

Guide to Completing Employer's Report of Accidental Injury or Industrial Disease

When to Fill Out This Form

The Workers' Compensation Act requires that you file a report within three days of learning of an occupational injury or disease that disables a worker or requires health care. Failure to do so may result in a late filing penalty being levied.

Health care includes treatment by a hospital emergency, medical doctor, dentist, chiropractor or other practitioner. Claims may be submitted for eye glasses, dentures and artificial appliances damaged while being worn in an accident.

This form must be completed and sent to the Workers' Compensation

Board, P.O. Box 3439, Station D, Ottawa, Ontario, K1P 6N3. Please make a copy for your own records.

Please type or print clearly in ink. If all of the information is not immediately available to you, please send what you have and submit the rest later. For additional space, please attach a separate letter.

You do not have to report injuries requiring **first aid only**. However, the Workers' Compensation Act requires that you keep a record of details.

If there is entitlement to benefits beyond the day of injury, the employer is required by the Act to pay full wages on the day of injury.

Employer Identification

A If you intend to have your own identification number for this claim, such as the worker's payroll number to be shown on future correspondence or enquiries, please enter in the space provided. For mining companies and contractors doing mine work, please also report the worker's miner's certificate number.

Worker Identification

B The Board provides services in English and French. Unless indicated, all communication with the worker will be in English. If the worker requires an interpreter for any other language, please state language spoken.

History of Accidental Injury or Industrial Disease

C Please state the date and hour that the injury was first reported to an employer representative, such as first aid, immediate supervisor, or time office.

D The history of accidental injury or industrial disease should clearly describe an accident, circumstances surrounding the onset of pain in the apparent absence of an accident, or the events leading up to the industrial disease. Please answer the following questions explicitly to avoid additional enquiries.

1. Describe anything unusual that may have caused the injury. Examples: worker slipped, tripped, fell, struck wrist.
2. What was the worker doing when the symptoms were noticed? Was an awkward position, repetitive motion or physical exertion involved?
3. State the size and weight of any objects handled. Specify the tools, equipment, machinery, chemicals, and materials involved.
4. Describe the type of injury, all parts of the body affected and when applicable specify right or left side. Examples: cut right hand, low back pain, rash to both feet.
5. Where specifically did the accident occur? Examples: company parking lot, machine shop, Kingston construction site, Highway 400 near Barrie.
6. What conditions contributed to the accident? Examples: faulty equipment, icy parking lot, oily machine shop floor, littered worksite, slippery roads, ladder not tied down.
7. Were there any eye witnesses to the accident or others having knowledge of the history of injury as reported by the worker? If so, please state their names and addresses.

Claim Information

E Employers, owners, partners, independent operators, and their spouses, or an executive officer of a business, must have personal coverage to be considered a worker for the purposes of compensation. An executive officer is anyone holding the position of Chairman, Vice-Chairman of the Board of Directors, President, Vice-President, Secretary, Treasurer, or Director in a limited liability company, or General Manager or Manager designated an officer by by-law or resolution of the Directors.

For additional information about the above including contractors and sub-contractors, please refer to the current booklet titled "General Information and Guide For Completing the Employer's Statement of Payroll" or consult the Ottawa Regional Office.

- F** Your explanation of any doubts about the history of injury should take into account statements given by all of the witnesses.
- G** Serious and wilful misconduct is the deliberate disobedience of an expressed order, or the breach of a law or rule which is enforced, well known to and designed for the safety of the workers. A thoughtless act does not constitute serious and wilful misconduct.
- H** List any claim numbers for a similar disability if such are immediately available. Do not delay submission of this form to obtain them.

Earnings and Lost Time Information

I This section must be completed if the worker was (will be) totally or partially disabled beyond the day of injury whether or not full wages are paid.

J Enter the worker's average gross earnings as the hourly or daily rate which best reflects the rate per week at which the worker was remunerated at the time of the injury. If this is not a fair representation, we will make additional enquiry upon application.

Average gross earnings must include all earnings such as production bonuses, shift premium, tips and gratuities. Do not include vacation pay, overtime or temporary expenses for out-of-town jobs.

K If the worker received additional benefits such as room and board, meals, or accommodation, please specify the benefit type and the weekly value. If the benefits will continue during the period of disability, please indicate so in the advances area. Please refer to guide item N.

L To calculate the worker's benefit rate, we require the "net claim for exemptions" and the applicable "net claim code" from the Revenue Canada TD1 taxation form in effect at the time of the injury. Where no exemption status is stated, a single status will be used.

M Enter the normal working days with F for a full day or H for a half day worked plus the total number of hours per week for which the worker is normally paid. Example: F, F, F, F, H (Total = 36 hours.)

For rotating shift workers, print shift across the boxes and state a weekly total representing an average number of hours per week for which the worker is paid. When the worker returns to work, complete the **Employer's Subsequent Statement (Form 9)** stating the total number of shifts lost plus the number of pay hours per shift.

N If the worker will receive any benefits from your company or any other insurance plan for the period of disablement, state the weekly gross value of these benefits and dates covered. Please also note guide item K.

Authorized Signature

O This report must be signed by an authorized representative of your company. A partner or an executive officer of the company (except a sole owner) may not sign the report of his/her own injury.

If you require further assistance, or more compensation information, please telephone the office nearest you.

Hamilton	(416) 523-1800	North Bay	(705) 472-5200	Sault Ste. Marie	(705) 942 3002	Timmins	(705) 267-6427
Kingston	(613) 544-9682	Ottawa	(613) 238-7851	Sudbury	(705) 675 9301	Toronto	(416) 927-7222
Kitchener/Waterloo	(519) 576-4130	St. Catharines	(416) 937-2020	Thunder Bay	(807) 343-1710	Windsor	(519) 966-0660
London	(519) 663-2331						

If you are not in the local calling area, check your telephone directory for the toll-free telephone number.