

You should use the **Employer's Exposure Incident Form (form 3959A)** 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.

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 Form (form 3958A)**.

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 any 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.

To report an exposure incident by telephone or for questions concerning the Employer's Exposure Incident Reporting Form (PEIR), please call us at:

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

Visit wsib.ca/submit to submit this form and supporting documents.

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

Employer's information			
Employer's name (at time of incident)			
Firm no.	Class/subclass	NAICS code	
Employer's address for correspondence		City/Town	Province
Address for location of incident		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		City/Town	Province
	Postal code		Telephone	Sex male female
2.	Last name	Given name	Date of birth (dd/mm/yyyy)	Date of hire
	Address		City/Town	Province
	Postal code		Telephone	Sex male female
3.	Last name	Given name	Date of birth (dd/mm/yyyy)	Date of hire
	Address		City/Town	Province
	Postal code		Telephone	Sex male female
4.	Last name	Given name	Date of birth (dd/mm/yyyy)	Date of hire
	Address		City/Town	Province
	Postal code		Telephone	Sex male female

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.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

Firm number

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 substance)	Date of exposure (dd/mm/yyyy)	Time of exposure AM PM
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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):
 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 AM PM
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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 MSD's Yes No

Was environmental sampling done following the incident? Yes No

Name of person completing report	Official title	
Signature	Telephone	Date (dd/mm/yyyy)

Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.

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:

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