

You should use the **Employer's Exposure Incident Reporting Form (form 3886A)** to voluntarily report an unexpected workplace incident exposure from a leak, spill, rupture, unanticipated emission, explosion or a release 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 a claim faster if one or more people experience an illness or disease in the future.

You should complete this form if you are a supervisor and/or the Joint Health and Safety Committee Representative. If you experienced the exposure, you should submit a **Worker's Exposure Incident Reporting Form (CEIR) (Form 3885A)**.

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

- no lost time
- no illness

**If the person is experiencing an illness and needs medical treatment, (e.g., diagnostic tests, prescribed medication or ongoing treatment) as a result of the incident, you should log into our online services for businesses and file an Employer's Report of Injury/Disease.**



Once you complete the form, you can submit it online. Upload at [wsib.ca/reportupload](https://wsib.ca/reportupload).

**To report an exposure incident by telephone** or if you have questions about the Employer's Exposure Incident Reporting Form - CEIR, please contact us at:

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

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

200 Front Street West, Toronto, Ontario, M5V 3J1

Upload online: [wsib.ca/reportupload](https://wsib.ca/reportupload) | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050 | Fax: 1-888-313-7373

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The information you provide will help us record the exposure incident. Please provide as much detail as possible.

Section 1 - Employer's information			
Employer's name (at time of incident)			
Firm No.	Class/Subclass		NAICS Code
Employer's address for correspondence	City/Town	Province	Postal code
Address for location of incident	City/Town	Province	Postal code
What is the nature of your business?			

Section 2 - Additional employer's information			
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 <b>yes</b> 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.			
If the answer is <b>no</b> to the above questions, please attach the report of the exposed worker(s) if available.			
Is the worker covered by a Union/Collective Agreement?			Yes No
If yes, please provide your union name and local.			

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		City/Town	Province
	Telephone	Sex male female	Social Insurance No.	
2.	Last name	Given name	Date of birth (dd/mm/yyyy)	Date of hire
	Address		City/Town	Province
	Telephone	Sex male female	Social Insurance No.	
3.	Last name	Given name	Date of birth (dd/mm/yyyy)	Date of hire
	Address		City/Town	Province
	Telephone	Sex male female	Social Insurance No.	
4.	Last name	Given name	Date of birth (dd/mm/yyyy)	Date of hire
	Address		City/Town	Province
	Telephone	Sex male female	Social Insurance No.	

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Firm number
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**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.

<b>Section A - (Infectious substance)</b>	Date of exposure (dd/mm/yyyy)	Time of exposure <div style="text-align: right;">AM    PM</div>
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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
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What infectious substance is suspected? (please check):

<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Rabies	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Anthrax	<input type="checkbox"/> Campylobacter
<input type="checkbox"/> Salmonella	<input type="checkbox"/> Scabies	<input type="checkbox"/> Shingles	<input type="checkbox"/> Don't know	<input type="checkbox"/> Other (specify):	

<b>Section B - (Chemical or Other Workplace Substances)</b>	Date of exposure (dd/mm/yyyy)	Time of exposure <div style="text-align: right;">AM    PM</div>
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Please describe, in detail, what occurred (please check):

<input type="checkbox"/> Leak	<input type="checkbox"/> Rupture	<input type="checkbox"/> Explosion
<input type="checkbox"/> Spill	<input type="checkbox"/> Unanticipated emission	<input type="checkbox"/> 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

**Other reporting of this incident**

Was a formal report of the incident made to the Ministry of Labour? Yes    No

If yes, did Ministry of Labour officials come to the premises because of the incident? Yes    No

Was a formal report of the incident made to the Ministry of the Environment? Yes    No


If yes, did Ministry of the Environment 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 MSDSs? Yes    No

Was environmental sampling done following the incident? Yes    No

Name of person completing report	Official title	
Signature (print, sign and return to the WSIB or type and upload)	Telephone	Date (dd/mm/yyyy)

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

 <b>Online</b> Upload online at <a href="https://wsib.ca/reportupload">wsib.ca/reportupload</a> .	<b>By mail:</b> WSIB 200 Front Street West, Toronto, Ontario M5V 3J1 <b>By fax:</b> 416-344-4684   1-888-313-7373
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