

UNION BAY IMPROVEMENT DISTRICT(UBID)	INCIDENT REPORTING POLICY 6-A-01	Effective Date: October 16th, 2013
		Page 1 of 2


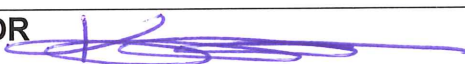
POLICY
UBID takes all necessary steps to manage and respond to incidents that put the Improvement District at risk. All serious or unusual incidents involving UBID employees, trustees, volunteers and/or landowners who are on UBID property or involved in UBID programs and services are reported in a timely manner.
LEGISLATION/REFERENCE
Freedom Of Information and Protection of Privacy (FOIPP) Act WorkSafe BC

PROCEDURE	
Incident Definition	Event or situation attributable to any factor which could cause an injury or illness to an employee, volunteer or community member or material damage to UBID property. Any event or situation that requires external response such as police, mutual aid support, etc.
Accident Definition	A sudden and unforeseen event attributable to any factor which caused an injury to an employee or volunteer while carrying out a UBID sanctioned activity or material damage to UBID property
Injury Definition	An injury arising out of or in the course of an accident or a disease suffered by an employee, volunteer or community member as a result of an action of UBID or during the course of a UBID activity.

UNION BAY IMPROVEMENT DISTRICT(UBID)	INCIDENT REPORTING POLICY 6-A-01	Effective Date: October 16th, 2013
		Page 2 of 2

Report Form	Incidents are reported in a timely manner to the Administrator in writing using the UBID Incident Report Form.
Reporting Responsibility	Any employee may initiate an incident report that is provided to the immediate supervisor, who in turn reports it to the administrator. The administrator reports incidents to the Board.
Records Management	Incident reports are kept separate from other records (e.g. personnel) and are protected according to the FOIPP legislation.

CROSS REFERENCE	Confidentiality Policy Personal Information Privacy Policy
------------------------	---

APPROVED	DATE October 16 th , 2013
SIGNATURE – BOARD OF TRUSTEES	
SIGNATURE - ADMINSTRATOR	
REVISION/REVIEW DATE:	New Policy October 2013

Union Bay Improvement District
Incident Report and Investigation Report

(Please Print Clearly)

Section A: To be completed by employee and/or supervisor	
Immediate supervisor: _____	Type of incident: <input type="checkbox"/> First aid (all injuries not requiring medical aid) <input type="checkbox"/> Medical aid (Doctor, optometrist etc) <input type="checkbox"/> Near miss/close call (high potential but nothing happened) <input type="checkbox"/> Property damage
Name(s) of persons involved in the incident: _____ _____ _____	
Location of the incident: _____	
Name(s) of witnesses: _____ _____	
Date of incident: _____	
Time of incident: _____	
Date reported: _____	
Describe clearly how the incident occurred and any injuries/damage. Add attachment if necessary.	
Reporting employee/volunteer/supervisor _____ Date: _____	

Section B; Investigation by administrator

Comment on type of incident, source of the injury if applicable, investigations undertaken.

Signature: _____ Date: _____

Actions that have or will take place to prevent reoccurrence of this incident.

Reported to Board of Trustees Date: