Employer Incident Investigation Report (EIIR)



1.	Emp				

Employer's name (legal name and trade name)		
WorkSafe/WCB/WSIB/CNESST/etc. account number	Operating lo	cation number
Employer's head office address		
City	Province	Postal code
Employer's representative's name	Phone number (Indude area code)	
Email address		_1

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	□ a.m.
		□ p.m.

4. Type of occurrence (select all that apply)

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