

Incident Investigation Report: Over-exposure to Solar UV Radiation Causing Sunburn or a Heat-Induced Condition

The following template can be used to investigate incidents of over-exposure to solar UV radiation at work. This may be appended to (or used to supplement) the existing investigation process undertaken by the workplace.

Details of Injured Workers

Name		Name	
Payroll #		Payroll #	
Position		Position	
Work Group		Work Group	
Supervisor's Name		Supervisor's Name	
Employment Status		Employment Status	

Incident Details

Date of incident _____ Time incident occurred _____

Location/address of incident _____

Witness(s) _____

Who was the individual/s working with: _____

Description of injury sustained (e.g. *signs and symptoms*): _____

Description of the incident (*what happened, sequence of events, etc*): _____

Length of time worker/s was exposed to the sun _____

Peak UV Index and Humidex on day of incident _____

Presence of thermal heat sources (apart from sun) _____

Air movement/breeze available: _____

Activity or work tasks at the time of exposure _____

Level of activity/work rate leading-up to incident (for heat stress incident) _____

Level of acclimatization of worker/s involved (for heat stress incident) _____

Reflective surfaces present _____

Describe personal protection/equipment being used (*e.g. clothing, hat/hard hat with brim, neck flap, sunscreen, UV protective eyewear, overalls/coveralls, heavy/double layer clothing, special purpose clothing/coveralls*) _____

Description of other control measures being used at time of incident (*e.g. work rest cycles, self-pacing, water breaks, scheduling of work tasks, shade etc*) _____

What factors contributed to the incident? (*e.g. high UV index, high humidex, no sun protection available, no sun protection used, no water available, high work rate, a combination of factors*) _____

Did the worker receive first aid or medical attention? _____

Was the worker impaired from completing usual duties? _____

Did the worker require time off? If so, how long? _____

Other Considerations

Have other workers been affected by over-exposure to the sun? Same day or different time?

Has a similar incident occurred in the past 6 months? Provide details. _____

Probable cause of previous exposure incident? _____

Incident Reporting

Internal	Who to? (Name and Position)	Date and Time Reported
External (i.e. Regulator)	Tracking Details for Report	Date Reported

Recommendations

Based on the probable contributing factors, describe what corrective actions are planned, or have been implemented to reduce the risk of a recurrence of this incident:

Recommended Corrective Action	Who is responsible for Implementation?	Completion Date or Expected Completion Date

Other Comments

Persons Conducting the Investigation

Name	Position	Signature	Date

Source: Adapted from Incident Investigation Report, in 'How to Implement a Formal Occupational Health and Safety Program', Worksafe BC, 2013.

Visit sunsafetyatwork.ca for more information. Production of this resource has been made possible through financial support from Health Canada through the Canadian Partnership Against Cancer.