WorkSafeBC

Worker's Report of Injury or Occupational Disease to Employer

RESET

▶ Submit directly to employer. Do NOT submit to WorkSafeBC.

Section 149(4) of the *Workers Compensation Act* requires that, where a worker is fit, and on request of the employer, they must provide the employer with particulars of the injury or occupational disease on a report prescribed by WorkSafeBC and supplied to the worker by the employer. This is the report prescribed.

- If requested by employer, please complete this report as it appears.
- This report should be completed by the injured worker if fit to do so. It can be completed by another individual for signature by the injured worker.
- If you need assistance with completing this form, please call WorkSafeBC Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday to Friday, 8 a.m. to 6 p.m. PST.

Worker's information

WorkSafeBC claim number (if known)		Customer care number (if known)	
X		X	
Worker's last name		First name	Middle initial
Date of birth (yyyy-mm-dd)	Personal health number (BC Services/CareCard)	Social insurance number	
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Home phone number (include area code)		Business phone number (include area code)	Business extension
Occupation			Gender ☐ Male ☐ Female

Employer's information

Employer's organization name			
School District 58 - Nicola Similkameen			
Type of business (if known)		Operating location (if known)	
Public School District			
Address line 1		Address line 2	
1550 Chapman Street			
City	Province/State	Country (if not Canada)	Postal code/Zip
Merritt	BC		V1K 1B8
Employer's contact name		Employer's phone number (include area code)	Extension
Barb McLean		250 378-5161	1115

Incident information

1. Date and time of incident (yyyy-mm-dd) ☐ a.m. ☐ p.m. **OR**	2. Period of exposure resulting in occupational disease (yyyy-mm-dd) From To
3. Date and time my injury or disease was first reported to my employer (yyyy-mm-dd) ☐ a.m. ☐ p.m.	My injury or disease was first reported to (please check one) ☐ First aid ☐ Supervisor ☐ Office ☐ Other (specify)

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Worker's last name	First name	Middle initial	WorkSafeBC claim number
			X

Social insurance number	Personal health number (BC Services card/CareCard)

Incident information (continued)

4. Name of person reported to

5. Did you receive first aid? ☐ Yes ☐ No ▶	6. Date of first aid (yyyy-mm-dd)	7. Name of first aid attendant
8. Did you go to the hospital, a medical clinic, or see a physician? ☐ Yes ☐ No ▶	9. If yes, name of physician or provider (if known)	

10. Address of physician or provider (if known)

11. Are you aware of any recent pain or disability in the area of your reported injury? ☐ Yes ☐ No ▶	If yes, please explain

12. Was protective equipment being used? ☐ Yes ☐ No	13. Were there any witnesses? ☐ Yes ☐ No

14. The supervisor in charge at the time of my injury was

15. Describe how the incident happened

16. Describe the injury in detail (what part of the body was injured)

17. Side of body injured
☐ Left ☐ Right ☐ Both ☐ Not applicable

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			X

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Incident information (continued)

18. Describe the work incident location (address, city, province) and where incident occurred (e.g., shop floor, lunchroom, parking lot)

Maintenance yard at School District Board Office

19. Contributing factors — select **at least one**, and as many as applicable

- ☐ Lifting _____ ☐ lb ☐ kg
- ☐ Overexertion
- ☐ Repetitive (activity repeated over and over again)
- ☐ Slip or trip
- ☐ Twist
- ☐ Fall
- ☐ Struck
- ☐ Crush
- ☐ Sharp edge
- ☐ Fire or explosion
- ☐ Harmful substance in the work environment
- ☐ Animal bite
- ☐ Assault
- ☐ Motor vehicle accident
- ☐ Unsure/other (please explain below)

over extension of back muscle

20. Did you or will you miss any time from work beyond the date of injury or exposure?

☐ Yes ☐ No

Signature and report date

21. Worker's signature	22. Date of report (yyyy-mm-dd)

Additional information

The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office (WAO) provides free advice and assistance to workers and their dependants on disagreements they may have with WorkSafeBC decisions. WAO operates independently of WorkSafeBC.
Phone: 604.335.5931
Toll-free: 1.800.663.4261
Website: gov.bc.ca/workersadvisers

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.