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	☐ 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		

