

When an accident occurs at work...



The employer must:

- **Immediately** notify the WHSCC at 1 800 222-9775 if the accident causes, or may cause, a worker to suffer a fatality; hospitalization; a loss of limb; an occupational disease.
- Notify the WHSCC within 24 hours in the case of an accidental explosion or exposure to a biological, chemical or physical agent.
- Complete a Form 67, *Report of Accident or Occupational Disease*, for **all** accidents that may entitle the worker to compensation or medical aid. Fax it to the WHSCC within three days, 1 888 629-4722.
- Maintain a record of all injuries requiring first aid treatment.

The injured worker must:

- **Immediately** report the accident to the employer before leaving the premises.
- Advise the treating physician to send the report to the WHSCC when medical attention is obtained.
- To file a claim for workers' compensation, complete a *Form 67* along with the employer.

WHSCC

1 800 222-9775

Mailing Address

PO Box 160
Saint John NB E2L 3X9

Fax – Form 67

1 888 629-4722