

USW Local 7884 Investigation Package

Date: _____

Time: _____

Type of Investigation (Please Check One):

Safety Investigation _____ IR Investigation _____ Other _____

People Involved (Remember to include the workers phone number):

Union Rep: _____

Worker: _____

Company Reps: _____

Witnesses: _____

Important Information for SAFETY INVESTIGATIONS:

Did the worker suffer an injury? _____

Was the incident deemed a Dangerous Occurrence? _____

Incident Location: _____

Was there a Post Incident Drug & Alcohol Test? _____

If **YES**, what were the results of the test? _____

Important Information for IR INVESTIGATIONS:

Was a prior investigation completed? _____

Was the worker suspended pending investigation? _____

Please provide a brief description of the meeting?

Siteline No. _____

Thoughts or concerns regarding the investigation:

Important Contact Information:

~	Union Hall	Reception	250-865-2223	Mon-Fri 8-5
~	Adam Connell	President	250-910-0783	24 Hrs
~	Chris Dixon	Grievance Chair	403-849-7306	24 Hrs
~	Mike Heck	OHSC Co-Chair	250-421-7883	24 Hrs

Things to remember:

- ~ If the worker did suffer an injury, please advise the worker to call Chris Dixon as soon as possible to receive guidance on WorkSafeBC.
- ~ If the worker was suspended pending investigation, please notify the Union Hall as soon as possible and have the worker call either Adam Connell or Chris Dixon.
- ~ If the worker was sent home after a false positive Drug and Alcohol test, please notify the Union Hall as soon as possible and have the worker call either Adam Connell or Chris Dixon.
- ~ If a safety investigation was deemed a Dangerous Occurrence, please contact Mike Heck as soon as possible.
- ~ **Please Remember to drop off your investigation package ASAP**

Additional Documents Required:

- ~ All statements pertaining to the incident
- ~ All photos from the investigation
- ~ A copy of the Sitaline Report
- ~ A copy of any relevant policies / SP&P's

