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Severity of Injury/ IllnessWhom to NotifyTimeframeDocumentation RequiredNoteFirst Aid (if required)ImmediatelyFirst aid log entrySupervisorAs soon as possibleInternal accident investigate root causeMedical Treatment(Hospital, Dentist, etc.)First Aid (if required)ImmediatelyFirst aid log entrySupervisorAs soon as possibleInternal accident investigate root causeMedical Treatment(Hospital, Dentist, etc.)First Aid (if required)ImmediatelyFirst aid log entrySupervisorAs soon as
possibleInternal accident investigation reportBest practice to investigate root causeWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Within 3 daysWSIB Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Within 3 daysWSIB Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Within 3 daysWSIB Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Within 3 daysWSIB Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Within 3 daysWSIB Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Within 3 daysWSIB Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer ReportReport Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted to MOLWSIB via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted via Form 7Critical Injury or FatalityMinistry of LabourImmediatelyEmployer Report Submitted via Fatality No. Submit
 daysWSIB Form 7For the complete list of MOL reporting requirements, see the Resource section for Notices of Incidents, Injuries and Fatalities Requirements workplace injury or illness that requires first aid treatment log and reported to a supervisor. It is not necessary to complete a WSIB Form 7 for first-aid-only 
injuries.If the employee seeks follow-up health care (hospital, dentist, chiropractor, etc.), then you must follow the procedure for reporting injuries to the WSIB.Reporting Injuries to 
 absent from regular work (due to the work-related injury or illness) Earns less than regular pay for regular work (e.g. only working partial hours) Requires modified work at less than regular pay (for more than seven calendar days) It is not necessary to complete a WSIB Form 7 for first-aid-only injuries. You must send an Employer's Report of
 Injury/Disease Form 7 to the WSIB within three business days of the worker reporting the injury, or the day you become aware of the injury (whichever is earlier). You may be assessed penalties for not submitting this form in a timely manner. You should advise all employees to notify you immediately if they seek medical aid (visit and emergency room
the doctor, dentist or chiropractor) because of a workplace-related injury. Reporting Critical Injuries in an injury or illness that is serious enough to meet the definition of 'critical', then you must immediately report the incident to the MOL. The scene must be secured and a formal investigation must be undertaken. The
results of the investigation must be submitted to the MOL within 48 hours. The Occupational Health and Safety Act defines critical injury as: Fatal or life threatening Significant loss of bloodAmputation of an arm or leg, hand or foot, or multiple fingers or toes Burns to a major part of the
bodyIt is important to note that the critical injury definition covers incidents that happened to an employee. If a person is critically injured in the workplace and the incident could have reasonably happened to an employee in the course of their work, then you must notify the MOL. Critical Injury Investigation Your first priority at
any accident scene is to ensure the safety of everyone around. Once you know those in the immediate vicinity are safe, you must "secure the scene. You may take pictures if there is an opportunity, but ensure
the evidence is not disturbed. A worker health and safety representative or worker member of the JHSC needs to be notified. The worker representative has the right to inspect the scene and send their findings to the MOL. See the Resource section
for Critical Injury Reporting Requirements. As the employer, you are required to submit the investigation report to the MOL. Remember that a critical injury will also require you to submit a WSIB Form
7.It's important that everyone knows what to do in the event of an incident — whether it results in an injury or not. Ensure you have the appropriate contact numbers available and that your team has practiced an emergency drill. Incident InvestigationThe goal of a health and safety program is to eliminate injury and illness. Conducting an
 investigation after an accident or 'close call' provides important information to help identify hazards and ensure effective controls are established. An accident or close call is often a symptom of a breakdown in the internal responsibility system. Proper investigation techniques can help you address the root cause and prevent future
incidents. Investigation Steps Planning ahead will help you be ready to conduct a proper investigation. Take the time to organize an Investigation Toolkit available: Pens, paper, forms, measuring tape, camera, etc. Consider how different factors
could cause or contribute to the incident: people, equipment, material, environment, process. 2. Gather Evidence Begin immediately: evidence can be lost and people may begin to forget eventsFocus on facts and avoid assumptionsTake measurements and pictures, andObserve the environment, draw a sketch of the sceneRequest witness statements and avoid assumptionsTake measurements and pictures, andObserve the environment, draw a sketch of the sceneRequest witness statements and avoid assumptionsTake measurements and pictures, andObserve the environment, draw a sketch of the sceneRequest witness statements and avoid assumptionsTake measurements and pictures, andObserve the environment, draw a sketch of the sceneRequest witness statements and avoid assumptionsTake measurements and pictures, andObserve the environment, draw a sketch of the sceneRequest witness statements and avoid assumptionsTake measurements and pictures, and observe the environment, draw a sketch of the sceneRequest witness statements.
