

# FISHING INCIDENT INVESTIGATION REPORT

## Worker and Employer Services Division

**NOTE:** This form is provided to the Master or Owner of the vessel for the purpose of documenting the investigation into a fishing incident. Please attach a separate sheet if necessary.

### Master/Owner Contact Information

Master's name			Owner's name <i>(if different from Master)</i>		
Mailing address			Mailing address		
City	Province	Postal code	City	Province	Postal code
Master's phone number (     )	Master's fax number (     )		Owner's phone number (     )	Owner's fax number (     )	
Master's e-mail	Other contact number (     )		Owner's e-mail	Other contact number (     )	
Master certificate number	Issuance date <small>yyyy-mm-dd</small>		Owner certificate number	Issuance date <small>yyyy-mm-dd</small>	

### Incident Information

1. Date and time of accident/incident		<input type="checkbox"/> a.m.	Approximate?	
<small>yyyy-mm-dd</small>		at	<input type="checkbox"/> p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Location on the vessel <i>(i.e. at the winch, stern, starboard side, hatch, etc.)</i>				
3. Location of the vessel <i>(name of area, latitude and longitude, i.e. 5 miles east of Boat Harbour, Dundas Island)</i>				
4. Nature of reportable event <i>(please check one)</i>				
<input type="checkbox"/> Near miss <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment only (no time loss) <input type="checkbox"/> Worker injury (time loss) <input type="checkbox"/> Fatal				
5. Names and positions of those injured in the incident				
Last name	First name	Job title <i>(skiffman, diver, etc.)</i>		
6. Names of witnesses				
Last name	First name	Address	Telephone number	

### Incident Description, Statement of Causes, and Recommendations

7. Description of the sequence of events leading up to the incident
7a. Please attach extra sheet(s) if necessary and label "sequence of events leading up to the incident."

**FISHING INCIDENT INVESTIGATION REPORT**  
**Worker and Employer Services Division**

8. Description of the incident *(Please include the state of the sea (light chop, calm, swells, etc.), state of the tide (ebbing, flooding), weather conditions (rain, wind, squall, clears, etc.), boat movements at time of incident, and any information to accurately describe the incident.)*

8a. Please attach extra sheet(s) if necessary and label "description of incident."

9. Accident causes *(List any contributing factors, unsafe conditions, acts, or procedures that in any manner contributed to the incident.)*

9a. Please attach extra sheet(s) if necessary and label "additional accident causes."

10. Rough drawing and/or rough sketches of details

10a. Please attach extra sheet(s) if necessary and label "rough drawing and/or rough sketches of details."

11. Follow-up actions *(actions taken to prevent a recurrence of this type of accident)*

11a. Please attach extra sheet(s) if necessary and label "additional follow-up actions."

**Vessel Information**

12. Vessel name

13. VRN/CFV number

**FISHING INCIDENT INVESTIGATION REPORT**  
*Worker and Employer Services Division*

14. Type of loss <i>(please check any that apply)</i> <input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Striking <input type="checkbox"/> Other <i>(please explain)</i>		15. What fishery was the vessel involved in?  Species _____ Gear type _____ Other _____	
16. Type of cargo/catch on board	17. Destination	18. Departed from	
19. Who was on watch?	20. When did watch start? finish?	21. Who was assigned the helm?	
22. What course setting was given to the watch?			
23. Latitude	24. Longitude	25. Navigational aids used	

Date <i>yyyy-mm-dd</i>	Print name	Signature
Name of person(s) who conducted investigation if different than Vessel Master	Print name(s)	Signature(s)

The *Workers Compensation Act* requires that an employer (Master/Owner) complete and submit an Employer's Report of Injury or Occupational Disease (Form 7F) to the Workers' Compensation Board within three days of a work-related accident or injury occurring. Failure to do so is an offence and may result in the employer being charged with all/part of the claim costs.

Please complete the report in ink and answer all questions to the best of your ability. Do **not** delay submitting the Form 7F if some of the information is not readily available.

Personal information on this form is collected for the purposes of administering a worker's compensation claim by the Board in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information, please contact the Board's Freedom of Information Coordinator at 6951 Westminster Highway, Richmond BC, V7C 1C6, or telephone 604 279-8171.

The *Workers Compensation Act* requires the employer (Master/Owner) to complete and submit a Fishing Incident Investigation Report, in addition to the Employer's Report of Injury or Occupational Disease – Fishing (Form 7F). For additional information on your reporting responsibilities, please refer to our web site at [WorkSafeBC.com](http://WorkSafeBC.com).

**Mailing Address** for report and all claims correspondence:    WorkSafeBC    Fax number: Lower Mainland 604 276-3247 or  
 PO Box 5350 Stn Terminal    Toll-free within BC 1 866 240-1434  
 Vancouver BC V6B 5L5

**Telephone Information**

**Call Centre:** 604 276-3100 or toll-free within BC 1 888 620-SAFE (7233).

**After hours health and safety emergency:** call 604 273-7711 or toll-free within BC 1 866 922-4357 (WCB-HELP).

**Impartial Advice on WorkSafeBC Claims** – To ensure you have an opportunity to obtain impartial advice on WorkSafeBC claims matters, the BC legislature has provided impartial advisers. **Employers' Advisers** are available to provide independent advice or clarification on a WorkSafeBC claim related to your firm. For additional information on the Employers' Advisers, please refer to their web site at [www.labour.gov.bc.ca/eao/](http://www.labour.gov.bc.ca/eao/).

Lower Mainland 604 713-0303 (Richmond) Toll free 1 800 925-2233	Kelowna 250 717-2050 1 866 855-7575	Prince George 250 565-4285 1 888 608-8882	Victoria 250 952-4821 1 800 663-8783
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