WORKERS' COMPENSATION BOARD
Northwest Territories and Nunavut

EMPLOYER'S REPORT OF ACCIDENT

If a worker is injured at work, you need to complete this form so that the claim can proceed.

Employer Information

Business Name	Contact Person	Email Address
Mailing Address	Community	Postal Code
Telephone (include area code)	Fax (include area code)	Worker's Supervisor Name

Worker Information

Last Name	First Name	
Street Address		
Mailing Address	Community	Postal Code
Date of Birth YY | MM | DD	❑ Male ❑ Female	
Telephone (include area code)	Social Insurance Number	
Worker's Occupation	Is a job description available? ❑ Yes ❑ No If yes, please attach	
What province or territory was the worker hired in?		
Is the worker a subcontractor? ❑ Yes ❑ No	Is the worker an owner or operator? ❑ Yes ❑ No	

Accident Details

1. Place of Accident – Name of City/Town, Province/Territory			
2. Was the worker on the employer's premises when the accident occurred? ❑ Yes ❑ No			
3. Accident Date YY | MM | DD	Time AM / PM	4. Date first reported to employer YY | MM | DD	Time AM / PM
5. Date first disabled from work? YY | MM | DD	Time AM / PM	6. Time worker commenced work on the day of the accident?	Time AM / PM
7. Does the worker have a job to return to? If no, explain. ❑ Yes ❑ No			
8. Was first aid rendered? ❑ Yes ❑ No If yes, when? By whom?			
9. Name and address of attending health care professional			

Complete All Questions Below – (Give full explanation – attach extra sheets if necessary)

10. Were the worker's actions at the time of injury for the purpose of your business? ❑ Yes ❑ No	
11. Is the activity part of the worker's regular work? ❑ Yes ❑ No If no, explain	12. Are you satisfied the incident occurred as reported? ❑ Yes ❑ No If no, explain
13. Please describe the accident in as much detail as possible. Include where it took place, what the worker was doing at the time of injury, what equipment was being used, and whether gas, chemicals, or extreme temperatures were involved. Was language a contributing factor? (attach sheet if necessary).	
14. What part of the worker's body was injured? (left/right side, hand, eye, back, etc.) What type of injury did they experience? (sprain, bruise, etc.)	
15. Was anyone not employed by you involved in the accident? ❑ Yes ❑ No If yes, explain.	
16. Was the worker disabled longer than the date of the accident? ❑ Yes ❑ No	
17. If no time loss, is the worker performing modified duties? If yes, provide list of duties.	
18. Is light duty available? ❑ Yes ❑ No If yes, when? YY | MM | DD	
19. Has the worker been advised of light duties? ❑ Yes ❑ No If yes, when? YY | MM | DD	
20. Please supply a list of duties available. (attach sheet if necessary)	

IF THE WORKER WAS DISABLED LONGER THAN THE DATE OF THE ACCIDENT, PLEASE CONTINUE. IF NOT, PLEASE SIGN AT THE BOTTOM OF THE NEXT PAGE.

Worker's Full Name:	WCB Claim Number:

Complete All Questions Below –
Give Full Explanation – attach extra sheets if necessary

21. Has the worker returned to work? ❑ Yes ❑ No If yes, when? YY | MM | DD

22. Will you pay the worker for the period of disability? ❑ Yes ❑ No
If yes, for how long? (e.g. 1 month, 6 months, etc.)
Will you continue to pay the employee benefits while the worker is receiving compensation payments? (e.g. travel, Northern living allowance) ❑ Yes ❑ No If yes, please explain

23. Worker's type of employment ❑ permanent ❑ seasonal ❑ casual ❑ summer student ❑ apprentice ❑ part-time

24. Is the job subject to seasonal layoffs ❑ Yes ❑ No
or lack of work layoffs ❑ Yes ❑ No

Wage Information – please complete

25. Date of hire YY | MM | DD 26. If non-permanent, what is the expected end date of employment? YY | MM | DD

27. Usual hours and days in work week Days off ______________________
__________ hours __________ days from __________ AM / PM to __________ AM / PM
e.g. 40 hrs/week hours 5 days from 8 AM / PM to 5 AM / PM (AM and PM circled)

28. If worker works an irregular work week (shifts, turnarounds, etc.), please supply one complete shift cycle
Date shift cycle started __________ Number of days on __________ Number of days off __________

Circle days on:

M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S M T W T F S S

29. What is the hourly rate of pay? ________ /hr
How often is the worker paid? ❑ Weekly ❑ Bi-Weekly ❑ Monthly ❑ Other – please explain

30. Specify amount of time off for lunch Is worker paid for the time? ❑ Yes ❑ No

31. Does the worker receive any other benefits? ❑ Yes If yes, explain and give amounts.
i.e. (vacation pay, settlement allowance, etc.) ❑ No

32. Does the worker regularly work overtime ❑ Yes ❑ No?

33. Provide an estimate of regular overtime hours (weekly / monthly / yearly) ____________________
At what rate? ❑ Double-time ❑ Time and a half ❑ Other ____________________

34. Give worker's exact gross earnings for the 12 months prior to accident date

IMPORTANT:

NOTIFICATION OF ACCIDENT MUST REACH THE WORKERS' COMPENSATION BOARD OFFICE WITHIN THREE WORKING DAYS OF ACCIDENT. IT IS RECOMMENDED THAT THIS FORM BE FAXED IN THE NORTHWEST TERRITORIES TO 1-866-277-3677 OR IN NUNAVUT AT 1-867-979-8501.

Completed by (please print)		Signed at (city, town, village)
Authorized Signature	Phone Number	Date

If you would like assistance filling in this form, or more information, please contact one of our offices listed below, or go to our website: www.wcb.nt.ca or www.wcbnunavut.ca.

"... An employer who fails to submit completed accident reports on a timely basis is liable to penalties as follow:

- $250 for each occurrence for the first 2 occurances.
- $500 for the next 2 occurances
- $1,000 for each additional occurrence.

Decisions not to apply the late reporting penalty must be approved by the NWT or Nunavut manager of Claimant Services.

Where the employer fails to submit accident reports as required or requested by the board, the board may make a special investigation of the facts and circumstances surrounding an injury and charge the cost of the investigation to the employer (per Policy 11.02 '*Reporting an Accident*', WCB of the Northwest Territories and Nunavut Policy Manual)."