 ReportingPut the information and facts in orderCheck for gaps of informationIdentify both immediate and root causes4. Recomment what action is taken5. Follow-upConfirm that control measures have been implementedConfirm that control
 measures are working as intendedSee the Resources section for sample investigation and reporting forms. Businesses must report a work-related injury/illness to the WSIB if they learn that an employee requires health care and/oris absent from regular work, orearns less than regular pay for regular work (e.g., working fewer hours), orrequires
modified work at less than regular pay, orrequires modified work at regular pay for more than seven calendar days following the date of the injury/illness was caused by work. The WSIB has exclusive jurisdiction to determine "work-relatedness" and will consider the individual facts and
circumstances of each injury/illness reported. You should report injuries/illnesses when: an employee are unsure if the injury is work-related of example: an employee loses consciousness while working and an ambulance is called an employee are unsure if the injury is work-related.
complains of pain during their shift and leaves to get medical careReport your employee's injury/illness through our online services or fill out a and submit it online. The WSIB must receive the complete accident report within three business days after the business learns of the reporting obligation (business days are Monday to Friday, and do not
include statutory holidays). You must make every reasonable effort to obtain the information requested on the Form 7 and complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days. If you can't get complete and submit it within three business days.
You can also attach supporting documents if needed. You should also provide a copy of the completed form to the employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your reporting obligations even if an employee and keep a copy for your records. You must report the injury/illness to meet your report the injury illness to meet your report injury 
the injury/illness wasn't work-related. You can share any concerns you have about the injury/illness and challenge the WSIB's decisions. Consequences of not meeting your reporting obligations and challenge the WSIB's decisions. Consequences of not meeting your reporting penalty of $250 for any injuries/illnesses reported after more
than 30 calendar days, we'll charge a penalty of $1,000. We may also charge separate $250 penalties for each of the following: incomplete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the complete information failing to provide a copy of the copy of t
 subsequent requests for information. Failing to comply with this reporting obligation is an offence under the Workplace Safety and Insurance Act. Individuals may also be liable, on convicted, may be fined up to $500,000.What does the WSIB consider health
care?Health care includes:services provided at hospitals and health facilities, orservices requiring the professional skills of a health-care practitioner (e.g., doctor, nurse, dentist, chiropractor orphysiotherapist), or prescription drugsYou should also complete this report if dentures, glasses and/or artificial appliances (e.g., prosthetic arm) were
damaged while being worn in a work-related accident. What does the WSIB consider first aid is the one-time treatment or care and any follow-up visit(s) for observation purposes only. First aid includes, but is not limited to:cleaning minor cuts, scrapes or scratchestreating a minor burnapplying a cold compress, cold pack or ice bagapplying a
 splintchanging a bandage or a dressing after a follow-up observation visitDo I have to report first aid treatment?You don't need to complete this report for first-aid.However you must keep a record of all first aid details.Need help completing Form 7?
 Please call us at 1-800-387-0750 if you need help completing this form. The Office of the Employer Adviser can also help. You can call them at 1-800-387-0774. Please download the PDF Form 7, complete the fields and submit your completed form and supporting documents online at wsib.ca/submit. We'll send the business the claim number once the
claim is established. Please include the claim number on all pages if you already have the claim number on all pages if you include attachments to the Form 7. Write the employee's name and claim number on all pages if you include attachments to the Form 7. Employee name, claim number and social insurance number on all pages if you already have the claim number on all pages if you include attachments to the Form 7. Employee's name and claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim number on all pages if you already have the claim nu
provide the employee's legal name, social insurance number and claim number (if known). Please provide it in this space - this helps make sure the pages remain together as they're processed. Section A - Employee information is required to establish the employee's claim. Job title/occupation at the time of injury/illness (don't use
abbreviations)Input the employee's job at the time of the job they were doing, even if it wasn't their regular job. Example: Normally, Linda is a welder, but was temporarily working as a shipper/receiver in the warehouse when injured. In this case, you'd give the job title of shipper/receiver. Length of time in this position
 while working for youInput the length of time (in years, months or weeks) that the employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performing the job where they were injured. Example: The employee may have been employee has been performed injured. Example: The employee has been performed injured. 
numberThe employee's nine-digit social insurance number is required to meet the WSIB's reporting obligations. Requesting it is authorized under the employeerThis won't apply to most employees. But these people may need optional
insurance to be covered under the Workplace Safety and Insurance Act. If you're unsure of the status, check the one you think is correct and the case manager will follow-up with you. Don't delay sending the form even if you're unsure. Definitions Executive: delegated the authority to act independently on behalf of the organization responsible for the
overall direction and control of the company's operations or financial affairsexercises a broad scope of authority to make decisions or formulate policies for the organization. rather than authority that's strictly limited to a specific branch or divisionable to bind the organization.
