC	eview and action; H Advisor		
Further assistance can be obtained by con-	tacting your Regional OSH Advisor	or the BCGEU.	
This form is considered confidential o please forward it to your Re	gional OSH Advisor and destroy/		
Jh.	2013/61/02	and the second s	2013/01/02



# OSH Joint Incident Investigation Form

PSC 38 Equivalent

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				MCF	D TRACKING NUMBER
REPORTIN	NG OFFICE PHONE	MATION  DATE OF OCCURRENCE  2012-12-10	DATE REPORTED 2012-12-10	TIME OF II	NCIDENT 3 PM TO
ADDRESS	of INCIDENT (street address, city/town	)	EXACT LOCATION OF	INCIDENT (parking lot, mee	ting room etc)
94 Ta	lcott Road, Victoria BC		Unit 3		
PEOPL	_E INVOLVED				
		NAME OF PERSON INCIDENT RE	PORTED TO		PHONE NUMBER (if different than reporting office)
1)	DRESS OF INCIDENT (street address, city/town) 4 Talcott Road, Victoria BC  COPLE INVOLVED  NAME OF PERSON DIRECTLY A  1) S.22				250-708-2226
	NAME OF PERSON D	RECTLY AFFECTED		SiTION am Leader, Office Manager)	PHONE NUMBER (if different than reporting office)
1)	s.22		Youth S	Supervisor	250-708-2224
	NAME OF WITNESS	POSITION (e.g. Social Worker, Team L Office Manager)	PHONE NUM eader, (if different than a office)	reporting (e.g. what they sa	IVOLVEMENT w, heard, their location at time he incident, etc.)
1)	s.15, s.22	Youth Supervis	or 250-708-2	the alterca 2224 ensuing br	unit 3, witnessed tion and the eak up of the between to .79 YCJA

#### INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

Violence Related Incidents	(i.e. abusive swenharm, veiled or programment (i.e. abusive swenharm, veiled or programment (i.e. written, verball (i.e. written, verball (i.e. stalking, infringhysical space)  Aggressive B (slamming fist, kindamaged propert (i.e. physical injuration of the control of the con	aring, physical erceived) at aring, physical erceived) al) eat Behaviour ngement on ehaviour cking door, y) ault ry) ed enacing behaviour) sault brker	Incidents	Tai General Incidents		
	intimidation)	oottoa unodio,				
	Other	_				
SEVERITY OF INJURY OR ILLN		Medical	Intervention	71 Time Loss	# of David Long: 2	
No Physical Injury	I list Aid Only	(Dr. Clinic,	Ambulance)	☐ (Not including day o	finjury) # of Days Loss: 3	
Fatal						
TYPE OF INJURY OR ILLNESS  Knocks, Scrapes, Abrasions, Bruises	Muscle/Tendo	on 🔽 Spra	ins [	Medical Sensit		
Muscle/Tendon Tears	Fractures	Lace	rations/Cuts	Disease	Burns	
Other						
SODY PART(S) INJURIED OR A	FFECTED (CHECK ALL THAT					٦
✓ Upper	Head	Ear	Eyes	✓ Neck		
Mid Body (including arms)		Right Arm	Right Elbow	Right Wrist	Right Hand/Fingers	
— (including arms)	Left Shoulder	Left Arm	Left Elbow	Left Wrist	Left Hand/Fingers	***************************************
	Upper Back	Mid Back	Lower Back			
Lower Body		****				
PHYSICAL SURROUNDINGS DE	ETAILS (IF APPLICABLE)					
Object/Equipment/Subst		a	onmental Conditior t time of incident , sound, chemical exp	Of	fice Structures implicated in incide (i.e doors)	nt
Hit wall during restrain		NA		Door		
DESCRIPTION OF Who, What, Where, When, Why Altercation between	- Employee's Account (be son two residents <sup>S</sup> .	79 YCJA requ	uiring physical i	intervention. Wh	or client names) hile performing these duties	did
fall back against w	aii / door jam cat	ising injury to	snoulder / necl	k area		
ANALYSIS						
Return to Basic	a aggregation and an extensive and a second					
Immediate Basic     Physical int	Cause: ervention to stop a	fight between t	two residents			
1 319 010011 1110	c c c to otop u					

	Recommended Control, Corrective (goal is to prevent/minimize re-oc		Actioned by	Completion Date
A)	No recommendations			
ADD	ITIONAL COMMENTS OR OBSERVATIONS Where ap	oplicable, give details of other hazards, which may or n	ray not be related to the incident.	
os	H COMMITEE JOINT INVESTIG	ATORS		
	NAME(S) AND OCCUPATION(S) OF PERSON(S)  Name	) WHO INVESTIGATED INCIDENT: Signature	Occupation	Phone
	5.24.		Success of Shall	708-2262
	T. anarascio		Senar Youth Supervices	708-7226
Kee	p Original and Forward a copy of the (1) Local JOSH Con	e interim report to: nmittee co-chairs for committee discu	ussion and further recommenda	ations.
Kee	p Original and Forward a copy of the (1) Employer for the (2) BCGEU Area Of (3) Regional MCFD (4) Local WorkSafe	ir review and action; fice		
Fui	ther assistance can be obtained by	contacting your Regional OSH Advise	or or the BCGEU.	
Ţ	his form is considered confidentia	al once it has been completed. If y Regional OSH Advisor and destro	ou have received a complete	ed form in error opy.
SIGN	ATURE OF WORKER'S REPRESENTATIVE	DATE (YYY-MM-DD) SIGNATURE OF EN	MPLOYER'S REPRESENTATIVE	DATE (777-MM-DD) 2013/01/0-2



# OSH Joint Incident Investigation Form

PSC 38 Equivalent

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				Г	MCFE	TRACKING	NUMBER	
	IT LOCATION INFOR	DATE OF OCCURRENCE		ATE REPORTED	TIME OF IN	CIDENT		
250-708	8-2202	2012-09-12	- 2	2012-09-12	1:00	PM T	0	PM
ADDRESS OF	INCIDENT (street address, city/tow	n)	٦ Æ	ACT LOCATION OF INCIDEN	IT (parking lot, meeti	ng room etc)		
94 Talc	ott Road, Victoria, BC			Jnit 4				
PEOPLE	INVOLVED	NAME OF PERSON INCIDENT R	EPÓRT!	ED TO		(if different	E NUMBER than reporting	
1) J	Jeff Robinson	10000 017 2100111100201111					08-2202	
	NAME OF PERSON I	DIRECTLY AFFECTED	(e.g	POSITION Social Worker, Team Leade	r, Office Manager)	(if different	E NUMBER than reporting ffice)	l
1) s.:	22			Youth Superv	risor	250-7	08-2224	
PEOPLE  1) S.2	NAME OF WITNESS	POSITION (e.g. Social Worker, Team Office Manager)	Leader,	PHONE NUMBER (if different than reporting office)	(e.g. what they say	OLVEMENT  , heard, their e incident, etc.	location at tim	18
1")	.15, s.22	Youth Supervis	sor	250-708-2224	Involved wir young pers was physica and non con person kick during the of restraint.	th restra on, your ally aggi mpliant. ed s.22	int of ng person ressive Young	1

#### INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

Violence Related Incidents	Verbal Threat (i.e. abusive swear harm, veiled or per		Environment Incidents	16 1	neral idents	
Annual Park	Written Threat (i.e. abusive swear harm, veiled or pen					
	Bomb Threat	·				
	]Weapon Threa					
	Intimidating Be (i.e. stalking, infring physical space) Aggressive Bel	gement on				
	(slamming fist, kick damaged property)					
V	Physical Assau (i.e. physical injury)					
	Animal Related					
	Vehicular Assa	ıult				
	Worker to Worl (i.e. actual or perce intimidation)					
	] Other					
SEVERITY OF INJURY OR ILLNESS (C	CHECK ALL THAT APPLY)			<b>-</b>		
No Physical Injury	First Aid Only	Medical (Dr. Clinic,	Intervention Ambulance)	Time Los (Not includi	SS ng day of inj	<sub>ury)</sub> # of Days Loss: 2
Fatal						
TYPE OF INJURY OR ILLNESS (CHECK	( ALL THAT APPLY)					
Knocks, Scrapes, Abrasions, Bruises	Muscle/Tendor Strains	Spra	ins [		Sensitivit	y Post Traumatic Stress
Muscle/Tendon Tears	Fractures	Lace	erations/Cuts	Disease		Burns
<b>V</b>   Other	EASE SPECIFY ninor concussi	on				
<u> </u>						
BODY PART(S) INJURIED OR AFFECT				[ Neels		
[▲] Obbei	Head 	Ear	Eyes	Neck		The state of the s
(including arms)	Lower Body					
PHYSICAL SURROUNDINGS DETAILS	(IF APPLICABLE)	Envir	onmental Condition	s		
Object/Equipment/Substance or damage	inflicting injury	а	t time of incident , sound, chemical exp		Office	Structures implicated in incident (i.e doors)
Foot of young person		NA .			NA	
DESCRIPTION OF INC	IDENT					
Who, What, Where, When, Why - Empl	loyee's Account (be spe	cific as possible with	worker's names, times, le	ocations and us	e initials for cl	ent names)
s.22, s.79 YCJA						
4 Add Angles of the Angles of						
s.79 YCJA		to be a second	45		ومسوم المثالة	and to atribe CO2 22 in
the back of the head. (						age to strike COs.22 in owed up by seeing a Doctor
s.22	JO VILL UIU	SEE LIE INUI	oc (ICO) on alle,	ano was		oned up by seemig a poeter
ANALYSIS						
Return to Basic Caus	ses					

