



# Standard Investigation Report

## Incident ID: 127937 (Supervisor Report)

### Incident Information

Incident Details, Description and Sequence of Events		
<b>Incident Title:</b> Freezer Removal Cut		
<b>Date:</b> Jul 23, 2021	<b>Time:</b> 3:26 PM	<b>Building:</b> BIO - Biological Sciences Building
<b>Description of Incident Location (please do not include personal information such as names, identifiers and medical information):</b> Storage room 1243. The chest freezer was against the wall in that room.		
<b>Main Body Part Injured:</b> Fingers	<b>Side of main body part injured:</b> Right	<b>Accident Type:</b> Rubbed, Abraded, Sharp Contact
<b>Injury Type:</b> Laceration (cut or torn skin)	<b>Serious injury/incident?:</b> No	
<b>Describe fully what happened before, during, and after the incident (please do not include personal information such as names, identifiers and medical information):</b> Before the accident, upon inspection, the freezer in the room was found to be not working and the door hinge was broken. A decision was made to have the freezer replaced. The worker decided to move the freezer outside once all the contents of the freezer were removed. When emptied, the worker thought the freezer felt light so he decided to use a pallet jack to move it outside. He lifted the one end of the freezer and slid the pallet jack under it and moved the freezer outside. The distance from where the freezer was to the entrance of the room was 10 feet, then around a corner which was another 5 feet, and straight out the main doors which was another 30 feet. It was during the lift of the freezer onto the pallet jack that the worker cut his finger on the intact freezer door hinge and NOT on the broken freezer door hinge which was on the other end of the freezer. As the distance was short and almost direct, the worker decided that he could do it on his own and not have to call UBC movers to move it.		

### Accident Investigation

<b>Task Related Causes</b>
No "Task" Causes
<b>Environment Related Causes</b>
No "Environment" causes



### Equipment Related Causes

No "Equipment" causes

### Organizational Related Root Causes

Planning inadequate

**Other organizational related causes:**

Needed to be aware of the hazards and wear PPE before conducting work

### Human Related Root Causes

No "Human" related causes

### Root cause

**Incorporating the above factors, determine and describe the root cause of the incident or accident:**

Two causes come to mind. The first is that the freezer is quite large and it would be a job more suited for two people to help lessen the work load. The second was that PPE needed to be worn such as work gloves.

### Persons who carried out or participated in the investigation

**Employer representative name:**

Patrick Tamkee

**Job title:**

Aquatics facility technician

**Worker Representative Name:**

Patrick Tamkee

**Job title:**

Aquatics facility technician

### Corrective Actions

#### Corrective Action to prevent recurrence of similar incidents (1)

**Corrective Action Identified:**

To go over knowing when a second person is required for lifting jobs as well as making sure they have and use proper PPE when doing any jobs including lifting jobs.

**Assigned to (name):**

Patrick Tamkee

**Job title:**

Aquatics facility technician

**Final Actions Taken:**

Above mentioned items completed.

**Date to be Completed:**

2021-07-30

**Date Completed:**

2021-07-28



**Corrective Action to prevent recurrence of similar incidents (2)**

**Corrective Action Identified:**

Go over the lifting guidelines document

<b>Assigned to (name):</b> Patrick Tamkee	<b>Job title:</b> Aquatics facility technician
--	---

<b>Final Actions Taken:</b> Above action completed
---

<b>Date to be Completed:</b> 2021-07-28	<b>Date Completed:</b> 2021-07-28	
--	--------------------------------------	--

**JOHSC/LST Additional Action to prevent recurrence of similar incidents (1)**

<b>Follow-up Item:</b> To bring up at LST meeting on Sept 1st and discuss.
---

<b>Assigned to (name):</b> Patrick Tamkee	<b>JOHSC or LST Membership (JOHS Committee or Local Safety Team you are following from):</b>
--	--

<b>Final Actions Taken:</b>
-----------------------------

<b>Date to be Completed:</b> 2021-08-04	<b>Date Completed:</b> 2021-09-01	
--	--------------------------------------	--