ChairPresidentVice-President Chief Executive OfficerCorporate SecretaryTreasurerDirectorGeneral ManagerManagerPlease refer to our policy on who can obtain optional insurance for more information about executive officers. Elected official:elected to the positiontemporarily appointed to an elected positionmember of the governing board, either
appointed or elected the equivalent thereof Please refer to our policy on who can obtain optional insurance for more information about elected officials. Owner: person may be listed as an executive officer Please call us at 1-800-387-0750 for more
 information or clarification. Employee reference number you might want to record the firm's employee identification number (e.g., the employee's payroll number) in this space. We don't require this number - it's here for the business's own internal tracking purposes. Mining companies, including contractors doing mining work, may enter the
employee's Miner's Certificate Number here. Employee name and address (number, street, apt./unit city/town, province, postal code), telephone Input the employee covered by a Union/Collective Agreement? Check "yes" if the employee is a member
of a recognized union/association that has a negotiated collective agreement with your firm. The name/local isn't required; we'll ask for it if we need it. Employee prefers French. Please specify the employee's spoken
language if they don't speak English or French. We can communicate with people in many languages. SexCheck M (male) or F (female). Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired at your firm. If the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the employee was hired in the past (e.g., 26/01/89) Date of birthGive the emp
temporary worker), provide the most recent date of hire. Section B - Business informationTrade and legal name is the commonly used name; the legal name is what appears on legal documents. Please provide both if they're different. This helps to establish and administer the claim, avoid delays and minimize
postal errors. Example: The company's trade name is "Sam's Pizza" and the legal name is "123456 Ontario Inc." So, you would provide both names. Check one: Check one:
 number, but the firm number is preferred. Definitions Firm number a six-to-eight code (may have numbers and letters) used to identify and track accident costs for both Schedule 1 businesses, this number appears on the top right corner of your premium rate summary
statement or monthly statement, which you can access through our online services. For Schedule 2 businesses, this number appears on the top left corner of your monthly statement or on the top right hand corner of their statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top right hand corner of their statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or on the top left corner of your monthly statement or your monthly statemen
on the top right corner of your premium rate summary statement or monthly statement of account, which you can access through our online services. Many businesses have several account and/or firm numbers, depending on the type of business they conduct. Providing the correct number associated with this employee will ensure the claim is charged
to the correct business and minimize problems in the future. Mailing address, city/town, province, postal code, telephone and fax numberInput the business's full mailing address, including the postal code. We'll send all correspondence for this claim to this address, including the postal code. We'll send all correspondence for this claim to this address, including the postal code. We'll send all correspondence for this claim to this address.
code adapted from the North American Industry Classification system (NAICS), a standard structure by which Statistics Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classify all businesses across Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by which Statistics Canada and the Canada Revenue Agency classification structure by the Canada Revenue Age
codes. Example: Class/Subclass: G1 Description: Building constructionIf your business belongs to more than one class/subclass, select the class/subclass of the business is assigned at least one NAICS code. Some businesses may be
 assigned more than one. If your business has more than one NAICS code, please select the NAICS code of the business activity the person who is injured or ill was engaged in an ancillary (incidental)
 activity (e.g., administration) and you can't assign the work performed to a specific NAICS code, assign the NAICS code that represents the highest proportion of your annual assessable insurable earnings. Please sign up or log in to our online services or view our Employer Classification Manual for more information about your firm number, account
number, class/subclass, and NAICS codes. For example:retail shoe storebicycle repair shopautomotive manufacturingDoes your firm have 20 or more employees? Please indicate if your firm employees at the time of the
employee's injury/illness. Employee's branch address (no abbreviations) Please provide the address of the location, branch, plant or department where this employee reports if it's different than mailing address. This information helps us assign the claim to the correct service delivery team. Claim-related mail will not
go here; it will go to the "mailing address" you provide. You can also provide the phone number of the branch address here. For construction,
 please give the nearest construction branch office to which the employee reports - not the actual worksite location. Section C - Injury/illness dates and details to help make the initial entitlement decision on a claim. We also use this information to
develop prevention strategies that will reduce workplace injuries/illnesses. Date and hour of injury/awareness of illnessInput the date and time of the injury/illness. This might be a specific date/time (such as in the case of an incident like a trip and fall) or the date/time when the employee says they first started to notice a problem. Date and hour
reported to businessGive the date and time the employee first reported to sugarcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime office or dispatcherother business representative may include: first aid attendant or office immediate supervisor or site officialtime of first aid attendant or office immediate supervisor or site officialtime of first aid attendant or office or dispatcherother business representative may include: first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to the first aid attendant or office or dispatcherother business representative may be added to
 first reported the injury/illness to. Remember to include this individual's position with the company as well as their phone number (including extension) if it's different than the number provided under Section B - Business information. Was the injury/illness to. Remember to include this individual's position with the company as well as their phone number (including extension) if it's different than the number provided under Section B - Business information. Was the injury/illness occurred. Sudden specific event/occurrence chance event is an
identifiable and unintended eventyou can see what causes the injury (e.g., falling objects, slips, trips, cuts)injury is an expected result of something identifiable and unintended (e.g., a box falling from a shelf hitting and breaking employee's arm)an unexpected result of working duties from particular movements (e.g., lifts, pulls, reaches, etc.) that
causes sudden and noticeable pain (e.g., a warehouse picker pulling a stuck box from a shelf causing pain in the employee's shoulder)a willful and intentional act by someone other than the employee that results in an injury (e.g., fights between co-workers, police officer assaulted by an individual, sales clerk assaulted by a thief during a robbery,
etc.) Gradually occurring over timean onset of an injury/condition that emerged over a period of time (hours, days or longer), where the employee may have started to notice pain or discomfort while performing their normal duties (e.g., full-time
cashier continually scanning products with the left arm and begins to experience pain in the left elbow)Occupational disease - an injury/illness in which a disease:results from an exposure (sudden or over time) to a substance in the workplaceis peculiar to or characteristic of a
particular industrial process, trade or occupationin the WSIB's opinion, requires the employee to be removed from the workplace (temporarily or permanently) as exposure to a substance may be a precursor to an occupational disease is mentioned in Schedule 3 or 4 of the Workplace Safety and Insurance ActFatalityAn injury/illness that results in the
death of an employee. Please call us 24/7 at 1-800-387-0750 to report the fatality over the phone. If you're calling after-hours, you can access our online services to report the incident or leave us a message and we'll return your call within one business day. Type of injury/illness: (Please check all that apply) Check the type (or category) of injury/illness.