1)		young person.		,	
	•			Actioned by	Completion Date
A)	(goal is to prevent/minimize re-occurrence of accident/incident)  No recommendations  DOITIONAL COMMENTS OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.  SH COMMITEE JOINT INVESTIGATORS  NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:  Name  Signature  Occupation  Signature  Occupation  Signature  Occupation  Signature  Occupation  Occupation  Occupation  Occupation  Occupation  Signature  Occupation  Occupatio				
ADÐ	TIONAL COMMENTS OR OBSERVATIONS Where applic	able, give details of other hazards, which ma	ay or may not be	related to the incident.	
os	H COMMITEE JOINT INVESTIGAT	ORS	1000		
				<u> </u>	
	Name	Signature		Occupation	Phone
	J. Robinson		5	Jecsin & Stat	M- 708-2202
	T. anacascio	al control of an assaultive young person. Inded Control, Corrective Measures or Treatment Provided It is to prevent/minimize re-occurrence of accident/incident)  Actioned by  Completion Date  Indiations  S OR OBSERVATIONS Where applicable, give details of other hazards, which may or may not be related to the incident.  EE JOINT INVESTIGATORS  DOCUPATION(S) OF PERSON(S) WHO INVESTIGATED INCIDENT:  Name  Signature  Occupation  Phone  Signature  Occupation  Occupation  Occupation  Phone  Signature  Occupation  Occupation  Occupation  Phone  Signature  Occupation  Occupation  Occupation  Phone  Occupation  Occupation  Phone  Occupation  Phone  Occupation  Occupation  Occupa	JEEC - 207 )		
Kee			discussion a	and further recomme	endations.
Kee	(1) Employer for their re (2) BCGEU Area Office (3) Regional MCFD OS	eview and action; : :H Advisor			
Fur	ther assistance can be obtained by con	tacting your Regional OSH A	dvisor or the	e BCGEU.	
	please forward it to your Re	egional OSH Advisor and de	estroy/pern	nanently delete you	DATE (YYYY-MM-DD)



#### JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

		A A A A A A A A A A A A A A A A A A A	20
	etry of Children and Family Development onal Tracking Number:	Date of Occurrence Avg - 13, 2012	Date Reported
Exac	t Location of Incident	1749-13, 2012 Reported to: (name) M-MacPh +2	
1	tlv Affected Person's Name Employee ID#	Position (e.g. Social Worker, etc.) 1) s.22 2) 3) 4) 5)	Phone #  1) 2) 3) 4) 5)
Incid	ent: Injury or Illness; Near Miss; Spill/Relea Motor Vehicle; Ergonomic; Violence ( Fire; Flood; Indoor Air Quality (IAQ);	threat, assault);	ated Cost : \$ )
Seve	erity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho ☐ Medical Treatment (Dr., clinic, ambulance); ☐		njury); # of days loss
sensit	y or Illness Type (cut, bruise, strain or sprain, fracture, tivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (einternal injury etc.)	4
		Witnesses (Attach statements if apple) s.15, s.22	plicable) Phone #
12	estraining resident, threat	2) 3)	( )
	Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)
DESCRIPTION	Description of incident (Who, What, Where, When, Why).  - Resident S.79 YCJA  - Resident S.79 YCJA  - Resident S.79 YCJA  - Hampted to see the grown of Iquiding him see s.22	d and bruising	
I	mmediate Basic Cause(s): (What triggered event- e.g. fall	from height, caught in machinery, chi	ld removal etc.)

	1)				-				
	2)								
	3)								
	Underlying Cause and Contributing Fa	actors: (What allowed the trigger to	exist – e.	g. inadequate training	. supervision or				
	work procedures; poor lighting; defective				,				
SIS	1)								
ANALYSIS	2)								
Ā	3)								
	4)								
	5)								
					STEP YOU WILL				
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre		Action B	<i>J</i> .	Date to be Completed By:				
	1) No Recommendation	Since of accidentification,	Action D	1	1)				
	2)				2) 3)				
	3)			one # (for First Aids)	4) 5)				
	4)				6)				
	5)				The second secon				
NOI	6)								
PREVENTION	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.								
PRE	Structures etc. hivolved in this incluent.	structures etc. involved in this incident.							
	Investigated By:  Machee	Phone #: 250 - 708 - 2	202	Occupation: Sop	<b>'</b>				
	Investigated By:	Phone #:		Occupation: SCO					
	Signature of Workers' Representative	Signature of Employer Represent	Date: Aug 14, 2012						
	An	mmadhr		Jaio. 7, 13	auchanissina.				
	Reviewed By:	Date: 710 = 14/12	<u> </u>	Comments:	COORDINATION				
* 16 5	FATAL, ensure employer has contact the lo	acol Work SafoRC Office as per WC	`R Act #17	2 (1)(a) local BCGEI	Loffice RCPSA				
	ister's office and your Human Resources D				- United; 501 0/1				
Kee	p Original and Forward a copy of the comp	oleted report to: (1) Regional OSH	Advisor; (2	) Local JOSH Commi	ttee Co-Chairs; (3)				
	al BCGEU area office; (4) Local WorkSafel quested.				ea medical aid, or				
T	Further assistance can be on the form is considered confidential of the form is considered.	obtained by contacting your Region			pleted form in				
	error please forward it to your Region								



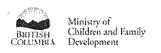
# Ministry of Children and Family Development

## Supervisor's OSH Incident Report

All reported accidents/incidents or unsafe conditions/acts **must** be investigated initially by the supervisor without delay as per WCB Health and Safety Regulation 3.10 and Ministry Policy. Please complete this form in its entirety and follow the distribution guidelines at the bottom of the form.

DATE (YYYY-MM-DD)	REGION		pa	MCFD TRACKING	3 NUMBER	······
2012-08-13	Provincial Services					
SUPERVISOR CO	ONTACT INFORMATION MITTING FORM			рн	ONE NUMBER	
Blade Tickner				2	50 708-22	219
WORKSITE ADDRESS						
94 Tallcott Road					~~~~~	
CITY / TOWN	POSTAL C	ODE REGIONAL	OSH CONTACT			
Victoria	V8W	9J1 Dan S	tevens			
DATE OF INCIDENT (YYYY-MM-	DD) DATE INCIDENT REPORTED (YYY		OF INCIDENT			
2012-08-13	2012-08-13	Victoria	Youth Custody Se	rvices, Cou	rtyard	
Critical Incident Stres	s Debriefing has been offered and	d/or made availabl	e in accordance with	policy? (	Yes (	No
			А	ccepted? (	Yes (	No
MCFD STAFF DII EMPLOYEE NAME s.22	RECTLY OR INDIRECTLY	INVOLVED	WITNESS	WORK PHONE		1
5.22			● Yes ○ No	250 708-2	2224	
Check here if the	employee's work address is differe	ent than above.				
INCIDENT TABLE Violence Related Incidents	check all that apply  Verbal Threat (i.e. abusive swearing, physical harm, veiled or perceived)  Written Threat (i.e. abusive swearing, physical harm, veiled or perceived)  Bomb Threat (i.e. written, verbal)	Environment Incidents	al General Cincidents	Death of ar Employee	י בייייי	
	Weapon Threat  Intimidating Behaviour (i.e. stalking, infringement on physical space)  Aggressive Behaviour (slamming fist, kicking door, damaged property)  Physical Assault (i.e. physical injury)					
	Animal Related (i.e. attacked, menacing behaviour)  Vehicular Assault  Worker to Worker (i.e. actual or perceived threats, intimidation)  Other					

