

Seven digit claim #:

Worker Details		Pass the date of injury: Have you been off work? ☐ Yes ☐ No		1 Have your work duties been modified? ☐ Yes ☐ No	
Last name:		First name:		Initial:	
Mailing address: Apt# _____			Social Insurance #:		
City:	Province:	Postal code:	Personal health #:		
Phone number:			Date of birth:		Gender: ☐ M ☐ F ☐ X
Email address:					
Occupation and job description:					
Are you an apprentice? ☐ Yes ☐ No		If yes, date you would have obtained journeyman status:			
Date hired:		Are you a partner or director in the business? ☐ Yes ☐ No			
Do you have personal coverage? ☐ Yes ☐ No		If yes, coverage number:			

Employer Details		2 Employer business name:			
Mailing address:					
City:	Province:	Postal code:			
Contact name:	Title:	Phone:	E-mail:		

Accident Details		3 Date/time of accident:				Time:	☐ a.m. ☐ p.m.	or ☐ the injury/condition developed over time
Date/time scheduled shift started (if applicable):		Time:		☐ a.m. ☐ p.m.				
Date/time scheduled shift ended (if applicable):		Time:		☐ a.m. ☐ p.m.				
4 Date accident/injury reported to employer:								
Name of person and their position:		Phone number:						
If not reported immediately, give the reason:								
5 Describe fully, based on the information you have, what happened to cause this injury or disease. Please describe what you were doing, including details about any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you may have been exposed to:								
☐ Cardiac condition/injury? ☐ Claimed to another WCB? Province: _____								
☐ Motor vehicle accident? If you have a police collision report, please send a copy by mail or fax once you have a claim number. Please also complete the WCB Automobile Accident Report.								
If you have more information or a list of witnesses, please attach a letter. Please check this box if letter is attached. ☐								
Have you had a similar injury before? ☐ Yes ☐ No		If yes, attach a letter with details.						
Was the work you were doing for the purpose of your employer's business? ☐ Yes ☐ No		Was it part of your usual work? ☐ Yes ☐ No						
Did the accident/injury occur on employer's premises? ☐ Yes ☐ No								
Location where the accident happened (address, general location or site):								
6 Full name of treating hospital or healthcare professional:								
Address:								
Phone:								
When did you first seek medical treatment?		Time:		Is any further treatment required? ☐ Yes ☐ No				



REV APR 2021

Complete all three pages and sign the form before sending.
If your injury is the result of a motor vehicle accident, complete the Automobile Accident Report (L-054).

Wcb Injury Report Form Workers Compensation Board

N Noddings

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the name 'N Noddings'.

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time is essential to develop effective prevention programs and target future research The nation needs a robust OSH surveillance system to provide this critical information for informing policy development guiding educational and regulatory activities developing safer technologies and enabling research and prevention strategies that serves and protects all workers A Smarter National Surveillance System for Occupational Safety and Health in the 21st Century provides a comprehensive assessment of the state of OSH surveillance This report is intended to be useful to federal and state agencies that have an interest in occupational safety and health but may also be of interest broadly to employers labor unions and other worker advocacy organizations the workers compensation insurance industry as well as state epidemiologists academic researchers and the broader public health community The recommendations address the strengths and weaknesses of the envisioned system relative to the status quo and both short and long term actions and strategies needed to bring about a progressive evolution of the current system

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How to Handle Your First Workers' Compensation Case Victor Pasternack,Practising Law Institute,1998 *Hearings, Reports and Prints of the Senate Committee on Labor and Public Welfare* United States. Congress. Senate. Committee on Labor and Public Welfare,1974

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