



FISHING INCIDENT INVESTIGATION REPORT

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.

Prevention Call Centre

Phone 604 276-3100
Toll-free 1 888 621-SAFE (7233)

After-hours health and safety emergency

604 273-7711
Toll-free 1 866 922-4357
(WCB-HELP)

Fax

604 276-3247
Toll-free **1 866 240-1434**

Mail

Prevention Support Services
WorkSafeBC
PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

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 <i>(include area code)</i>			Owner's phone number <i>(include area code)</i>		
Master's fax number <i>(include area code)</i>			Owner's fax number <i>(include area code)</i>		
Master's email			Owner's email		
Other contact number <i>(include area code)</i>			Other contact number <i>(include area code)</i>		
Master's certification <i>(certificate type)</i>	Issuance date <i>(yyyy-mm-dd)</i>		Owner's certification <i>(certificate type)</i>	Issuance date <i>(yyyy-mm-dd)</i>	

Vessel information

1. Vessel name	2. VRN/CFV number
3. What fishery was the vessel involved in?	
Species	Gear type
	Other <i>(specify)</i>

Incident information

4. Date and time of accident/incident <i>(yyyy-mm-dd)</i>	a.m. <input type="checkbox"/>	Approximate?
	p.m. <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
at		
5. Location on the vessel <i>(i.e. at the winch, stern, starboard side, hatch, etc.)</i>		
6. Location of the vessel <i>(name of area, latitude and longitude, i.e. 5 miles east of Boat Harbour, Dundas Island)</i>		
7. Nature of reportable event <i>(check one only)</i>		
Near miss <input type="checkbox"/>	First aid <input type="checkbox"/>	Medical treatment only <i>(no time loss)</i> <input type="checkbox"/>
	Worker injury <i>(time loss)</i> <input type="checkbox"/>	Fatal <input type="checkbox"/>
8. Type of loss <i>(check any that apply)</i>		
Collision <input type="checkbox"/>	Fire <input type="checkbox"/>	Grounding <input type="checkbox"/>
Flooding <input type="checkbox"/>	Sinking <input type="checkbox"/>	Striking <input type="checkbox"/>
		Capsizing <input type="checkbox"/>
		Other <i>(explain)</i> <input type="checkbox"/>