Please check "Other" and give a description if the type of injury isn't on the list. "Other" can be stress or mental-health related. We use this information to help create and deliver prevention programs. Area of injury (body part): (Please check all that apply) Check all the areas of injury. Please check "Other" and give a description if the area isn't listed.
 Remember to include "left" or "right," if applicable. The areas provided are general physical locations of the body. This information is also requested on the Health Professional's Initial Report (Form 8) and the Worker's Report of Injury/Disease (Form 6) and will be used by the case manager in the decision-making process. Describe what happened to
 don't need to follow up over the phone to gather the required information. You can use page 4 of this form or attach a separate sheet to provide more details, if necessary. Please note, any attachment to the Form 7 is considered part of the Form 7 and you must provide a copy of this to the employee. Examples: the employee slipped on a wet floor,
 landing on their right armthe employee was struck in the face by debris dropped by a coworker working above themthe employee twisted their left ankle while walking on uneven ground fyou're not aware of a specific accident/incident that caused the injury/illness, please describe what the employee was doing, and the effort involved when the pain
began, or they first noticed the disease. Examples: the employee was in an awkward position when their low back began to achethe employee isn't sure what caused their leg pain but believes it could be from extended walking Include any details about the work area,
 materials or equipment used, other people involved or any detail you believe is important or your employee has reported. Please attach a copy of a physical demands information form, along with how to complete it, from our
 website.Did the injury/illness happen on the business's premises (owned, leased or maintaines) Please check if the injury/illness occurred on property the business owns, leases or maintains. If yes, please indicate where on your premises the injury/illness occurred. If no, give the actual location of where it happened. The case manager may contact you
 for more details. Examples: yes - assembly line, shop floor, warehouse storage area, parking lotno - delivery driver making a delivery to a restaurant slips on greasy kitchen floor; provide the name of the restaurant pliness occurred outside of Ontario. If yes, the employee may have
the choice of claiming benefits in Ontario or where the injury/illness happened. If claiming in Ontario, the employee at the time of claim registration, avoiding potential delays. Although a claim can be established, we can't make a decision until we've
received and approved the election form. The employee has three months from the day of the injury/illness to submit the election form. Example: An Ontario and uses the election form to indicate that choice. Are you aware of any
 witnesses or other employees involved in this injury/illness? Check yes if:anyone saw what happenedother employees were involved in the space provided. For injuries that occurred gradually over time, it might be helpful to
provide the names of employees who may be aware of the person who is injury/illness? Check "yes" if any individual (s) not employed by your firm had any part
 in this employee's injury/illness. If yes, write their name(s) and work phone number(s) in the space provided. We may need to speak with them as part of the claim decision-making process. We'll investigate and review if we should transfer the costs associated with this claim, either in whole or in part, from your firm to the other responsible
party. Example: John is making a delivery of produce at Joe's Fast Food Restaurant may be responsible for all or part of the costs associated with John's claim. (This only applies to Schedule 1 businesses.) Are you aware of any prior similar or
 related problems, injuries or conditions? Check "yes" if you're aware that this employee has had prior similar problems, injuries or conditions that may be related or contributing to their current reported injury/condition. Write a brief outline of what you believe these prior problems, injuries or conditions are in the space provided. We may investigate
 further to determine if the these have any impact on the employee's present problems. You can use page 4 of the form or attach a separate sheet if you need more space. Attach a written submission to this form if you have concerns about this claimPlease attach a separate submission to the Form 7 and check if you (the business) have concerns about
the injury/illness. Any attachments to the Form 7, so you should provide a description or attachment explaining why you object. Please include the employee's name and Social Insurance Number or the claim number (if available) on all attached
pages. Provide supporting information if you have reason to doubt this claim. We'll investigate further before making a decision. We'll make a decision with the existing information on file if you don't provide supporting information about why you doubt the claim. Section D - Health careThe employee has the right to make the initial choice of health
 the time of the injury/illness. The business is also responsible for paying the cost of transportation (e.g., ambulance, taxi, etc.). Did the employee receive health care for this injury? Check "yes" if the employee receive health care for this injury? the cost of transportation (e.g., ambulance, taxi, etc.). Did the employee receive health care for this injury? Illness. If yes, please indicate the date of the health care, including any health care the employee received health care for this injury.
 received at the worksite. Please don't confuse this with first aid. First aid refers to any care an employee receives that a trained first aider could provide (e.g., washing a wound, applying a dressing, etc.), even if done by an in-house health professional. The business doesn't need to complete and send a Form 7 if the injury only requires first aid.
