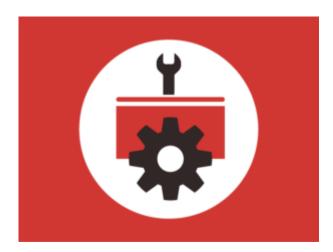
# Employer Incident Investigation Report (EIIR)



### 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	☐ 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	<ul> <li>Minor injury or no injury but had potential for causing serious</li> </ul>			
□ Blasting accident causing personal injury	injury			
□ Diving incident, as defined by regulation	<ul> <li>Injury requiring medical treatment beyond first aid</li> </ul>			
An incident investigation report is NOT required under the Workers Compensation Act if none of				
the above applies as if this incident is a vahisle assident assuring on a public street as highway				

