

Employer Incident Investigation Report (EIIR)



1. Employer's information

Employer's name (legal name and trade name)		
WorkSafe/WCB/WSIB/CNESST/etc. account number	Operating location number	
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (Include area code)
Email address		

2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)		
City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Injury requiring medical treatment beyond first aid
<input type="checkbox"/> Blasting accident causing personal injury	
<input type="checkbox"/> Diving incident, as defined by regulation	

An incident investigation report is NOT required under the *Workers Compensation Act* if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.