 However, all businesses covered by the Workplace Safety and Insurance Act must keep a record of any first aid administered. Health care professionals: chiropractorphysicianphysiotherapistregistered nurse (extended class) dentist The employee can receive health
care from a hospital, other facility (emergency department, walk-in clinic, health-care professional's office, etc.) or the worksite. The business should make every reasonable effort possible to obtain this information. If it's not possible to get this information, please
provide an explanation of what's being done to get it. When did the business learn that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care for the reported injury/illness. Where did the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care? Input the date when the business was first advised, or made aware, that the employee received health care for the reported injury/illness.
 employee received health care for their injury/illness. Please check all that may apply. DefinitionsOn-site health care provided at the workplace or worksite where the injury/illness happened. Please note, this doesn't include first aid. Ambulance Calling an ambulance could indicate how serious the injury/illness is and will trigger special
attention by the WSIB. The business is responsible for paying the cost of an ambulance if one is called on the day of the injury/illness. Emergency facility outside of a hospital. Please give the name and location of the hospital or emergency facility. Admitted to
hospitalThe employee may have been admitted to a hospital for an overnight stay. This could indicate how serious the injury/illness is and will trigger special attention by the WSIB. Please give the name and location of the hospital. Health-care professional office. ClinicA walk-in clinic or a facility where
 several health-care professionals provide health care. The clinic may be a multi-disciplinary clinic with several different types of health-care professionals. Other lease indicate if the employee sought health care from anyone not listed above (e.g., nursing station). Name, address and phone number of health-care professional or facility who treated this employee sought health care from anyone not listed above (e.g., nursing station).
employeePlease print the name and contact details of the professional or facility who provided the employee with health care, if known. Section E - Lost time - no lost timeThe business is responsible for paying the employee's full wages for the day of the injury/illness. Following that day, the business must report any lost time or reduction in wages
 that results from the injury/illness. The employee may be entitled to receive loss-of-earnings benefits. Please choose one of the following indicators one of the injury/awareness of the injury/aware
time and/or earnings (complete sections G and J).employee has returned and continued to do their regular job/work duties without any changes or accommodations after the day of the injury/illness and there's no reduction or change in wages or earningsReturned to modified
 work and hasn't lost any time and/or earnings (complete sections F, G and J). employee has returned to work after the day of the injury/illness, but needed changes or accommodations to the work or, following a period of modified work, is now back to their regular
job/work dutiesemployee hasn't lost any time from work beyond the day of the injury/illness and there's no reduction or change in wages or earningsalso includes any temporary changes, alterations to the employee's shifts or schedule Examples: a warehouse employee sustains a shoulder injury and returns to work with no above-
 shoulder level work for one weeka delivery driver returns to work with no driving for two days, and then resumes regular driving dutiesHas lost time and/or earnings (complete all remaining sections). Please check this box if any of the following apply:employee is absent from work beyond the day of the injury/illnessabsence may be for part of a day, and then resumes regular driving dutiesHas lost time and/or earnings (complete all remaining sections).
entire day or moreincludes an absence for a medical appointment or health-care treatment for the injuryemployee may have returned to work after the absenceemployee has experienced a reduction in earningsreduction may be the result of working at a lower paying job, losing a shift premium or production bonus, or other similar
circumstancesemployee is losing time from work, but the business continues to pay them employee returned to work, but couldn't continuePlease provide the date the employee first lost time and/or earnings. If you're not sure if this employee will lose time or earnings, you should make every reasonable effort to obtain this information. If you can't ge
this information, please provide an explanation of what's being done to get it. Please provide the return-to-work date if the employee returned to work before the Form 7 was submitted. Indicate if they returned to work before the Form 7 was submitted. Indicate if they returned to work or modified work information.
the Form 7 may not have direct or first-hand knowledge of the injury/illness, lost time/no lost time claim or return-to-work information. We may need to contact them for further clarification. Section F - Return to workAn employee may have work or task limitations because of the
employee to have their health-care professional complete it and return a copy to you. You can also get work/task limitations by:using your own return-to-work form, orthrough a medical/clinical note or report from the health-care professional Please note: We'll only pay for completion of our Functional Abilities Form. The business is responsible for
paying for any other business-supplied forms. Do you have work/task limitations for this employee and attach them to the injury/illness after receiving health care. Please check if you've received any limitations for this employee and attach them to the injury/illness after receiving health care.
 how to get the work/task limitations with the employee and any other concerns they might have about return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Have you discussed modified work with the employee? Check "yes" if you've discussed return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday, 7:30 a.m. to 6 p.m., if you need more help on return to work. Please visit our website or call us at 1-800-387-0750, Monday to Friday.
