# Worker's exposure incident reporting form for construction (CEIR)

You should use the **Worker's Exposure Incident Reporting Form (form 3885A)** to voluntarily report an unexpected workplace incident exposure from a leak, spill, rupture, unanticipated emission, explosion or a release of a dangerous chemical or physical substance or contact with an infectious substance or biological agent in the construction industry.

Submitting this form will help us gather information about the exposure incident so we can process your claim faster if you experience an illness or disease in the future.

You should complete this form if you experience an unexpected exposure. Employers submit an **Employer's Exposure Incident Reporting Form (CEIR) (Form 3886A)**.

You should only submit the Worker's Exposure Incident Reporting Form for an unexpected workplace exposure event where there has been:

- no lost time (i.e. you didn't miss time from work)
- no illness

**If you are experiencing an illness and need medical treatment, (e.g., diagnostic tests, prescribed medication or ongoing treatment) as a result of the incident, you and your employer should file Report of Injury/Disease.**

**If your employer is reporting the exposure you may provide this form to them to include with their submission. You can also choose to forward the form directly to the WSIB.**

**Once you complete the form, you can submit it online. Upload at wsib.ca/reportupload.**

**To report an exposure incident by telephone** or if you have questions about the Worker's Exposure Incident Reporting Form (CEIR), please call us at:

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|---|---|
| Toll free: | 1-800-387-0750 |
| Local dialing: | 416-344-1000 |
| TTY: | 1-800-387-0050 |

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

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| Reference number |
|---|
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**The information you provide will help us record your exposure incident. Please provide as much detail as possible.**

| **Your information** | | | |
|---|---|---|---|
| Last name | Given name | | Maiden name (if applicable) |
| Address | City/Town | Province | Postal code |
| Telephone | Sex ☐ Male ☐ Female | | Date of birth (dd/mm/yyyy) |

| **Your employer's information** | | | |
|---|---|---|---|
| Employer's name (at time of incident) | | | Date of hire (dd/mm/yyyy) |
| Describe the nature of your employer's business | | Your occupation/job title | |
| Firm No. | Class/Subclass | | NAICS Code |
| Employer's address for correspondence | City/Town | Province | Postal code |
| Location of the incident | | | |
| Does the project or workplace have a functioning Joint Health and Safety Committee (JHSC)? ☐ Yes ☐ No | | | |
| Does the project or workplace have a Joint Health and Safety Representative? ☐ Yes ☐ No | | | |
| If the answer is **yes** to either or both of the above questions, please attach the report of the Joint Health and Safety Committee or the Joint Health and Safety Representative.<br>If the answer is **no** to the above questions, please attach the report of the exposed worker(s) if available. | | | |
| Are you a member of a union ☐ Yes ☐ No<br>If yes, please provide your union name and local. | | | |

| **Details of incident** | | |
|---|---|---|
| **If you experienced any illness related to this incident, please do not complete this form. Please complete a Worker's Report of Injury/Disease (Form 6). For further information, please contact 1-800-387-0750.**<br>**Complete** **Section A** for an exposure to an infectious substance, or<br>**Section B** for an exposure to chemical or other workplace substances. | | |
| **Section A - (Infectious substance)** | Date of exposure (dd/mm/yyyy) | Time of exposure ☐ AM ☐ PM |
| Please describe how you came into contact with the infectious substance (please check):<br>☐ Cut or scrape ☐ Body fluid splash ☐ Cough, sneeze ☐ Other (specify): | | |
| Source of exposure | Area of body affected | |
| What infectious substance is suspected? (please check):<br>☐ Tuberculosis ☐ Meningitis ☐ Rabies ☐ Hepatitis ☐ Anthrax ☐ Campylobacter<br>☐ Salmonella ☐ Scabies ☐ Shingles ☐ Don't know ☐ Other (specify): | | |

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| Reference number |
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**Details of incident (continued)**

| **Section B - (Chemical or Other Workplace Substances)** | Date of exposure (dd/mm/yyyy) | Time of exposure ☐AM ☐PM |
|---|---|---|

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

☐Leak ☐Rupture ☐Explosion ☐Spill ☐Unanticipated emission

☐Other (specify):

What chemicals or workplace substances were you exposed to?

Please describe where you were at the time of the exposure and how long you were in the affected area.
(If it would be helpful, attach a diagram to describe the event or another sheet for added information).

What personal protective equipment were you wearing at the time?

**In the event that this exposure results in an illness that entitles you to benefits under the Workplace Safety and Insurance Act (the Act), by signing this form, you consent to the release of functional abilities information as required in section 22(5) of the Act, in the event there is a right to benefits.**

| Signature (print, sign and return to the WSIB or type and upload) | Date (dd/mm/yyyy) |
|---|---|
| | |

Personal information about you will be collected throughout your claim under the authority of the *Workplace Safety and Insurance Act, 1997*. Your personal information will be used to administer your claim(s) and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, Canada Revenue Agency (CRA), and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax statements and is collected under the authority of the *Income Tax Act*.

Information may only be disclosed to the employer, external medical consultants, external service providers, researchers, third parties for cost recovery purposes and others as authorized by the *Workplace Safety and Insurance Act* and the *Freedom of Information and Protection of Privacy Act*. Your name and telephone number may be disclosed to third parties conducting satisfaction surveys and focus groups. Incoming and outgoing calls may be recorded for quality assurance purposes. Questions about this collection should be directed to the decision maker responsible for your file or by calling 1-800-387-0750.

**Submit your exposure incident form to the WSIB**

If your employer is reporting the exposure you may provide this form to them to include with their submission. You can also choose to forward the form directly to the WSIB.

**Online**

Upload online at wsib.ca/reportupload.

**By mail:** WSIB 200 Front Street West, Toronto, Ontario M5V 3J1

**By fax:** 416-344-4684 | 1-888-313-7373