

Section: PS 818-C

Incident Reporting & Investigation Form 101

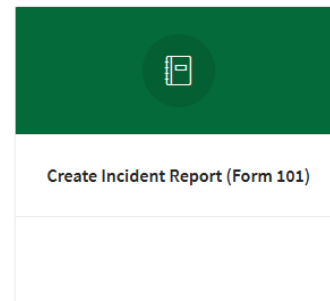
Last revised: MARCH 2025
Last reviewed: MARCH 2025
Next review: MARCH 2028

The Government of Saskatchewan is committed to ensuring the health, safety and wellness of employees through injury prevention. Hazards that cause injuries/illnesses in the workplace can only be controlled if incidents are reported, investigated and corrective actions are taken. Reporting workplace incidents keeps you, your colleagues and your workplace safe; and is everyone's responsibility.

How to Report Incidents

The Incident Reporting and Investigation Form 101 is housed in the Incident Reporting and Investigation Application (IRI App).

- The IRI App allows you to record incident details then directs it through the investigation, corrective action and approval process.
- The IRI App provides a single database for reporting and analysis.



When do you need to complete Form 101 in the IRI App?

- You experience an incident at work resulting in injury or illness.
- You experience a near miss that could have resulted in injury, illness or property damage.
- There was property or equipment damage in your workplace.

How do you report an incident?

- Login to [PSC Client](#) select the 'Create Incident Report (Form 101)' icon on the homepage and follow the prompts in the IRI App to complete Sections A – E.

What other resources are available?

- Refer to the [Incident Reporting and Investigation Flowchart](#) for a quick overview of the complete process and timelines.
- The [OHS Incident Reporting and Investigation Policy \(PS 818\)](#) on Taskroom provides a detailed overview and access to all related resources.
- Refer to the [Incident and Injury Reporting](#) page on Taskroom for more information.
- For more information about WCB Claims, refer to the [Workers' Compensation Checklist](#).

What are key things I need to know?

- PSC Client is accessible on mobile devices and remote computers – anywhere, anytime.
- Employee, manager/supervisor, director/designate and the Central Incident Resource get notified by email at each step of the incident reporting process.
- Your manager/supervisor is your main point of contact for Incident Reports. Managers/supervisors are to contact the ministry's [Central Incident Resource](#) for further questions about Incident Reports.
- Completing the report makes our workplaces safer now and in the future:
 - First, the incident or hazard is reviewed, investigated and corrected.
 - Second, your report provides valuable analytical information that will be used to identify trends and help prevent future health and safety incidents.

The IRI App is an electronic version of the Incident Reporting and Investigation Form 101. This application is designed to automatically send Form 101 through the review, corrective action and sign-off processes.

The IRI App replaces the previously used paper-based reporting system. The paper Form 101 that follows can be used as a reference to understand the steps in the Incident Reporting Application. The paper form should only be used in exceptional cases (i.e. an incident occurs while working in a location without access to Internet or in the event PSC Client or the IRI App is temporarily unavailable).

Section: PS 818-C
Incident Reporting & Investigation Form 101

Last revised: March 2025

Page 1 - INCIDENT INFORMATION

Completed by Employee/Supervisor

IRI App Incident #: _____

A. IDENTIFICATION INFORMATION:

Last Name: _____ First Name: _____ Employee Contact #: _____ (home) _____
Supervisor Name: _____ (work) _____ (work) _____
Contact #: _____ (cell) _____ (cell) _____
MINISTRY: _____ Division/ Branch/Program: _____
Work Address: _____ City/Town: _____
Employee Occupation: (Job Title) _____ Employee #: _____

B. INCIDENT INFORMATION:

Date of Incident: (dd/mm/yy) _____ Time of Incident: (am/pm) _____ Specific Location of Incident: _____ Reported by: _____ To: _____
Date: _____ Time: _____
Other parties involved: (e.g. contractor, public, client, etc.) _____
Others notified: (e.g. 911, police/RCMP, OHS Division) _____

C. TYPE OF INCIDENT: (Check the applicable box)

- ☐ Near Miss (no injury; no property damage) ☐ Injury/Illness ☐ Injury/Illness and Property/Equipment Damage
☐ Property/Equipment Damage

D. INCIDENT CATEGORY: (Check one)

VIOLENCE

- ☐ Assault
☐ Aggression

PHYSICAL EXERTIONS/STRAINS

- ☐ Lifting
☐ Overexertion/bodily motion
☐ Pushing/Pulling
☐ Repetitive Motion

CONTACT WITH OBJECT/EQUIPMENT

- ☐ Caught In/On/Between
☐ Struck/Hit

PSYCHO-SOCIAL

- ☐ Work-related Stress
☐ Post-incident Distress

EXPOSURE TO HARMFUL SUBSTANCES
AND/OR ENVIRONMENTS

- ☐ Animal/Insect
☐ Asbestos
☐ Biological/Infectious
☐ Chemical/Fumes
☐ Electric Shock/Electricity/Arc
☐ Hot/Cold
☐ Noise
☐ Light/glare
☐ Radiation
☐ Water

