

If you need help completing this form

- Please review our information about [reporting workplace incidents](#).
- Call the ministry's Health and Safety Contact Centre during regular business hours (Monday to Friday 8:30 a.m. to 5 p.m.) at **1-877-202-0008** | TTY: **1-855-653-9260**.

Instructions

If you are an employer or constructor, you may have to give written reports and notices to the ministry and certain other parties if there is a workplace incident such as a fatality, injury, occupational illness, or other incident under sections 51-53 of the [Occupational Health and Safety Act](#) (OHSA). Ontario Regulation 420/21 sets out specific information that must be included for certain written reports / notices.

Employers and constructors can use this form to submit the information required by Ontario Regulation 420/21. You can also choose to use this form to meet your reporting obligations under the OHSA where the requirements in the regulation do not apply such as for incidents involving non-workers.

Use the buttons at the end of the form to save, print and submit to the Ministry of Labour, Training and Skills Development.

- If a **person has been killed or [critically injured](#)**:
 - You must call the Ministry of Labour, Training and Skills Development **immediately** if you are the employer or the constructor of a project: **Health and Safety Contact Centre 1-877-202-0008** | TTY: **1-855-653-9260**. The number operates 24 hours a day, seven days a week to take these reports.
 - You must also immediately notify the joint health and safety committee (JHSC) or health and safety representative and the union (if there is one).
 - The OHSA prohibits you from disturbing the scene of the incident unless it is [for a limited purpose specified in subsection 51\(2\) of the OHSA](#).
 - Submit this written report within 48 hours of the incident, as required by section 51.
- If a **person is disabled from doing their usual work or [requires medical attention](#)** because of an accident, explosion, fire, or an incident of [workplace violence](#):
 - Complete this written notice within 4 days of the incident and share it with the joint health and safety committee (JHSC) or health and safety representative and the union (if there is one) as required by subsection 52(1). Submit this report to the ministry if an inspector requires it.

[Learn when to report incidents involving non-workers.](#)

- If you are advised that a **worker or former worker has an [occupational illness](#)** or a claim for an occupational illness has been filed with the Workplace Safety and Insurance Board:
 - Submit this written notice within 4 days of being advised as required by section 52(2) and 52(3).
- If certain **incidents occurred at a construction project, at a mine or mining plant, at a diving operation or at a workplace subject to [X-ray Safety Regulation 861](#)** (per subsection 53(1) of the OHSA and subsection 4(3) of O. Reg. 420/21):
 - Submit this written notice within 2 days as required by section 53.

Share your completed form and keep a copy for record keeping purposes

- You are generally required to give written notice of the above incidents to the JHSC or health and safety representative, and the union (if there is one). You can email the PDF file OR print it and provide a hard copy to them.
- You must keep a copy of written reports and notices provided under sections 51-53 of the OHSA in your records for 3 years.

Fields marked with an asterisk (*) are mandatory.

Part 1: What is being reported

What are you reporting (select one type only)? *

Under OHSA section 51:

A fatality or critical injury

Under OHSA section 52:

A person is disabled from doing their usual work or required medical attention due to an accident, explosion, fire, or an incident of workplace violence

A current or former worker has an occupational illness or a claim of an occupational illness has been filed with the Workplace Safety and Insurance Board

Under OHSA section 53 and section 4 of O. Reg. 420/21:

An incident described in section 53 of the OHSA or subsection 4(3) of O. Reg. 420/21 that occurred:

at a construction project

at a mine or mining plant

at a diving operation

at a workplace subject to [Regulation 861 – X-ray Safety](#)

Part 2: Employer and constructor information

Did the incident happen on a construction project? *

Yes No

Employer Information

Employer Operating Name *

Huron-Superior Catholic District School Board

Business Number

Employer Legal Name

Employer Address

Unit Number	Street Number * 100	Street Name * Ontario	Street Type Avenue
Street Direction	Rural Route	City/Town * Sault Ste. Marie	
Province * ON - Ontario		Postal Code * P6B 1E3	Telephone Number * 705-945-5400

Type of business

Tell us the type of business of the employer, for example construction, mining, health care, emergency services, transportation, industrial, municipal/government, retail, logging. It is helpful to include your NAICS code if you know it (example: 23731 - Highway, street and bridge construction). *

School Board

Part 3: Place of the occurrence

Tell us where the incident happened (workplace address if there is one or directions to the location).

