

# 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.**