Did the incident result in Medical Aid (Physician, Clinics, Ambulance)?	Yes
Time Loss (other than the day of injury)?	
Did the incident have potential for serious injury if no injury occured?	
You must complete the Pre-Filled Regional Form 7.	
You can find the form for your region here: http://icw.mcf.gov.bc.	
C Yes No C Yes No C Yes	No C Yes No
NEGOTIABLE DOCS LOST / DAMAGED	
C Yes • No	
DESCRIPTION OF INCIDENT / ACCIDENT – Please provide a detailed description of the incident IN involved.	CLUDING client and employee names who were directly
With his fist clenched, a youth made a punching motion toward s.2	
which resulted in <sup>s.22</sup> receiving an injury to his chest muscles as was escorted to a medical clinic where he was advised that he had off work.	
Possible Causes and Contributing Factors to Incident/Accident and Immediate action take	en to eliminate or minimize the risk to workers
Causes/Contributing Factors: Angry aggressive youth who attemp to eliminate/minimize risk: Youth was restrained and issued conse	
DISTRIBUTION	
Forward the completed form to:	
<ol> <li>JOSH Committee Employer Co-chair</li> <li>CSM</li> </ol>	
EMAIL	



#### JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

	stry of Children and Family Development onal Tracking Number:	Date of Occurrence	Date Reported
	t Location of Incident	Time (select) /6:00	Reported to: (name)  Dean Peid (Scoz)
Direct 1)s.22 2) 3) 4) 5)	etiv Affected Person's Name Employee ID # 1) 2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) Youth Supervisor  2)  3)  4)  5)	Phone # 1) 2) 3) 4) 5)
Incid	ent: Injury or Illness; Near Miss; Spill/Relea Motor Vehicle; Ergonomic; Violence ( Fire; Flood; Indoor Air Quality (IAQ);	threat, assault); 🔲 Theft (Estima	ited Cost : \$
Seve	erity of Injury, Illness or Incident:  ☐ No Physical Injury; ☐ First Aid only (OFA pho ☐ Medical Treatment (Dr., clinic, ambulance); ☐	ne# - ); Time Loss (not including day of i	njury); 3 (11-5+3)
sensil	y or Illness Type (cut, bruise, strain or sprain, fracture, tivity, disease, post traumatic stress, etc.)  Hair b Achilles tender and thigh -	Body Part(s) Injured or affected (e internal injury etc.)  Lee ( Thish	e.g. arm, foot, hand, back,
Objec	ct/equipment/substance inflicting injury or damage	Witnesses (Attach statements if app 1) See all a cheet Too 2)	olicable) Phone #
i ;	Description of incident (Who, What, Where, When, Why) -		
DESCF	- Pushing through block incident - Staff vere to rescue resident s.22		•
1	mmediate Basic Cause(s): (What triggered event- e.g. fall	from height, caught in machinery, chi	ld removal etc.)

	1)				
	2)				
	3)				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective				, supervision or
SIS	1)				
ANAL YSIS	2)				
A	3)				
	4)				
	5)				
	Recommended Control, Corrective Me		A - 41 D		Date to be
	(goal is to prevent/minimize re-occurre  1) No recommendation		Action By	<i>(</i>	Completed By: 1)
	2)	,			2)
	3)		OFA Pho	ne # (for First Aids)	4) 5)
					6)
	4)				
NO	5)				
PREVENTION	6) Additional Comment or Observations.	Where applicable, give details of	l makes and	I models of machines	equipment, tools,
REV	structures etc. involved in this incident.				
۵					
					100 mm
	Investigated By:	Phone #: 250 - 708 - 2	202	Occupation: Sop.	- of staffing
	Investigated By:	Phone #:		Occupation: 500	
	Signature of Workers' Representative	Signature of Employer Represent	tative		_
	A	In march		Date: Arm (	4/12
	Reviewed By:	Date:		Comments:	
* if F Mini	FATAL, ensure employer has contact the lo ster's office and your Human Resources D	ocal WorkSafeBC Office as per WC epartment.	CB Act #17	2 (1)(a), local BCGEL	J office, BCPSA
Kee	p Original and Forward a copy of the comp	leted report to: (1) Regional OSH	Advisor; (2	) Local JOSH Commi	ttee Co-Chairs; (3)
	al BCGEU area office; (4) Local WorkSafel quested				ed medical aid, or
		obtained by contacting your Region			nleted form in
e	rror please forward it to your Region	nal OSH Advisor and destroy	/permane	ently delete your c	opy. Thanks!





COLOMI	——————————————————————————————————————						
Master Incident N	Number: YIF-00509	71-01	Curren	t State: A	waiting	Approver	
		Creator's Section - by <sup>s.15</sup>					
Incident Date & <sup>7</sup> Primary Incident		15:58 ent	Code:	⊠ Red	□В	lue 🗌	Yellow
Incident Location	n						
Reporting Cent	re: Victoria Youth Se	ecure Custody	Locatio	n: Unit 3			
Residents Involv	red					Treatment	
CS Number	Last Name	First Name	Role	Injured	Onsite	Offsite	Hospital
Staff Involved						Treatment	
User Id	Last Name	First Name	Role	Injured	Onsite	Offsite	Hospital
s.15	5.22		Responder				
			Responder				
			Responder				
			Responder				
			Responder				
			Responder				
Other Involved P	articipants						
						Treatment	
Туре	Last Name	First Name	Role	Injured	Onsite	Offsite	Hospital
					<del></del> 1		r1

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Requested by: S.15

Michael Macphee

Printed on: 2012.08.14 08:07
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ncident Number	r: YIF-0050971-01		Current Sta	te: Awaiting Approver
Details				
79 YCJA				
Restraint Details				
Classifications		r's (Senior Youth Su	pervisor) Section -	by s.15
Classifications			pervisor) Section -	by s.15
			entervision (en tradición de legistes de debite a la tradición de la Conferencia de la Conferencia de la Confe	by s.15
Incident Type		Incident Deta	il Classifications	
Incident Type Violence	Assault	Incident Deta	il Classifications  Threat	Fight
Incident Type Violence Critical	Assault Riot	Incident Deta	il Classifications  Threat  Disturbance	Fight Fire
Incident Type Violence Critical	Assault Riot Escape	Incident Deta  Attempted Assault  Hostage Taking  Attempted Escape	il Classifications  Threat Disturbance Escape Escorted RL	Fight Fire Escape Unescorted RL
Violence Critical	Assault Riot Escape Drugs Electronics	Incident Deta  Attempted Assault  Hostage Taking Attempted Escape  Pharmaceuticals	il Classifications  Threat Disturbance Escape Escorted RL Tobacco	Fight Fire Escape Unescorted RL Weapons
Violence Critical Incident Contraband	Assault Riot Escape Drugs Electronics	Incident Deta  Attempted Assault  Hostage Taking Attempted Escape  Pharmaceuticals	il Classifications  Threat Disturbance Escape Escorted RL Tobacco	Fight Fire Escape Unescorted RL Weapons
Violence Critical	Assault Riot Escape Drugs Electronics Other	Incident Deta  Attempted Assault  Hostage Taking Attempted Escape Pharmaceuticals Tattoo Equipment	Threat Disturbance Escape Escorted RL Tobacco Drug Paraphenalia	Fight Fire Escape Unescorted RL Weapons
Violence Critical Incident Contraband	Assault Riot Escape Drugs Electronics Other Self-Harm	Incident Deta  Attempted Assault  Hostage Taking Attempted Escape Pharmaceuticals Tattoo Equipment	Threat Disturbance Escape Escorted RL Tobacco Drug Paraphenalia	Fight Fire Escape Unescorted RL Weapons
Violence Critical Incident Contraband	Assault Riot Escape Drugs Electronics Other Self-Harm Accident	Incident Deta  Attempted Assault  Hostage Taking Attempted Escape Pharmaceuticals Tattoo Equipment  Serious Illness	Threat Disturbance Escape Escorted RL Tobacco Drug Paraphenalia Death	Fight Fire Escape Unescorted RL Weapons Correspondence

Consequences for s.79 YCJA

Security

Access, collection, use, disclosure and disposal of this document must be in accordance with the British Columbia Freedom of Information Protection of Privacy Act and the Youth Criminal Justice Act.