 with the employee. This discussion can include any work/task limitations, job duties, accommodations or other options to facilitate return to work. It should become clear if return to work kit he employee if a discussion about this hasn't happened. You should
 also review what work you may have available and what changes you can make to the employee's duties to accommodate return to work. Have you offered modified work to the employee. This offer should be specific, and everyone should clearly understand all details. If yes, check to
indicate the outcome of the return to work. Please give the employee and the WSIB a written copy, but it's a recommended best practice. A written copy, but it's a recommended best practice that the employee and the employee and the employee. You should be able to demonstrate that the
employee received a copy of the written offer. Giving us a copy gives the case manager a clear idea of the modified work offered and helps with further decision-making. Please contact your case manager if you run into difficulties in the return-to-work process. Who's responsible for arranging the employee's return to work? In many situations, the
person completing the Form 7 may not be directly responsible for arranging the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up during the return to work if problems come up 
 the phone number in Section B) of the person responsible for setting up the return to work. If the person responsible for setting up the return to work is an external consultant or representation for them to act on the business's behalf. Section G - Base
 wage/employment informationWe ask for base wage/employment information for all claims. The employee's employment type and basic rate of pay should be readily available. For no lost time claims, we don't expect the business to make elaborate calculations (e.g., commission sales, piecework) regarding rate of pay. For lost time claims, we expect
 the complete rate of pay information. Please read our No lost time and Lost time claims policies for more information. When a claim changes from no lost time, getting the employee's complete earnings information may take time. This change of claim status may happen several weeks, months or years after the claim is originally allowed.
The case manager must be able to issue payment in these claims. The employee's employment status (Please check all that apply) Indicate the injured or ill person's employment status by
checking the appropriate box(es). They may have more than one status. Your employee might also work for another employee who is a experiment full-time employee on a contract permanent full-time employee who is a
registered apprenticeDefinitionsPermanent, full-time or part-time (also known as "regular") employee who:was hired to work 52 weeks a year with no seasonal or cyclical layoffshas no set termination datetypically works a set number of hours per weekExamples:Permanent full-time:Bob has worked continuously for over 10 years for the
 ACME Company, Monday to Friday, 40 hours per week. Permanent part-time: Jane has been a cashier with The A & B Supermarket Ltd. for the past seven years, normally scheduled to work 15 hours per week. Please note: An employee who has permanent employment, whose earnings vary from day-to-day or week-to-week due to irregular hours or
method of payment, is also considered to be a permanent employee with "irregular" earnings. Temporary full-time or part-time for a specific period of time, orhas a termination notice (e.g., contract), oris hired for a temporary period through a union hall, orhas no guarantee of
ongoing employmentTemporary employees may include temporary agency employees (employees who work for an agency through which they are hired by other businesses). Examples: Temporary full-time - Judy is hired as a full-time executive assistant for a one-year period to cover for an employee on maternity leave. Temporary part-time - Jusper has
been hired to work as a security guard for four hours per day for a one-time special event (e.g., three-day music festival). Casual/irregularWhen an employee has no set schedule for her work and she only knows her
upcoming hours and shifts from week-to-week. There's no minimum guarantee of hours. Seasonal season only. Contract This is when an employee is
hired to work at a specific job at a specific job at a specific period of time. Example: Terry has been hired on a three-month contract to work as a data entry operator for 24 hours a week to clear-up a backlog of invoices. Studenta university
 studentSecondary school students who are registered in Ministry of Education programs and are placement host, get WSIB coverage during their placement. The Ministry of Education provides coverage. These students, also referred
 to as pupils, are deemed to be employees under the Education Act. Examples: Simone is a college student working part-time after school at a local museumPlease read our Pupils in work education programs policy for more information. Unpaid/trainees People placed by a training
 agency (e.g., Goodwill, March of Dimes) with a host business to obtain skills and experience, but who aren't paid by that business, are called unpaid trainees and/or learners. Although not under a contract of service or apprenticeship, they're considered employees and are entitled to benefits if they experience a work-related injury/illness. The host
business is responsible for reporting an injury/illness to us. When reporting, use the entry-level pay for the job being done. The host business isn't responsible for reporting an injury/illness to us. When reporting, use the entry-level pay for the job being done. The host business isn't responsible for the costs associated with the claim. Example: The Ontario Works Program placed Anthony, who has a learning disability, with a local repair shop to gain experience in small engine
 repair.Registered apprenticeAn apprenticeAn apprentice is a person registered under the Trades Qualification and Apprenticeship for training and instruction in a trade, through or from a business.Please provide the
