# a place of mind THE UNIVERSITY OF BRITISH COLUMBIA

### **University of British Columbia**

Risk Management Services #336 – 2389 Health Sciences Mall, Vancouver BC V6T 1Z3

Phone: 604-822-2029 WorkSafeBC Account # 11284

# Investigation and Corrective Action Standard Investigation Report

**Incident ID: 122223 (Supervisor Report)** 

#### **Incident Information**

Incident Details		
Incident Title: Strained wrist		
<b>Date:</b> Jul 18, 2018	<b>Time:</b> 3:00 PM	Building: OK - EME - Engineering /Management/Education
<b>Description of Incident Lo</b> EME2218	cation:	
Main Body Part Injured: Wrist	Side of body injured: Right	Accident Type: Other bodily motion
<b>Injury Type:</b> Other Strains	<b>Is this a serious injury?:</b> No	

# Describe fully what happened before, during, and after the incident (please do not include names or personal information):

The employee was unpacking a box. The attempt was to pull the equipment out of the box. The part stayed in the box. As a result, strained wrist happened. Right after the incident, the employee informed the School of Engineering (SOE) safety lead and the employee filled the report the next day. The employee went for physiotherapy on Friday. The employee is good now.

# **Accident Investigation**

#### Task Related Causes

 $oxedsymbol{oxtime}$ No "Task" Causes

#### **Environment Related Causes**

**☑**No "Environment" causes

#### **Equipment Related Causes**

lacklackNo "Equipment" causes

#### **Organizational Related Root Causes**

**☑**No "Organizational" related causes

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#### **Human Related Root Causes**

**Mo "Human" related causes** ■

## **Root cause**

Incorporating the above factors, determine and describe the root cause of the incident or accident:

Did not fully open package

#### Corrective Actions

Corrective Actions				
Corrective Action to prevent recurrence of similar incidents (1)				
Corrective Action Identified:  Open the box completely to allow full access to the items inside. Also, it is recommended to expose all sides for easier removal of the items.				
Assigned to (name):	Job title:			
Final Actions Taken:				
Date to be Completed:	Date Completed:			