Unauthorized Access

Damage To Property

Missing Items

Unauthorized Communication





Master Incident Number: YIF-0050971-01	Current State: Awaiting Approver
s.79 YCJA	
- 70 VO IA	
Consequences for s.79 YCJA	
s.79 YCJA	
s 79 YCJA	
Use of Restraint for s.79 YCJA	
s.79 YCJA	

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Requested by: 8.15

Michael Macphee

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Master Incident Number:	YIF-0050971-01	Current State: Awaiting Approver
79 YCJA		

Use of Restraint for s.79 YCJA

s.79 YCJA





Master Incident Number: YIF-0050971-01	Current State: Awaiting Approve
--	---------------------------------

#### Resident's Comment

s.79 YCJA

#### Reviewer's Comment

A serious situation handled very well by all staff involved.





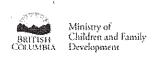
Master Incident Number: YIF-0050971-01 Current State: Awaiting Approver

Approver's (Director) Section - by

Use of Restraint - Administrative Review

s.79 YCJA

Approver's Comment



Amended Avg 10/12
The days lost time PSC 38 Equivalent

#### JOINT INJURY / INCIDENT INVESTIGATION REPORT

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			Water A. Committee of the Committee of t
	nistry of Children and Family Development gional Tracking Number:	Date of Occurrence Avg 7, 2012	Date Reported Aug 7, 2012
Exa	act Location of Incident Courty and Incon Unit 2 -	Time (select) 1635	Reported to: (name) MACHEL
	rectiv Affected Person's Name s.22  Employee ID # 1) 2) 3) 4) 5)	Position (e.g. Social Worker, etc.)  1) Youth Supervisor  2)  3)  4)  5)	Phone #  1) 2) 3) 4) 5)
	• • • • • • • • • • • • • • • • • • • •		ited Cost : \$ )
Se	verity of Injury, Illness or Incident: And Andrews OFA pho  No Physical Injury; First Aid only (OFA pho Medical Treatment (Dr., clinic, ambulance);	one # Narsey; Kelly Barbio Time Loss (not including day of i	n 250-7-78-2212 njury); 2 # of days loss
sen	ury or Illness Type (cut, bruise, strain or sprain, fracture, sittivity, disease, post traumatic stress, etc.) Sprain to eff thumb	Body Part(s) Injured or affected (e internal injury etc.)	
		Witnesses (Attach statements if app 1) See a Hachela I	
Obj	ject/equipment/substance inflicting injury or damage  Flailing resident during  restant -	2) 3)	( )
	Description of incident (Who, What, Where, When, Why) -	– Employees Account (be as specific a	as possible with names etc)
DESCRIPTION	7 See attached FR Fr  5.22  7 Stoff  leg when he resisted was initiated when the his unit.	shift involved.  Las street  shift restricts resident refused	by residents ount - Restaint to altered
	Immediate Basic Cause(s): (What triggered event- e.g. fall	from height, caught in machinery, chi	ld removal etc.)

	i	i e		
i	1) Struck by resi	Bent leg during	restraint.	
	2)	-		
	3)			
	Underlying Cause and Contributing Fawork procedures; poor lighting; defective	equipment or tools; working alone	; lack of orientation; noise etc.)	
SIS	1) Nature of the way	k. Adequate back	- up was presen	<del>-</del>
ANAL YSIS	2)	•	y	
A	3)			
	4)			
	5)			·
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurr	easures or Treatment Provided	Action By:	Date to be Completed By:
	1) No Recommendations		Action by.	1)
	2)			2) 3)
	3)		OFA Phone # (for First Aids)	4) 5)
	4)			6)
	5)			
NO	6)			
EN1	Additional Comment or Observations.	Where applicable, give details of	makes and models of machines	, equipment, tools,
PREVENTION	structures etc. involved in this incident.			
<u></u>				
	Investigated By: MM 90 hue	Phone #: 250 - 708 -	2202 Occupation: SVy.	of SARIN
	Investigated By:	Phone #: 250 - 7-88-	2220 Occupation: H S	member.
į	Signature of Workers' Representative	Signature of Employer Represen	tative Date: 20/2 / 38/	10%
	- CUMACAL	In rather		
	Reviewed By:	Date:	Comments:	
* if [	-ATAL, ensure employer has contact the l	ocal WorkSafeBC Office as per W0	CB Act #172 (1)(a), local BCGFU	J office, BCPSA
	ister's office and your Human Resources D			,
Kee	p Original and Forward a copy of the com	pleted report to: (1) Regional OSH	Advisor; (2) Local JOSH Commi	ttee Co-Chairs; (3)

Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!





**Current State: Initial Review** Master Incident Number: YIF-0050791-01 Creator's Section - by s.15 Yellow Code: Red Blue Incident Date & Time: 2012.08.07 16:35 Primary Incident Type: Incident Location Reporting Centre: Victoria Youth Secure Custody Location: Courtyard Residents Involved Treatment First Name Role Injured, Onsite Offsite Hospital CS Number Last Name s.79 YCJA Staff Involved **Treatment** Offsite Onsite Hospital Role Injured User Id Last Name First Name s.22 s.15 Other Involved Participants Treatment Offsite Hospital Role Injured Onsite Last Name **First Name** Type 

#### Incident Details

Access, collection, use, disclosure and disposal of this document must be in accordance with the British Columbia Freedom of Information Protection of Privacy Act and the Youth Criminal Justice Act.

Requested by: s.15

Michael Macphee

Printed on: 2012.08.08 11:51
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s.22, s.79 YCJA

Written by <sup>s.22</sup>

#### Use of Restraint Details

s.79 YCJA





Master Incident Number: YIF-0050791-01 Current State: Initial Review

Incident Type	•	Incident Detail	l Classifications	
Violence	Assault	Attempted Assault	Threat	Fight
Critical	Riot	Hostage Taking	Disturbance	Fire
Incident	Escape	Attempted Escape	Escape Escorted RL	Escape Unescorted RL
	Drugs	Pharmaceuticals	Tobacco	Weapons
Contraband	Electronics	Tattoo Equipment	Drug Paraphenalia	Correspondence
,	Other			,
	Self-Harm	Serious Illness	Death	
Injury/Illness	Accident	·		•
	Sexual	Inappropriate	Non-compliant	Mental Health
Behaviour	Theft	Horseplay	Verbally Abusive	Inciting
	Peer Problem	Bullying	Other	
Security	Missing Items	Unauthorized Access	Damage To Property	
Verification	Unauthorized Comm	nunication		





**Current State: Initial Review** 

Master Incident Number: YIF-0050791-01
s.79 YCJA
Use of Restraint for <sup>s.79</sup> YCJA
s.79 YCJA
Resident's Comment
s.79 YCJA

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Reviewer's Comment





Master Incident Number: YIF-0050791-01

**Current State: Initial Review** 

	(Direct		

Use of Restraint - Administrative Review

s.79 YCJA

Approver's Comment



#### JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence	Date Reported		
Exact Location of Incident  Talcott Rd. Un. + 3.	Time (502 (select)	Reported to: (name)  Jeff Robinson		
Directly Affected Person's Name 1.5.22 2. 3.) 4) 5) 5)	Position (e.g. Social Worker, etc.)  1) Your a Supervision 2) Your Supervision 3) 4) 5)	Phone # 1) \$.22 2) 3) 4) 5)		
Incident: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Relea ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence ( ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐	(threat, assault); 🔲 Theft (Estima	ated Cost : \$ )		
Severity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho ☑ Medical Treatment (Dr., clinic, ambulance); ☑	one # - );  Time Loss (not including day of	injury); <sup>S/</sup> \ # of days loss		
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (	e.g. arm, foot, hand, back,		
s.22 Strain or s.22 Strain or	s.22 _ Writ / s.	- \< <u> - \&lt; ce</u>		
	witnesses (Attach statements if ap 1) s.15, s.22	plicable) Phone #		
Object/equipment/substance inflicting injury or damage	2)	( )		
	3)	( )		
Description of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)		
While attempting to physically control an assaultive young person, the two above metrood employees and the young person feel to the ground in a Semi-uncontrolled manner.  5.22  Immediate Basic Cause(s): (What triggered event-e.g. fall from height, caught in machinery, child removal etc.)				

