#336 – 2389 Health Sciences Mall, Vancouver BC V6T 1Z3
Phone: 604-822-2029
WorkSafeBC Account # 11284

Standard Investigation Report

Incident ID: 136939 (Supervisor Report)

Incident Details, Description and Sequence of Events

Incident Information

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Time: 3:00 PM	Building: BIO - Biological Sciences Building			
Description of Incident Location (please do not include personal information such as names, gender pronouns and medical information): 3rd floor South Wing laboratory				
Side of main body part injured: Left	Secondary Body Part Injured: No injuries			
Injury Type: Chemical Burns	Serious injury/incident?:			
	Time: 3:00 PM cation (please do not incluonouns and medical informaty Side of main body part injured: Left Injury Type:			

Describe fully what happened before, during, and after the incident (please do not include personal information such as names, gender pronouns and medical information):

My Student was dissecting tissues of fish that were preserved in 4% paraformaldehyde and a droplet entered their left eye. They immersed their eye in the eye wash station and flushed the eye for 5 minutes before finding me shortly after to report the incident. I then called our Health and Safety officer, to discuss next steps and we felt it would be best for them to go to Emergency which they did.

Accident Investigation

Task Related Causes	
No "Task" Causes	

Environment Related Causes	
No "Environment" causes	
Other environmental causes:	
Lack of safety glasses	

Equipment Related Causes	
Guarding Inadequate	
Other equipment causes:	
Protective eye wear was not worn	



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Organizational Related Root Causes

No "Organizational" related causes

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:

Protective eye wear was not worn

Persons who carried out or participated in the investigation		
Employer representative n Colin Brauner	ame:	
Job title: Professor		
Worker Representative Na Patrick Tamkee	me:	
Job title: Technician		

Corrective Actions

orrective Action to prevent recurrence of similar incidents (1)

Corrective Action Identified:

Safety glasses were not worn and need to be worn when working with paraformaldehyde.

Assigned to (name): Job title:

Ralitza Sevova Graduate student

Final Actions Taken:

I have discussed this with Ralitza and she will wear safety glasses when working with paraformaldehyde and other chemicals from now on.

Date to be Completed: Date Completed:

2025-04-10 2025-04-10

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

Item:

Discuss situation at LST meeting and their corrective actions. Eye protection must be worn and coordinate the use of fume hoods so people can use them when necessary.

JOHSC/LST Member
Assigned (Name):

JOHSC or LST Membership (JOHS Committee or Local Safety Team you are following from):

Patrick Patrick

Final Actions Taken:

Safety & Risk Services





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Supervisor made aware of corrective actions to be done		
<u>-</u>	Date Completed: 2025-05-05	

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