Same as employer address

Is there a street address? *

Yes No

Address of the workplace

Unit Number	Street Number * 868	Street Name * Second Line	Street Type Other
Street Direction East	City/Town * Sault Ste. Marie	Province * ON	Postal Code * P6B 4K4

Directions to the workplace or location description (if not at a street address, for example, it is a dive site on a lake or road construction)

Location within the workplace

If relevant, tell us where on the property this happened (for example, loading dock, tunnel, trench).

Construction Lab, Room N228

Part 4: Report under OHS section 51

This is to report a fatality or critical injury to a: * (Select both if the same incident involved both workers and other persons.)

worker

person other than a worker at the workplace

Date and time of the occurrence

Date (yyyy/mm/dd) *

Time (00:00 24 hr) *

Nature and circumstances of the occurrence

Provide details of what happened, including a description of the circumstances immediately prior to the occurrence, and any machinery, equipment, process or procedure involved. *

Report of a fatality or critical injury to a worker

Name of the deceased or critically injured worker

Last Name *

First Name *

Address

Unit Number	Street Number * Rural Route	Street Name * City/Town *	Street Type Province *	Street Direction Postal Code *
Telephone Number	Email Address			

Nature of the injury *

Example, fatal injury, broken leg, loss of consciousness

Name of doctor, nurse practitioner or facility that treated the worker

Doctor or nurse practitioner / Facility name *

Address

Unit Number	Street Number *	Street Name *	Street Type	Street Direction
Rural Route	City/Town *	Province	Postal Code	

(if they were affected by the same incident)

Witnesses to the occurrence

Were there witnesses to what happened? *

 Yes No

Witness 1

Last Name *

First Name *

Address or other contact information *

Report of a person killed or critically injured at the workplace

If possible, tell us about the person (for example, their name, address, the nature of their injuries, if taken to a medical facility for treatment).

(if they were affected by the same incident)

Steps taken to prevent a recurrence

What action has been taken so far to prevent a similar incident from happening? *

Part 5: Notice under OHSA section 52

This is notice that (select one choice only): *

- a person is disabled from doing their usual work or required medical attention due to an accident, explosion, fire, or incident of workplace violence
- a worker has an occupational illness or a claim of an occupational illness has been filed with the Workplace Safety and Insurance Board

A worker is disabled from doing their usual work or required medical attention

Name of the worker

Last Name *

First Name *

Nature of the bodily injury or illness

Provide details of the injury or illness. *

(if they were affected by the same incident)

A non-worker is disabled from doing their usual work or required medical attention

If possible, tell us about the person (for example, their name, address, the nature of their injuries or illness and if they needed medical attention.).

(if they were affected by the same incident)

Date and time of the occurrence

Date (yyyy/mm/dd) *

Time (00:00 24 hr) *

Nature and circumstances of the occurrence

Provide details of what happened, including a description of the circumstances immediately prior to the occurrence, and any machinery, equipment, process or procedure involved. *

Witnesses to the occurrence

Were there witnesses to what happened? *

Yes No

Witness 1

Last Name *

First Name *

Address or other contact information *

Steps taken to prevent a recurrence

What action has been taken so far to prevent a similar incident from happening? *

A worker has an occupational illness or a claim has been filed

Name of the worker

Last Name *

First Name *

Nature of the illness

Provide a brief description of the illness based on what you know. *

(if it is the same illness in the same time period (for example if there is an outbreak of an infectious disease at the workplace))

If there are multiple workers affected by the same illness in the same time period, as in an infectious disease outbreak, you may add them by selecting “Add a worker” (if up to 10 workers) or by emailing a file listing the workers to MLTSDoccillness.notices@ontario.ca. Include your submission confirmation number and a public health outbreak number if you have it.

Cause or suspected cause of the illness

Provide a description of the cause or suspected cause of the illness, if known. For example, exposure to a biological agent (e.g., mold), chemical agent (e.g., asbestos), or physical agent (e.g., noise). *

Steps taken to prevent further illness

Tell us what you have done so far to prevent workers from developing the illness. *

Part 6: Notice under OHS section 53

Incident at a diving operation

This is notice of an incident that occurred at a diving operation that involved (select all that apply): *

- a diver becoming trapped underwater
- a diver failing to comply with the decompression requirements prescribed by [O. Reg. 629/94 – Diving Operations](#)
- a failure of any diving equipment posing a risk to the health or safety of a diver
- an emergency rescue of a diver in a submersible compression chamber or atmospheric diving system
- an emergency use of a recompression chamber
- a person becoming unconscious
- a diver suffering from decompression sickness

Incident at a construction project

This is notice of an incident that occurred at a project that involved (select all that apply): *

