wsib ONTARIO | wsib.ca
200 Front Street West, Toronto ON M5V 3J1
Telephone: 416-344-1000 or 1-800-387-0750
TTY: 1-800-387-0050
Fax: 416-344-4684 or 1-888-313-7373

Employer's Exposure Incident Reporting Form - PEIR

The attached **Employer's Exposure Incident Reporting Form** (form 3959A) is intended for voluntary use when an unplanned workplace incident exposure has resulted from a leak, spill, explosion, release, or an unexpected contact with a chemical or other substance. The event may have exposed workers to an infectious, chemical or other substance. The purpose of this form is to obtain information about the exposure incident experienced by the worker should an illness or disease occur in the future.

The **Employer's Exposure Incident Reporting Form** should be completed if there has been an unplanned workplace exposure event where there has been:

- no lost time
- no illness

If workers are experiencing any illness needing medical treatment *(such as diagnostic tests, prescribed medication or ongoing treatment)* as a result of the incident, the employer should file an occupational disease claim using a Form 7.

Forms should be completed and forwarded to:

By Mail
Workplace Safety and Insurance Board
Occupational Disease and Survivor Benefits Program
200 Front Street West, 4th Floor
Toronto, Ontario M5V 3J1

By Fax
416-344-4684
1-888-313-7373

To report an exposure incident by telephone or for questions concerning the Worker's Exposure Incident Reporting Form - PEIR, please contact us at:

Toll Free:	1-800-387-0750
Local Dialing:	416-344-1000
Website:	wsib.ca
TTY:	1-800-387-0050

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The following information will assist the Workplace Safety and Insurance Board (WSIB) in recording a workplace exposure incident. Please provide as much detail as possible to ensure that the incident is accurately recorded.

Employer's Information

Employer's Name (at time of incident)		
Firm No.	Class/Subclass	NAICS Code
Employer's Address for Correspondence (street address/city/town/province)		
		Postal Code
Address for Location of Incident (street address/city/town/province)		
		Postal Code
What is the nature of your business?		

Please list all workers involved in the exposure incident (Use additional sheet if necessary).

1. Last Name	Given Name		Date of Birth (dd/mm/yyyy)	Date of Hire
Address (street number & address/city/province)				
	Postal Code	Telephone	Sex ☐ male ☐ female	Social Insurance No.
2. Last Name	Given Name		Date of Birth (dd/mm/yyyy)	Date of Hire
Address (street number & address/city/province)				
	Postal Code	Telephone	Sex ☐ male ☐ female	Social Insurance No.
3. Last Name	Given Name		Date of Birth (dd/mm/yyyy)	Date of Hire
Address (street number & address/city/province)				
	Postal Code	Telephone	Sex ☐ male ☐ female	Social Insurance No.
4. Last Name	Given Name		Date of Birth (dd/mm/yyyy)	Date of Hire
Address (street number & address/city/province)				
	Postal Code	Telephone	Sex ☐ male ☐ female	Social Insurance No.

If more space is required, please attach a separate form.

If you have your own incident report form and submit it along with this page, completion of page two is not required.
You may, however, be contacted for further information.

wsib ONTARIO | wsib.ca

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Firm No.

Details of Incident

Complete Section A for an exposure to an infectious substance, or
Section B for an exposure to chemical or other workplace substances.

Section A - (Infectious Substances)

Date of Exposure (dd/mm/yyyy)	**Time of Exposure**

What type of exposure was involved? (please check):

☐ cut or scrape ☐ body fluid splash ☐ cough, sneeze ☐ other (specify) _____

Source of exposure	Area of Body Affected

What infectious substance is suspected? (please check):

☐ tuberculosis ☐ meningitis ☐ rabies ☐ hepatitis ☐ anthrax ☐ campylobacter

☐ salmonella ☐ scabies ☐ shingles ☐ don't know ☐ other (specify): _____

Section B - (Chemical or Other Workplace Substances)

Date of Exposure (dd/mm/yyyy)	**Time of Exposure**

Please describe, in detail, what occurred: (please check):

☐ leak ☐ spill ☐ explosion ☐ other (specify) _____

What chemical or other workplace substance was the worker exposed to?

Please describe where the worker(s) were at the time and how long they were in the affected area.
(What personal protective equipment was being worn by worker(s)? What emergency measures were taken after the incident? What was done to control the situation? If it would be helpful, attach a diagram to describe the event or another sheet for added information.)

Were any WSIB claims for an illness, condition or disease related to this incident? ☐ yes ☐ no

(If yes is answered to any of the following, please provide a copy)

Was a formal report of the incident made to the Ministry of Labour or the Ministry of the Environment? ☐ yes ☐ no	Did Ministry officials come to the premises because of the incident? ☐ yes ☐ no
Is any information available about the substance(s) involved in the incident such as MSDS's? ☐ yes ☐ no	Was environmental sampling done following the incident? ☐ yes ☐ no

Name of Person Completing Report	Official Title	
Signature	Telephone No.	Date (dd/mm/yyyy)

SUBMITTING THE EXPOSURE INCIDENT FORM TO THE WORKPLACE SAFETY AND INSURANCE BOARD

If the worker(s) experiencing the unexpected workplace incident are reporting their exposure, please attach all copies of the Worker's Exposure Incident Forms and forward to:

By Mail
Workplace Safety and Insurance Board
Occupational Disease and Survivor Benefits Program
200 Front Street West, 4th Floor
Toronto, Ontario M5V 3J1

By Fax
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1-888-313-7373