	1) sudden i-pact due	to uncontrolled f	eric s	to Sround.		
	2)					
	3)					
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)					
S	1) No orderlying con	e) ;				
ANALYSIS	2)	,				
AN	3)					
	4)					
	5)					
	Recommended Control, Corrective Me	asures or Treatment Provided			Date to be	
	(goal is to prevent/minimize re-occurrence of accident/incident):  1) wo recome a detaca		Action By:		Completed By: 1)	
	2)				2) 3)	
			OFA Phone # (for First Aids)		4) 5)	
	3)				6)	
	4)					
z	5)					
0E	6)					
PREVENTION	Additional Comment or Observations. Where applicable, give details of makes and models of machines, equipment, tools, structures etc. involved in this incident.					
PR				•		
	Lucia di sala di Din	Phone #:		Occupation:		
	Investigated By: つe升 てんし	250-703-2202	Superison of		2 / * th: -1-	
	Investigated By:	Phone #:		Occupation:		
	Signature of Workers' Representative	Signature of Employer Represent	entative Date:			
	Jy main					
	Reviewed By:	Date: 122/2017		Comments:		
* if	* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA					

\* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

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# Ministry of Children and Family Development

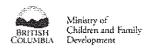
## Supervisor's OSH Incident Report

All reported accidents/incidents or unsafe conditions/acts **must** be investigated initially by the supervisor without delay as per WCB Health and Safety Regulation 3.10 and Ministry Policy. Please complete this form in its entirety and follow the distribution guidelines at the bottom of the form.

DATE (YYYY-MM-DD)	REGION				MCFD TRACKING NUMBER	
2012-05-22	Vancouver Island					
SUPERVISOR CO	ONTACT INFORMATI	ON			PHONE NUME	BER .
Blade Tickner					250 708	-2219
WORKSITE ADDRESS						
94 Talcott Road, \	/ictoria Youth Custody S	ervices Cer	ntre			
CITY / TOWN	P	OSTAL CODE	REGIONAL C	OSH CONTACT		<u></u>
Victoria		V8W 9J1	Dan St	evens		
DATE OF INCIDENT (YYYY-MM	DATE INCIDENT REPOR	TED (YYYY-MM-DD)	LOCATION OF	INCIDENT		
2012-05-21	2012-05-21		Unit 3			
Critical Incident Stres	s Debriefing has been offer	ed and/or ma	ade available	in accordance with	policy? C Yes	C No
MCFD STAFF DI	RECTLY OR INDIREC	TLY INVO	LVED			
EMPLOYEE NAME				WITNESS	WORK PHONE NUMBER	
5.22					250 708-2224	
Check here if the	employee's work address is	different tha	n above.			
Violence Related Incidents	Verbal Threat (i.e. abusive swearing, physharm, veiled or perceived) Written Threat (i.e. abusive swearing, physharm, veiled or perceived) Bomb Threat (i.e. written, verbal) Weapon Threat Intimidating Behaviou (i.e. stalking, infringement of physical space) Aggressive Behaviou (slamming fist, kicking door damaged property)  Physical Assault	sical Jr	nvironmenta ncidents	General Incidents		
	(i.e. physical injury)  Animal Related (i.e. attacked, menacing bei  Vehicular Assault  Worker to Worker (i.e. actual or perceived threintimidation)					
	Other					

CFD 2013 00081

Injuries No Physical Injury	Death of an Employee
Knocks, Scrapes, Abrasions, Bruises	
Muscle/Tendon Strains	
Sprains	
Muscle/Tendon Tears	
Fractures	
Lacerations/Cuts	
Disease	
Burns	
Other	
Did the incident result in Medical Aid (Physic	cian, Clinics, Ambulance)? C Yes C No © Unknown
Time Loss (other than the day of injury)?	C Yes C No @ Unknown
Did the incident have potential for serious inj	ury if no injury occured? C Yes C No
POLICE NOTIFIED CHARGES LAID O	THER AGENCY FIRE DEPT. CALLED PROPERTY LOST / DAMAGED
C Yes C No	C Yes C No C Yes C No
NEGOTIABLE DOCS LOST / DAMAGED	
C Yes C No	
DESCRIPTION OF INCIDENT / ACCIDENT – Please provide a involved.	detailed description of the incident INCLUDING client and employee names who were directly
against the wall. At that point staff mer chair which bounced off the dining table room and he refused, whereby the resident to restrain the resident. He resisted, at resident. The resident continued to resident	e and strucks.22 lower body, s.22 again directed the resident to his dent appeared to advance toward s.22 and at that points.22 attempted which point s.22 and s.22 assisted in restraining the st during the entire incident.  ury to his lower body from when the chair hit him s.22 received an
Possible Causes and Contributing Factors to Incident	/Accident and Immediate action taken to eliminate or minimize the risk to workers
Youth was upset about being sent to hi to staff. Staff were required to restrain t	s room. Youth threw plastic chairs that were designed to minimize risk he youth.
DISTRIBUTION	
Forward the completed form to:  1) JOSH Com 2) CSM	mittee Employer Co-chair
	EMAIL



#### JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence 2012/03/18	Date Reported 2012/03/18			
Exact Location of Incident	Time (select) 1736	Reported to: (name).  HELANIE SAUVE			
Directly Affected Person's Name 1)s.22 2) 3) 4) 5) 5) Employee ID # 4, 5)	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phone # 1) s.22 2) 3) 4) 5)			
Incident:       ☐ Injury or Illness;       ☐ Near Miss;       ☐ Spill/Release;       ☐ Chem. Exposure;       ☐ Property/Equip Malfunction         ☐ Motor Vehicle;       ☐ Ergonomic;       ☐ Violence (threat, assault);       ☐ Theft (Estimated Cost: \$ )         ☐ Fire;       ☐ Flood;       ☐ Indoor Air Quality (IAQ);       ☐ Occupational Disease;       ☐ Other (describe):					
Severity of Injury, Illness or Incident:  No Physical Injury; First Aid only (OFA pl Medical Treatment (Dr., clinic, ambulance);		njury); # of days loss			
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (einternal injury etc.)	e.g. arm, foot, hand, back,			
STRAIN, SENSITIVITY BACK, NECK, ELBOWS					
	Witnesses (Attach statements if ap 1)s.15, s.22	olicable) Phone #			
Object/equipment/substance inflicting injury or damage	2)				
	3)	( )			
Description of incident (Who, What, Where, When, Why	) - Employees Account (be as specific	as possible with names etc)			
While playing floor hood slipped on a hockey stack an apparted a whiplash e					

	1)					
	2)					
	3)					
	Underlying Cause and Contributing Factors: (What allowed the trigger to exist – e.g. inadequate training, supervision or work procedures; poor lighting; defective equipment or tools; working alone; lack of orientation; noise etc.)					
Sis	1) No underlying causes, situation was accidental while 5.22					
ANALYSIS	2) was actualy involved in youth programming.					
AN	3)					
	4)					
	5)					
	Recommended Control, Corrective Me				Date to be	
	(goal is to prevent/minimize re-occurre		Action By	<i>f</i> :	Completed By: 1)	
	1) No recommendation ofther than attempt to 2) not step on a Nocion, street blade again-		*		2) 3)	
	3)		OFA Phone # (for First Aids)		4) 5)	
	4)				6)	
	<i>'</i>					
NO	5)					
PREVENTION	6) Additional Comment or Observations.	Where applicable, give details of r	makes and	I models of machines	equipment, tools,	
REV	structures etc. involved in this incident.		s.22		li	
۵	Bruipmant involved we	,	. •	itel	ponon the	
	Blade of a young pers	in Nocice, Stale			j	
	Investigated By:	Phone #:		Occupation:	(^ .	
	Investigated By:	250-709- 2202 Phone #:		Occupation:		
	OUEN RUSSELL	OUTN RUSSEL 250-708-2227		Your 45	iban, sou	
	Signature of Workers' Representative   Signature of Employer Represen		tative Date: A pr. 1		44/15	
	Reviewed By:	eviewed By: Date:		Comments:		
* if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA						
	Minister's office and your Human Resources Department.					
Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.						
	Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.					
	This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!					



## JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

	stry of Children and Family Development onal Tracking Number:	Date of Occurrence FEB 19.2012	Date Reported FEB. 19. 2012		
_	t Location of Incident H TALCOTT RD. UNIT H	Time (300 (select)	Reported to: (name) HELANIE SAUVE		
8	ctiv Affected Person's Name Employee ID #	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)		
Incid	dent: ☑ Injury or Illness; ☐ Near Miss; ☐ Spill/Relea ☐ Motor Vehicle; ☐ Ergonomic; ☐ Violence ( ☐ Fire; ☐ Flood; ☐ Indoor Air Quality (IAQ); ☐	threat, assault); LI Theft (Estima	ated Cost : \$ )		
Sev	erity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho ☑ Medical Treatment (Dr., clinic, ambulance); ☑	one # - ); Time Loss (not including day of	injury); 3 # of days loss		
Inju sens	ry or Illness Type (cut, bruise, strain or sprain, fracture, itivity, disease, post traumatic stress, etc.)  \$7RAIN OR SPRAIN	Body Part(s) Injured or affected (dinternal injury etc.)			
		Witnesses (Attach statements if an 1) s.15, s.22	olicable) Phone #		
Obje	ect/equipment/substance inflicting injury or damage	2)	( )		
		3)	( )		
	Description of incident (Who, What, Where, When, Why)				
While conducting searches, above employee moved several objects and was bend over, crawling on hands and knees.  Due to this repetitive movement, employee's lower back started ceasing and employee experienced back spasms.					
	Immediate Basic Cause(s): (What triggered event- e.g. fall	ll from height, caught in machinery, ch	nild removal etc.)		