 "Registered Apprentice Number" in the space next to "Other." Example: Frank is an apprentice stone mason at ABC Masonry Ltd. Optional insurance coverage. The following people can apply for optional insurance: owner/operators (as previously defined) executive
 officialselected officialsExample: Meileen is a physician who has her own practice and has applied for optional insurance coverage. Please read our optional insurance policy for more information. Owner-operator of a business if you're
a(n):independent operatorsole proprietorpartner in a partnershipYou may apply for optional insurance coverage under the Workplace Safety and Insurance Act.orYou're encouraged to obtain a ruling if either party consider the work arrangements to be that of a
purchaser/independent operator relationshipWe reserve the authority to determine, on a case-by-case basis, whether the person is an employee, an owner-operator, (sub)contractor or independent operator. Please call us at 1-800-387-0750 if you need help with this. Regular rate of pay Provide the employee's normal/regular gross rate of pay at the times
of the injury/illness. This shouldn't include any bonuses, premiums, differentials, etc. Examples: $16.00 per hour $100.00 per day $450.00 per week $35,000 per
 injury/illness. Instead, please describe the type of pay in the "Other" space and include any base pay, if applicable. Example: Other - $7.15 per hour + five per cent commission on salesSection H - Additional wage informationA person who becomes injured or ill at work may be entitled to a loss-of-earnings benefit. We need complete and accurate
earnings information to calculate loss-of-earnings. In certain cases, the benefit rate is recalculated at the thirteenth week to ensure the employee's long-term earnings policies for more information. We've designed this section
to allow most businesses to give wage information. However, we understand there are unique situations that can't be accommodated here. Those businesses should contact the case manager directly to give the required wage information. Net claim for exemption" or "net claim code" to
 calculate the employee's benefit rate. Please provide the amount or the code in each space provided. You can use "01" as a default "net claim code" if you're unsure what the employee's net claim code is. Vacation pay is provided on each pay cheque and provide the actual percentage. Vacation pay issued on each cheque will
be included in calculating the employee's benefit. We'll use the information requested in questions 3-6 to determine when to start paying the employee's loss-of-earnings benefit payments may begin after that day. Advances on wages Check whether
you're continuing to pay the employee all or part of their salary, or "other" when you continue a percentage of the employee's regular salarygive a loan or lump sum advancehave any other arrangementIn cases where the business provides
 advances, we'll redirect benefit entitlement to that business at the rate we'd normally pay the employee, if lost time is allowed. Other earnings (not regular wages) Provide the injury/illness. Please indicate if the employee took any time
off due to vacation or illness during those four weeks. An employee may have additional earnings on top of their regular rate of pay (provided in section G - Question 2). These additional earnings could be:overtime pay (mandatory and/or voluntary) premiums commissions bonuses differential earnings on top of their regular rate of pay (provided in section G - Question 2).
read our Determining short-term average earnings policy for a complete list of allowable earnings. We may include these additional earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating an employee's benefit rate. The "other earnings rate of pay, when calculating rate of pay, when calculating rate of pay, when calculating rate of pay, when calc
amount for each type of earning you indicate. Definitions Mandatory overtime: Hours of work, in addition to regularly scheduled work hours, that the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours, where the employee can't refuse. Voluntary overtime: Hours of work, in addition to regularly scheduled work hours.
per hour, working 37.5 hours per week, Monday to Friday. However, before the date of the injury/illness (May 2, 2005), Dennis worked mandatory overtime of six hours per week for two of the four weeks ($18.87 per hour for the weeks of April 11). Please refer
to the chart to see how to complete this earnings situation. Work schedule with mandatory overtime and evening premium week 125Apr200529Apr2005Not applicableNot applicableNot applicableWeek 218Apr200522Apr2005$113.22Not applicableNot
applicableWeek 311Apr200515Apr2005Not applicableNot applic
complete shift rotation may exceed the four weeks as provided for in the chart. Please provided for the earnings for the earnings information for the last complete shift cycle before the date of injury/illness if the
shift cycle exceeds four weeks. Section I - Work schedule - indicate normal workdays and hours Provide the employee's normal schedule if they have a regularly established work pattern. Please ensure the number of hours you report is the same as the number of hours the employee is paid per day. Examples: The employee regularly
works Monday to Friday, 7.5 hours per day, 37.50 hours per week. Regular work schedule 37.50 hours per week. Weekend work schedule 36 hours per week. Weekends only, Friday to Sunday, 12 hours per day, 36 hours per week. Weekend work schedule 36 hours per day, 37.50 hours per day, 37.50 hours per day, 36 hours per day, 37.50 hours per day, 37.5
weekSundayMondayTuesdayWednesdayThursdayFridaySaturday2Not applicableNot applicableNot
sheet attached the Form 7. Example: Repeating rotational shift schedule Number of days on Number of days offHours per shift(s) Number of weeks in cycle 44128C. Varied or irregular work schedule Please provide the total number of days offHours per shift(s) Number of weeks in cycle 44128C.
