



## WORKPLACE INCIDENT REPORTING FORMS – HOW TO

- Important Contacts:**
- WCB Support Team at [wcb.support@usask.ca](mailto:wcb.support@usask.ca) (Ph: 306-966-8707; Fax: 306-966-8394)
  - The Worker's Compensation Board (WCB) at [forms@wcbask.com](mailto:forms@wcbask.com) (Fax: 1-888-844-7773)
  - ConnectionPoint at [connectionpoint@usask.ca](mailto:connectionpoint@usask.ca) (Ph: 306-966-2000)

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### SAFETY RESOURCES FORMS - found on the [Safety Resources](http://safetyresources.usask.ca) website, see additional information under WCB tab

#### Incident Report – must be completed by the employee/student within 24 hours of a workplace incident, or as soon as possible

- This is an online or paper form used to report safety related workplace incidents. Although an online report is preferable, if you do not have access, use a paper copy and email or fax to the WCB Support Team.
- The employee/student must use their own NSID to access, complete and submit the Incident Report.
- Once submitted, the supervisor will receive an email notification and are to follow the link completing the Supervisor Section ensuring any potential corrective actions are identified to work towards preventing a recurrence of the event.
- The incident will be processed by Safety Resources. If anything further is required, you will be notified.

#### Physical Assessment Form – supervisor provides to the employee to take for the healthcare provider to complete

- This form identifies any work restrictions/limitations the employee may have incurred due to the workplace injury.
- The employee is to return this form to the supervisor as soon as possible, to submit with the WCB E1 and W1 forms.

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### WORKER'S COMPENSATION BOARD (WCB) FORMS – submit these forms to the WCB Support Team and the WCB

#### E1 Form (Employer's Initial Report of Injury) – supervisor to complete

**Section A: Employer Information** - This section has already been completed with required Safety Resource information.

**Section B: Worker Information** - Fill in as much of this section as you can.

- Your pay administrator or HR Strategic Business Advisor (SBA) can assist you with this information.

**Section C: Injury Information** - complete each question (numbered below as on the form).

1. Enter the date the employee's injury took place.
2. Enter the date when the supervisor was first informed of the employee's injury.
3. Indicate which province the employee's injury took place in.
4. Specify the area of the employee's body that was injured as mentioned by the employee/witness.
5. Provide the healthcare provider's name the employee did/will seek medical treatment from for this incident.
6. Describe in detail how the injury happened as told to you by the employee/witness if you were not present (eg. Joe claims he was lifting a heavy item...; Not, Joe was lifting a heavy item...)
7. Indicate if the employee missed worktime other than the day of the incident due to the injury:
  - a. If no, go to Section E. (Section D: Wage and Employment Information does not need to be filled in)
  - b. If yes, continue to #8 and complete the rest of the form.
8. Enter the date and time of the employee's first day off due to the injury after the day of the incident.
9. Specify if the employee has returned to work, (full time, modified or gradual return to work). If yes, insert the date.
10. State if you feel the injury is or is not related to a workplace incident. If you feel it is not, attach an explanation.

**Section D: Wage and Employment Information** – this section is required to be completed only if the employee has lost worktime after the day of the incident due to the injury. Follow these steps:

- Answer #14, 15 & 17 (select: 'Employee'-for CUPE employees; 'Employer'-for ASPA, Exempt & Research employees)
- Email the form to ConnectionPoint. State in the subject line, **WCB Claim Urgent** - include the employee's name. Request they fill in the remaining areas and return the form back to you.

**Section E: Declaration** – Complete this entire section with the current date, your name, title and signature.

#### W1 Form (Worker's Initial Report of Injury) – employee to complete. Supervisor to assist

Questions on this Form are similar to the E1 Form. You can use the E1 explanations above as reference.

- Section D – complete only if worktime was lost after the day of the incident due to the injury.
- Question 15 – Select: 'No'-for CUPE employees; 'Yes'-for ASPA, Exempt and Research employees.

#### Time Loss for Medical Care (EMT) – supervisor to identify/submit medical appointments attended by employee

WCB expects the employee try scheduling medical appointments (general practitioner, physiotherapy & chiropractor) on their own time outside of work hours. If this is not possible, this form identifies those appointments. If no worktime was lost other than appointment time, ensure Section B is completed by following these steps:

- Complete sections A, C & D, as well as question #3 in Section B.
- Email the form to ConnectionPoint. State in the subject line, **WCB Claim Urgent** - include the employee's name. Request they fill in the remaining areas in Section B and return the form back to you.

#### Employer's Progress Report (E5) – supervisor to complete

Keeps the WCB apprised on the progress of the employee's return to work status.

#### Job Information Worksheet (JIW) – mailed to the employee, completed by the employee and supervisor together

Provides the WCB a detailed description of the employees work activities.

Additional WCB information can be found on their website at <http://www.wcbask.com/>.