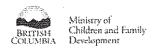
	1) repetitive movement	using lower.	back			
	2)	. J				
	3)	·				
	Underlying Cause and Contributing Fa work procedures; poor lighting; defective	ctors: (What allowed the trigger equipment or tools; working alone	to exist – e. e; lack of or	g. inadequate training ientation; noise etc.)	, supervision or	
SIS	1) there were no und	terlying causes				
ANALYSIS	2)	0 3				
AN	3)					
	4)					
	5)					
	Decomposed of Control Compositive Ma	agurag or Trootment Provided			Date to be	
	Recommended Control, Corrective Me (goal is to prevent/minimize re-occurre	ence of accident/incident):	Action B	y:	Completed By:	
	" no recommendat	lons			1)	
	2)		OFA Pho	one # (for First Aids)	3) 4)	
	3)				5) 6)	
	4)					
NO	5)					
PREVENTION	6) Additional Comment or Observations.	Where applicable, give details of	makes and	d models of machines	equipment, tools,	
REV	structures etc. involved in this incident.					
а.						
		·				
	Investigated By:  MELANIE STAUVE	Phone #: 250 - 708 - 22	Occupation: OZ SUPERVISOR OF		STAFFING	
	Investigated By:	Phone #:	1.12.40	Occupation:		
	Signature of Workers' Representative	Signature of Employer Represer	<i>/</i> *	Date:		
		al llame Ja	<u> </u>			
	Reviewed By:	Date: FEB. 22. 2012		Comments:		
	NAME OF THE PROPERTY OF THE PR					

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!

<sup>\*</sup> if FATAL, ensure employer has contact the local WorkSafeBC Office as per WCB Act #172 (1)(a), local BCGEU office, BCPSA Minister's office and your Human Resources Department.



### JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

	of Children and Family Development Tracking Number:	Date of Occurrence	Date Reported JAN. 0914.12
Exact Lo	ocation of Incident UNIT 1	Time 1630 (select)	Reported to: (name)  MELANIE SAUVE
Directly 1) \$.22 2) 3) 4) 5)	Affected Person's Name Employee ID #  2, 3) 4) 5)	Position (e.g. Social Worker, etc.) 1) YOUTH SUPERVISOR 2) 3) 4) 5)	Phora # 1) 2) 3) 4) 5)
And the state of t	Fire; Flood; Indoor Air Quality (IAQ);	(threat, assault); 🔲 Theft (Estima	ated Cost : \$ )
Severity	y of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho ☑ Medical Treatment (Dr., clinic, ambulance); ☐	one # - ); ] Time Loss (not including day of	injury); # of days loss
	r Illness Type (cut, bruise, strain or sprain, fracture, y, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (content injury etc.)	e.g. arm, foot, hand, back,
EXPOS	URE 10 BODY FLUIDS (SALIVA)	FACE/HEAD	
		With Scale (Attach statements if an 1)	nlicahia) <b>Dhana</b> #
Object/e	equipment/substance inflicting injury or damage	2)	( )
encht-dencomment		3)	( ) .
Des	scription of incident (Who, What, Where, When, Why)	- Employees Account (be as specific	as possible with names etc)
DESCRIPTION	Uhile Cloping a room catriking the Youth Superi		
lmr	mediate Basic Cause(s): (What triggered event- e.g. fa	ll from height, caught in machinery, ch	nild removal etc.)

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	1) agilated youth		***************************************	
	2)			
	3)			
	Underlying Cause and Contributing Fawork procedures; poor lighting; defective	actors: (What allowed the trigger to	exist – e.g. inadequate training	, supervision or
S	1) N/A	equipment of tools, working alone,		
ANALYSIS	2)			
ANA	3)			
	4)			
	5)			
	·)			
	Recommended Control, Corrective Me	easures or Treatment Provided	Asian Du	Date to be
	(goal is to prevent/minimize re-occurre  1) MO NCOMMEN dation		Action By:	Completed By: 1)
	2)	, w		2) 3)
	3)		OFA Phone # (for First Aids)	4) 5)
	4)			6)
	5)			
NO.	6)			
PREVENTION	Additional Comment or Observations.	Where applicable, give details of r	makes and models of machines	, equipment, tools,
2RE	structures etc. involved in this incident.			
		*		
	Investigated By:  MELANIE SAUVE	Phone #: 250 - 708 - 2702		STAFFING
	Investigated By:	Phone #:	Occupation:	
	Signature of Workers' Representative	Signature of Employer Represent	tative Date:	
	Feb 3/12	reference saw		
	Reviewed By:	Date: JAN . 16	Comments:	
* if F	FATAL, ensure employer has contact the lo	ocal WorkSafeBC Office as per WC	CB Act #172 (1)(a), local BCGEU	J office, BCPSA
	ster's office and your Human Resources D			

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



### JOINT INJURY / INCIDENT INVESTIGATION REPORT

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	of Children and Family Development Tracking Number:	Date of Occurrence JAN . 097H . 12	Date Reported JAN . 017" . 12
Exact Lo	cation of Incident UNIT 1	Time (select) 1630	Reported to: (name) HELANIE SAUVE
Directly 4 1 <sup>s.22</sup> 2) 3) 4) 5)	Affected Person's Name Employee ID #	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)
TOTAL STATE OF THE	Motor Vehicle; ☐ Ergonomic; ☐ Violence (	ase;	ated Cost : \$ )
Severity	<ul> <li>□ No Physical Injury;</li> <li>□ First Aid only (OFA pho</li> <li>☑ Medical Treatment (Dr., clinic, ambulance);</li> </ul>		injury);      # of days loss
sensitivity	Illness Type (cut, bruise, strain or sprain, fracture, y, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (internal injury etc.)	e.g. arm, foot, hand, back,
///	ce to leady fluids (salira) to -	Witnesses (Attach statements if ap 1) s.15, s.22	plicable) Phone #
Object/ed	quipment/substance inflicting injury or damage	2)	( )
		3)	( )
# E	cription of incident (Who, What, Where, When, Why)		:
DESCRIPTION	Thill cloping a room door. tribing the youth Supe		
lmm	nediate Basic Cause(s): (What triggered event- e.g. fal	I from height, caught in machinery, ch	nild removal etc.)

ANALYSIS	1) agitated youth 2) 3)  Underlying Cause and Contributing Factors: (What allowed the trigger to work procedures; poor lighting; defective equipment or tools; working alone 1) NA 2) 3) 4) 5)		, supervision or
PREVENTION	Recommended Control, Corrective Measures or Treatment Provided (goal is to prevent/minimize re-occurrence of accident/incident):  1) MO ACCOMMAN (ACCOMMAN)  2)  3)  4)  5)  6)  Additional Comment or Observations. Where applicable, give details of structures etc. involved in this incident.	Action By:  OFA Phone # (for First Aids)  makes and models of machines	Date to be Completed By:  1) 2) 3) 4) 5) 6)
	Investigated By:  MELANIE SAUVE  Phone #:  250 · 708 - 7202  Investigated By:  Phone #:  250 · 708 - 7202  Phone #:  250 · 708 - 7202  Phone #:  250 · 708 - 2204  Signature of Workers' Representative  Signature of Employer Representative  Reviewed By:  Date:  JAN .16	Occupation: SIVERVISOR OF Occupation:  tative Date:  Comments:	STAFFING
	FATAL, ensure employer has contact the local WorkSafeBC Office as per WC ister's office and your Human Resources Department.	CB Act #172 (1)(a), local BCGEU	J office, BCPSA

Keep Original and Forward a copy of the completed report to: (1) Regional OSH Advisor; (2) Local JOSH Committee Co-Chairs; (3) Local BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had potential for serious injury, required medical aid, or if requested.

Further assistance can be obtained by contacting your Regional OSH Advisor or the BCGEU.

