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 (Indude 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	☐ a.m. ☐ p.m.

4. Type of occurrence (select all that apply)

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

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