- an accident, premature or unexpected explosion, fire, flood or inrush of water, cave-in, subsidence or rockburst
- the failure of any equipment, machine, device, article or thing that could have posed a risk to worker life, health or safety
- a worker falling a vertical distance of three metres or more
- a worker falling and the fall is arrested by a fall arrest system other than a fall restricting system
- a worker becoming unconscious for any reason
- accidental contact by a worker or by a worker's tool or equipment with energized electrical equipment installations or conductors
- accidental contact by a crane, similar hoisting device, backhoe, power shovel or other vehicle or equipment or its load with an energized electrical conductor rated at more than 750 volts
- a structural failure of all or part of falsework designed by, or required by [Ontario Regulation 213/91 – Construction Projects](#) to be designed by, a professional engineer
- a structural failure of a principal supporting member, including a column, beam, wall or truss, of a structure
- a failure of all or part of the structural supports of a scaffold
- a structural failure of all or part of an earth-retaining or water-retaining structure, including a failure of the temporary or permanent supports for a shaft, tunnel, caisson, cofferdam or trench
- a failure of a wall of an excavation or of similar earthwork with respect to which a professional engineer has given a written opinion that the stability of the wall is such that no worker will be endangered by it
- an overturning or the structural failure of all or part of a crane or similar hoisting device
- a failure to control a crane or a load, including any rigging failure

Incident at a mine or mining plant

This is notice of an incident that occurred at a mine or mining plant that involved (select all that apply): *

- an accident, premature or unexpected explosion, fire, flood or inrush of water, cave-in, subsidence or rockburst
- the failure of any equipment, machine, device, article or thing that could have posed a risk to worker life, health or safety
- failure occurring in or to a hoist, sheave, hoisting rope, shaft conveyance, shaft timbering or shaft lining
- flammable gas present in a workplace in an underground mine
- spontaneous heating with evolution of gas in a workplace
- a major failure or major damage occurs or is caused to electrical equipment, standard gauge railroad equipment, a crane or a motor vehicle underground
- a rockburst occurs causing damage to equipment or the displacement of more than five tonnes of material
- an uncontrolled fall of ground causing damage to equipment or the displacement of more than 50 tonnes of material

- a fuse, a detonator or an explosive is found to be defective
- a structural failure occurs in any matter or thing for which a design by a professional engineer is prescribed by [Regulation 854 – Mines and Mining Plants](#)
- an unexpected and uncontrolled run of material, water or slimes in excess of one cubic metre occurs that could have endangered a worker

Incident involving radiation exposure from an X-ray source

This is notice of an incident that occurs where (select one only): *

- a worker has received, in a period of three months, a dose equivalent in excess of the annual limits set out in Column 4 of the Schedule in [Regulation 861 – X-ray Safety](#).
- an accident, failure of any X-ray source or other incident may have resulted in a worker receiving a dose equivalent in excess of the annual limits set out in Column 3 of the Schedule in [Regulation 861 – X-ray Safety](#)

Period of the exposure

Provide the three-month period the worker was exposed in excess of annual limits of the exposure *

Date and time of the occurrence

Date (yyyy/mm/dd) *

Time (00:00 24 hr) *

Nature and circumstances of the occurrence *

Tell us what happened and include a description of any machinery, equipment or procedure involved.

Steps taken to prevent a recurrence of the incident *

What action has been taken so far to prevent a similar incident from happening?

Acknowledgement

I confirm that I am the employer or constructor, or I am authorized by the employer or constructor to complete and submit this form. I hereby certify that the information provided is true and correct to the best of my knowledge. *

Last Name *
McDonald

First Name *
Paul

Position
Health & Safety Officer

Email Address *
paul.mcdonald@hscdsb.on.ca

Date of submission (yyyy/mm/dd) will fill in automatically when you submit the form

Time of submission (00:00 24 hr) will fill in automatically when you submit the form

We may be in contact with you if we need more information about your written report.

Please do not submit another written report to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 am to 5:00 pm to provide additional information.

Privacy of information

Personal information collected on this form is under the authority of the *Occupational Health and Safety Act* sections 51-53 and O. Reg. 420/21. Enquiries regarding the collection of personal information should be directed to:

Freedom of Information and Privacy Office
Ministry of Labour, Training and Skills Development
400 University Ave., 10th Floor
Toronto ON M7A 1T7
Telephone: 416-326-7786

Keep a copy of your completed form in your records for three years.

After three years dispose of the information in a manner that securely prevents unauthorized access and misuse of the information/data (i.e. shred, erase electronic data).

[Print Form](#)