This form is considered confidential once it has been completed. If you have received a completed form in error please forward it to your Regional OSH Advisor and destroy/permanently delete your copy. Thanks!



#### JOINT INJURY / INCIDENT INVESTIGATION REPORT

This information is required by WorkSafe BC when serious workplace injuries and incidents occur that result in loss time (pass the day of injury) or medical intervention. This report form should also be used to record and investigate less serious incidents including incidents with the potential to cause serious injury, Violent Incidents (threats, physical assault etc) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

Ministry of Children and Family Development Regional Tracking Number:	Date of Occurrence	Date Reported JAN : 04 <sup>TH</sup> : 12
Exact Location of Incident UNIT 1	Time (select) 1420	Reported to: (name)  MELANIE SAUVE
Directly Affected Person's Name	Position (e.g. Social Worker, etc.)  1) YOUTH SUPERVISOR  2)  3)  4)  5)	Phone # 1) s.22 2) 3) 4) 5)
☐ Motor Vehicle: ☐ Ergonomic; ☐ Violence (	ase;	ited Cost : \$ )
Severity of Injury, Illness or Incident: ☐ No Physical Injury; ☐ First Aid only (OFA pho ☐ Medical Treatment (Dr., clinic, ambulance); ☒		39.5 HOURS njury); # of days loss
Injury or Illness Type (cut, bruise, strain or sprain, fracture, sensitivity, disease, post traumatic stress, etc.)	Body Part(s) Injured or affected (s internal injury etc.)	-
SIKHIN	KIGHT BICI	<u> </u>
	RIGHT BICE 1)	Diametric Diametric
Object/equipment/substance inflicting injury or damage	2)	( )
	3)	( )
Description of incident (Who, What, Where, When, Why)		
While physically albhaining mentioned employee inji  Immediate Basic Cause(s): (What triggered event- e.g. fal	g two combatant he his right be	youth, above

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	1) youth involved in a physical alt 2)	ercation	
	Underlying Cause and Contributing Factors: (What allowed the trigger to work procedures; poor lighting; defective equipment or tools; working alone	; lack of orientation; noise etc.)	
ANALYSIS	1) there were no underlying (clusts) 2) 3) 4) 5)	a contribution	g Jactoro
	Recommended Control, Corrective Measures or Treatment Provided (goal is to prevent/minimize re-occurrence of accident/incident):	Action By:	Date to be Completed By:
PREVENTION	1) MO ALCOMMUNACTION 2) 3) 4) 5) 6) Additional Comment or Observations. Where applicable, give details of a structures etc. involved in this incident.	OFA Phone # (for First Aids) makes and models of machines	1) 2) 3) 4) 5) 6)
	Investigated By: Phone #: 250, 200	Occupation:	
	Investigated By: Ton, Guaras Co. 250-708-22  Investigated By: MELANIE SAUVE Phone #: 250-708-22  Signature of Workers' Representative Signature of Employer Represent	O2 Occupation: SUPERVISOR C	
	Reviewed By: Date:	· Comments:	
Mini Kee Local If re	FATAL, ensure employer has contact the local WorkSafeBC Office as per WC ister's office and your Human Resources Department.  P Original and Forward a copy of the completed report to: (1) Regional OSH A all BCGEU area office; (4) Local WorkSafeBC Office if a lost time injury, had p quested.  Further assistance can be obtained by contacting your Region this form is considered confidential once it has been completed.  Perror please forward it to your Regional OSH Advisor and destroy.	Advisor; (2) Local JOSH Commi otential for serious injury, requir al OSH Advisor or the BCGEU. If you have received a com	ttee Co-Chairs; (3) ed medical aid, or pleted form in

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# OSH Joint Incident Investigation Form

PSC 38 Equivalent

This form must be initiated immediately after notification.

This information is required by WorkSafeBC when serious workplace injuries and/or incidents occur that result in loss time (past the day of injury) or medical intervention. This report is also to be used for recording and investigating less serious incidents which include incidents with the **potential** to cause serious injury, violent incidents (threats, physical assault etc.) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

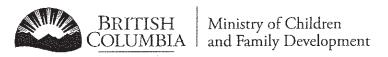
			Γ	MCFD TRACKING NUMBER
	LOCATION INFOR	RMATION  DATE OF OCCURRENCE	DATE REPORTED	TIME of INCIDENT
250-708-22	202	2012-12-24	2012-12-24	1649 PM TO
ADDRESS OF INCI	IDENT (street address, city/tov	ku)	EXACT LOCATION OF INCIDEN	T (parking lot, meeting room etc)
94 Talcott	Road, Victoria BC		Unit 3	
1) Mike	e Lewis	NAME OF PERSON INCIDENT RE	PORTED TO	office) 250-708-2226
1) <u>IVlike</u>		DIRECTLY AFFECTED	POSITION (e.g. Social Worker, Team Leader	PHONE NUMBER (if different than reporting
1) s.22			Youth Superv	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NAME OF WITNESS	POSITION (e.g. Social Worker, Team L Office Manager)	PHONE NUMBER eader, (if different than reporting office)	inVOLVEMENT (e.g. what they saw, heard, their location at time of the incident, etc.)
1)				

#### INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

Violence Related Incidents  SEVERITY OF INJURY OR ILLN No Physical Injury	Worker to Wo (i.e. actual or perdintimidation) Other	aring, physical erceived) it aring, physical erceived) al) eat echaviour egement on echaviour eking door, y) ault y) ed nacing behaviour) eault erker ceived threats,	Intervention	Time Loss (Not including day of	Fatal
TYPE OF INJURY OR ILLNESS	-	(Dr. Clinic,	Ambulance)	(Not including day of	injury) ——
Knocks, Scrapes, Abrasions, Bruises	_	Spra	rations/Cuts	Medical Sensiti (scents, chemica Disease	
L Tears	Fractures	Lace	Tations/Outs	Disease	Duille
Other					
BODY PART(S) INJURIED OR A	FFECTED (CHECK ALL THAT	APPLY)			
✓ Upper	Head	☐ Ear		✓ Neck	
Mid Body (including arms)	Right Shoulder	Right Arm	Right Elbow	Right Wrist	Right Hand/Fingers
(IIIO/GGA/19 GIIIIO)	Left Shoulder	Left Arm	Left Elbow	✓ Left Wrist	Left Hand/Fingers
	Upper Back	Mid Back	Lower Back		
Lower Body					
PHYSICAL SURROUNDINGS D	ETAILS (IF APPLICABLE)				
Objection to the same	lana (aftinia e tete		onmental Conditions t time of incident		iga Structurae implicated in incident
Object/Equipment/Subs or damage			, sound, chemical expo	sure)	fice Structures implicated in incident (i.e doors)
Client		NA		NA	
DESCRIPTION OF Who, What, Where, When, Why s.22 involv	- Employee's Account (be s	pecific as possible with	worker's names, times, long times, long to the control of the cont	cations and use initials for	or client names) Init 3. Verbal abuse that 2-12-24.
quickly escalated I	пко а рпуѕісаї со	ппонацоп ат	approximately I	0431118 OH ZU I	<b>∠-3∠-∠</b>
ANALYSIS				green effektivit. T	
Return to Basic					
1) Immediate Basic					
Verbal conf	frontation / abuse				

	Recommended Control, Corrective Me (goal is to prevent/minimize re-occur		Actioned by	Completion Date
A)	No recommendation	1		
ADDIT	FIONAL COMMENTS OR OBSERVATIONS Where applic	able, give details of other hazards, which may or π	ay not be related to the incident.	
)SF	I COMMITEE JOINT INVESTIGAT	rors		
	NAME(S) AND OCCUPATION(S) OF PERSON(S) WE	O INVESTIGATED INCIDENT: Signature	Occupation	Phone
	J.D. Rebinion	X	Sugar and Staffin	708-2202
	T Guarascic	41.	Some Youth Supervisor	1566 SOC
	Original and Forward a copy of the in (1) Local JOSH Commi Original and Forward a copy of the co (1) Employer for their re (2) BCGEU Area Office (3) Regional MCFD OS	ittee co-chairs for committee discu empleted report to: eview and action;	ssion and further recommendati	ons.
	(4) Local WorkSafeBC	•	and POCELL	
Th	her assistance can be obtained by con is form is considered confidential o please forward it to your Re TURE OF WORKER'S REPRESENTATIVE	nce it has been completed. If your gional OSH Advisor and destro	ou have received a completed	
		2013-07-02		



## OSH Joint Incident Investigation Form

PSC 38 Equivalent

This form must be initiated immediately after notification.