SLIPS, TRIPS, FALLS

- ☐ On Same level
☐ From Elevation
☐ On Ice/Slippery Surface

PROPERTY/EQUIPMENT

- ☐ Building
☐ Tools/Equipment
☐ Fire/Explosion
☐ Environment
☐ Theft
☐ Security

TRANSPORTATION

- ☐ Aviation/Aircraft
☐ Licensed Motor Vehicle

Vehicle Type: _____

CVA Unit #: _____

License Plate #: _____

- ☐ Powered Mobile Equipment

Unit Type: _____

OTHER (describe)

Nature of Injury/Area Affected: (be specific such as sprained left shoulder; scraped right knee, etc.) _____

Treatment Administered:

- ☐ None ☐ First-aid
☐ Medical Clinic/Emergency Visit

First Aid provided by: _____

Name of medical facility: _____

Lost Time: ☐ No ☐ Yes ☐ Unsure

First scheduled shift missed after incident:
(dd/mm/yyyy)

- ☐ Yes, worker submitted a WCB W1 to WCB.

- ☐ Yes, worker received a Stay At or Return to Work Form 111

E. EMPLOYEE'S DESCRIPTION OF INCIDENT: (Include details of the activity at the time of the incident. Add attachments if necessary).

Employee Signature: _____

Date: _____
(dd/mm/yy)

IMMEDIATE DISTRIBUTION OF
PAGE 1 ONLY:

☒ Central Incident Resource

☒ Supervisor/manager

☐ Permanent Head (as per Ministry direction)

☐ Other:

NOTE: If Dangerous Occurrence/Serious Bodily Injury as per OHS Regulations, immediately contact LRWS OHS Division at 1-800-567-7233 or 1-800-667-5023
Appendix "D" required for all Dangerous Occurrence/Serious Bodily Injury incidents

The Government of Saskatchewan is committed to the protection of personal information and personal health information you provide through the Incident Reporting and Investigation Form 101. We have procedures and security features in place to keep your data as secure as possible once received. In most cases, personal information and personal health information collected through the Form 101 will only be accessible by government employees whose responsibility is to assist with processing your case. Personal information includes employee ID and home phone number. Examples of personal health information are: treatment administered; first aid provided; and name of medical facility. For reporting purposes, data you provide will be de-identified. By signing above, you are stating that you have read this information and are giving your consent to collect, use and disclose your data according to *The Freedom of Information and Protection of Privacy Act*, *The Health Information Protection Act* and *The Occupational Health and Safety Regulations, 2020*. You are also confirming that the information provided is correct and true to the best of your knowledge.

Page 2 – INCIDENT INVESTIGATION
Completed by Supervisor/Manager

IRI App Incident #: _____

F. INCIDENT INVESTIGATION: Add additional attachments as needed

Check if Applicable: ☐ Serious Bodily Injury/Hospitalization/Fatality (OHS Reg., Section 8) ☐ Dangerous Occurrence (OHS Reg., Section 9)

***[Follow Appendix "F"](#) for guidance

1. Employee Name: _____

2. Years/months in position: _____ Related Orientation/Training for task _____

Investigation Findings: Consider all factors such as Task, Procedure, Materials, Equipment, Environment, People, Administrative processes that were involved or impact the incident. ADD ATTACHMENTS IF NEEDED.

Direct Causes: What event occurred immediately before the incident? What created or had the potential to cause the injury/illness or damage?

Indirect Causes: What were the sub-standard acts and/or conditions that contributed to this incident?

Root Causes: What were the broader, more systemic underlying causes that were not addressed through the employer's safety management system?

G. CORRECTIVE ACTION PLAN: (Actions to correct causes) *If there are additional actions that are long term, refer to Appendix E*

Corrective Actions to be Taken (to prevent future occurrences)	Responsible Person	Target Date	Status Update	Completed Date
1.				
2.				
3.				

Supervisor Comments:

Signature: _____

Date: _____

Yes/No

Worker submitted WCB W1 form to WCB?

A WCB E1 form was submitted to WCB by employer?

A Stay At or Return to Work Form 111 was received from worker?

Other documentation was completed (describe): _____

Director/Manager Comments:

☐ Yes, I have spoken with the affected employee(s) to discuss this incident

Signature: _____

Date: _____

Other Comments:

DISTRIBUTE COPIES OF BOTH PAGE 1 & 2:

☒ Central Incident Resource ☐ Employee

☐ Supervisor

☐ Manager ☐ Director

☐ OHC Co-chairs (if exist)

☐ Other (list): _____

Within 7 days as per Ministry Direction