injury/illness (don't include overtime hours or shifts here). A varied or irregular work schedule means the employee's schedule changes from day-to-day, week-to-week, etc. For the pay periods that represent four full weeks immediately before the injury/illness, please provide the "from/to dates," the "total hours worked" and the "total shifts worked"
each week (don't include overtime here). Examples: Bruce is a casual/irregular employee (custodian) who only reports for work when called. For the date of accident of May 2, 2005, the chart may appear as follows: Varied or irregular work schedule with casual/irregular work example Not applicable Week 1Week 2Week 4From/to dates
(dd/mm/yyyy)24Apr2005 - 30Apr200517Apr2005 - 23Apr200510Apr2005 - 23Apr200510Apr2005 - 16Apr200503Apr2005 - 09Apr2005Total hours worked per week always
change. For the date of accident of May 2, 2005, the chart may appear as follows: Varied or irregular work schedule with permanent work example Not applicable Week 3Week 4From/to dates (dd/mm/yyyy)24Apr2005 - 30Apr200510Apr2005 - 30Apr2005 
shifts worked3444Section J - Business declarationThe person completing this report on behalf of the employer must be a licensee in good standing with the Law Society of Ontario
(LSO), or meet one of the listed exemptions noted under By-law 4. By completing and signing the form to indicate the information on behalf of the business. We may contact this person to confirm or clarify information on
the Form 7 and get any missing or additional information. As an employer in Ontario, ensuring the health and safety of your employees is crucial. Unfortunately, despite all preventive measures, accidents and illnesses may still happen in the workplace. In these situations, having the proper insurance coverage is essential for both your employees'
well-being and your business's protection. That's where the Workplace Safety and Insurance Board (WSIB) comes in. All Canadian jurisdictions have their own Workers' Compensation Boards that provide insurance for workplace Safety and Insurance
Board (WSIB). The WSIB provides no-fault workplace injury and illness insurance to employees in the province. In this blog, we'll walk you through the essentials of WSIB and how does it benefit employers? The Workplace Safety and Insurance Board
(WSIB) is an independent agency under the Ontario government responsible for overseeing workplace Safety and Insurance. As part of the Workplace Safety and Insurance are eligible for benefits without needing to prove fault. By registering with WSIB, employers contribute
premiums to a fund that provides workers with coverage for medical treatments, wage loss, rehabilitation services, and return-to-work support. This system ensures that employees get the support they need while protection employers from being sued for workplace injuries or illnesses. Key benefits of WSIB for employers: Worker protection: In case
of workplace injuries, employees receive medical and financial support. No-fault coverage: Employees don't need to prove employer negligence to receive benefits. Employees don't need to prove employer negligence to receive benefits. Employees don't need to prove employees don
rehabilitation services, and more. Who needs to register for WSIB? In Ontario, most businesses are required to register with WSIB within 10 days of hiring their first employee. Certain industries, such as construction, manufacturing, transportation, and hospitality, are mandated by law to have WSIB coverage. If you're uncertain whether your
business falls under the mandatory coverage requirement, you can take a quick questionnaire on the WSIB website. Exemptions: Some business with
WSIB Registering your business with WSIB is straightforward, and you can complete the process online, by phone, or via mail or fax. Here are the steps: Determine your business type: Check if your business falls under the mandatory requirement or if you're exempt. Provide business information: Prepare your business details, including industry type,
number of employees, and payroll information. Submit your application: Complete the online form or contact WSIB directly to begin your registration? Once registration? Once registration? Once registration what happens after registration? Once registration? Once registration which is a submit your application which your application which is a submit your application which your application which
approximately $1.30 per $100 of insurable payroll. Premiums are due based on your business's reporting schedule (monthly, quarterly, or annually). Employers must also maintain a record of injuries and illnesses and report them to WSIB within three days of becoming aware of an incident. This includes submitting Form 7 to WSIB and ensuring the
worker fills out Form 6 for reporting workplace injuries or illnesses. Reporting and payment of WSIB premiums Employers have specific reporting. Required for businesses with more than $1,000,000 in insurable earnings. Quarterly reporting: Required for businesses with earnings between
$20,000 and $999,999.99. Annual reporting: Required for businesses with earnings below $20,000. WSIB offers an online portal where employers can result in penalties ranging from $250 to $1,000. Penalties for non-compliance Failing to comply with WSIB requirements
can result in severe penalties, including: Corporate prosecution: Up to $500,000 in fines. Individual penalties: Fines of up to $25,000, with the possibility of six months of imprisonment for employers who fail to report injuries, discourage employees from filing claims, or provide false information. What to do if an injury occurs at work If a workplace
injury happens, you, as the employer, must take immediate action: Provide first aid and maintain accurate records of the injury and ensure
it's properly documented. Provide worker support: Ensure that the injured worker has access to healthcare and rehabilitation services, as required. The WSIB clearance certificate. This document shows that the contractor is in good standing with WSIB and has paid
premiums. Without this certificate, you may be liable for premiums owed by the contractor. Stay compliant and protect your business. By ensuring that your workplace is covered, you contribute to the safety and well-being of your team while safeguarding your
business from potential lawsuits. If you're unsure about your WSIB responsibilities or need help navigating the registration process, reach out to our experts. We can provide guidance on everything from understanding your premium rates to reporting requirements and more. Do you have guestions about WSIB? Helping small businesses cultivate a
culture of health and safety is our priority. Peninsula's health and safety advisors are here to provide support and guidance on WSIB claims, including advising you on what steps to take when an injury occurs, when to report it, and how to complete the necessary forms. Call us at 1 (833) 247-3652 for personalized support.
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