This information is required by WorkSafeBC when serious workplace injuries and/or incidents occur that result in loss time (past the day of injury) or medical intervention. This report is also to be used for recording and investigating less serious incidents which include incidents with the **potential** to cause serious injury, violent incidents (threats, physical assault etc.) and IAQ complaints. Completed investigation reports must be kept at the worksite for a minimum of 7 years.

			MCFE	TRACKING NUMBER
NCIDENT LOCATION INFO	DRMATION  DATE OF OCCURRENCE	DATE REPORTED	TIME OF IN	
251-708-2202	2012-12-19	2012-12-19	2110	PM TO
ADDRESS OF INCIDENT (street address, city/t		Unit 3/4 time ou		ing room etc)
94 Talcott Road, Victoria Bo			JE TOOTT	
PEOPLE INVOLVED				
	NAME OF PERSON INCIDENT	REPORTED TO		PHONE NUMBER (if different than reporting office)
1) Mike MacPhee				250-708-2226
NAME OF PERSO	ON DIRECTLY AFFECTED	POSITI (e.g. Social Worker, Team L		PHONE NUMBER (if different than reporting office)
1) s.22		Youth Sup	pervisor	250-708-2224
NAME OF WITNESS	POSITION (e.g. Social Worker, Teal Office Manager		rting (e.g. what they say	VOLVEMENT v, heard, their location at time le incident, etc.)
1) s.15, s.22	Senior YS	250-708-222	after an eso out room cl member s.2	ching a client cort to the time ient kicked staff in the ng it to bleed.
2)	Youth Super	visor 250-708-222	24 As above	
<del></del>	Youth Supen	visor 250-708-222	4 As above	

### INCIDENT DETAIL INFORMATION

INCIDENT CATEGORY (CHECK ALL THAT APPLY)

Incidents (i.e. at		¬Environmental │	General	
	ousive swearing, physical veiled or perceived)	-Incidents	Incidents	
	en Threat			
	ousive swearing, physical veiled or perceived)			
	b Threat			
(i.e. w	ritten, verbal)			
- Wea	pon Threat			
	idating Behaviour			
	alking, infringement on al space)			
1	essive Behaviour			
	ning fist, kicking door, ged property)	•		
1 1 -	ical Assault hysical injury)			
1 1	al Related			
	tacked, menacing behaviour)			
	ter to Worker			
	tual or perceived threats,			
intimid	ation)			
Othe	r			
SEVERITY OF INJURY OR ILLNESS (CHECK AL				
No Physical Injury ✓ First A	Aid Only Medical Int (Dr. Clinic, Am	E 1	me Loss ot including day of inju	<sub>rry)</sub> Fatal
TYPE OF INJURY OR ILLNESS (CHECK ALL THA				
Knocks, Scrapes, Abrasions, Bruises Strain	cle/Tendon Sprains		fledical Sensitivity scents, chemicals)	Post Traumatic Stress
Muscle/Tendon Fract	ures Lacerat	ions/Cuts 🔲 🛭	)isease	Burns
Other				
BODY PART(S) INJURIED OR AFFECTED (CHE	ECK ALL THAT APPLY)			
BODY PART(S) INJURIED OR AFFECTED (CHE	ECK ALL THAT APPLY)	T Eyes	Neck	
BODY PART(S) INJURIED OR AFFECTED (CHE    Upper			Neck	
✓ Upper	☐ Ear	Eyes [	Neck	
Upper Head  Mid Body (including arms) Lowe	Ear [	Eyes[	Neck	
✓ Upper	Ear [		Neck	
Upper Head  Mid Body (including arms) Lowe	r Body  ICABLE)  Environn at tin	nental Conditions ne of incident	Office	Structures implicated in incident (i.e doors)
Upper  Mid Body (including arms)  PHYSICAL SURROUNDINGS DETAILS (IF APPL  Object/Equipment/Substance inflicti	r Body  ICABLE)  Environn at tin	nental Conditions ne of incident	Office	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Upper  Mid Body (including arms)  PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage  Client s.79 YCJA	r Body  ICABLE)  Environn at tin (i.e. lighting, so	nental Conditions ne of incident	re) Office	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Upper  Mid Body (including arms)  Lowe PHYSICAL SURROUNDINGS DETAILS (IF APPL  Object/Equipment/Substance infliction damage  Client s.79 YCJA  DESCRIPTION OF INCIDEN	Ear [ r Body ICABLE) Environn at tin (i.e. lighting, so	nental Conditions ne of incident ound, chemical exposu	re) Office	(i.e doors)
Upper  Mid Body (including arms)  Lowe PHYSICAL SURROUNDINGS DETAILS (IF APPL  Object/Equipment/Substance infliction damage  Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A	r Body  ICABLE)  Environn at tin (i.e. lighting, so  NA  T  ccount (be specific as possible with wor	nental Conditions ne of incident aund, chemical exposur ker's names, times, locatio	re) Office NA	(i.e doors)
Upper  Mid Body (including arms)  PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage  Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A While s.22  Was cond	r Body  ICABLE)  Environn at tin (i.e. lighting, so NA  T  CCOUNT (be specific as possible with wor ducting a pat frisk search	nental Conditions ne of incident aund, chemical exposur ker's names, times, locatio	re) Office NA	(i.e doors)
Upper  Mid Body (including arms)  PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage  Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A While s.22 kicked in the no	r Body  ICABLE)  Environn at tin (i.e. lighting, so  NA  T  ccount (be specific as possible with wor	nental Conditions ne of incident aund, chemical exposur ker's names, times, locatio	re) Office NA	(i.e doors)
Upper  Mid Body (including arms)  PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage  Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A While s.22 kicked in the no	r Body  ICABLE)  Environn at tin (i.e. lighting, so NA  T  CCOUNT (be specific as possible with wor ducting a pat frisk search	nental Conditions ne of incident aund, chemical exposur ker's names, times, locatio	re) Office NA	(i.e doors)
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Upper  Mid Body (including arms)  PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage  Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A While s.22 kicked in the no	r Body  ICABLE)  Environn at tin (i.e. lighting, so NA  T  CCOUNT (be specific as possible with wor ducting a pat frisk search	nental Conditions ne of incident aund, chemical exposur ker's names, times, locatio	re) Office NA	(i.e doors)
Mid Body Lowe (including arms) Lowe PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A While s.22 was conditioned in the not ANALYSIS  Return to Basic Causes Agitated Client Recommended Control, Co	r Body  r Body  ICABLE)  Environm at tin (i.e. lighting, so  NA  T  ccount (be specific as possible with wor ducting a pat frisk search ose causing it to bleed.	nental Conditions ne of incident und, chemical exposur tker's names, limes, location on a client after	ne) Office NA ons and use initials for clie or being escorte	(i.e doors)  Intrames)  Intrames)  Intrames time out, Client S.79  YCJA  Completion
Mid Body Lowe (including arms) Lowe PHYSICAL SURROUNDINGS DETAILS (IF APPL Object/Equipment/Substance infliction damage Client s.79 YCJA  DESCRIPTION OF INCIDEN Who, What, Where, When, Why - Employee's A While s.22 was conditioned in the not ANALYSIS  Return to Basic Causes Agitated Client Recommended Control, Co	r Body  ICABLE)  Environn at tin (i.e. lighting, so NA  T  count (be specific as possible with word ducting a pat frisk search asse causing it to bleed.  Directive Measures or Treatmentage re-occurrence of accident/incomize re-occurrence re-occurr	nental Conditions ne of incident and, chemical exposur iter's names, times, location on a client after	re) Office NA	(i.e doors)  Intrames)  Intrames)  Intrames time out, Client S.79  YCJA  Completion

NAME(S) AND OCCUPATION(S) OF PERSON(S) WHO INVESTIGATORS  Name  Day Guaruscio		Occupation Supervisor Senier Yearth Sugarvisor	Phone 708-2202
Name		Occupation Sylving & Shally Senier YouTh Supprison	708-2202
J. B. Robinson	Signature	Senier Youth Supervisor	708-2202
Dony Gruaruscio		Syoung of Shally Senior Yeath Supervisor	The state of the s
Tony Gruaruscio	the -	Senier Youth Supervisor	305 JEA
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(., _334, 000, 000, 000, 000		liscussion and further recommenda	the three there
eep Original and Forward a copy of the complet (1) Employer for their review (2) BCGEU Area Office (3) Regional MCFD OSH Adv (4) Local WorkSafeBC Office	and action; visor		
Further assistance can be obtained by contacting		Ivisor or the BCGEU.	
	t has been completed.	If you have received a complete stroy/permanently delete your co	