Worker's Exposure Incident Form



The attached **Worker's Exposure Incident Form** (form 3958A) is intended for voluntary use when an unplanned workplace incident exposure has resulted from a leak, spill, explosion, release, or an unexpected contact with a chemical or other substance. The event may have exposed workers to an infectious, chemical or other substance. The purpose of this form is to obtain information about the exposure incident experienced by the worker should an illness or disease occur in the future.

The **Worker's Exposure Incident Form** should be completed if you have experienced an unplanned workplace exposure where there has been:

• no lost time

no illness

If you are experiencing any illness needing medical treatment, (such as diagnostic tests, prescribed medication or ongoing treatment) please complete a Worker's Report of Injury/Disease (Form 6).

Forms should be completed and forwarded to:

By Mail

Workplace Safety and Insurance Board Occupational Disease and Survivor Benefits Program 200 Front Street West, 4th Floor Toronto, Ontario M5V 3J1 **By Fax** 416-344-4684 1-888-313-7373

To report an exposure incident by telephone or for questions concerning the Worker's Exposure Incident Reporting Form, please contact us at:

Toll Free:	1-800-387-0750
Local Dialing:	416-344-1000
Website:	www.wsib.on.ca
TTY:	1-800-387-0050



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 Please describe how you came into contact with the infectious substance (please check): other (specify) Area of Body Affected Source of exposure Area of Body Affected Area of Body Affected Area of Body Affected	Firm No.	Rate No.		Classification Uni	it Code	Reference No.
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If you experienced any illness related to this incident, please complete a Worker's Report of Injury/Disease (Form 6). For further information, please contact 1-800-387-0750.



Worker's Exposure Incident Form

Reference No.

Details of Incident(Continued)		
		
Section B - (Chemical or Other Workplace Substances)	Date of Exposure - (dd/mm/yyyy)	Time of Exposure
Please describe, in detail, what occurred: (please check):		
leak spill explosion other (spec	sify)	
Please describe where you were at the time and how long you were in the affect (If it would be helpful, attach a diagram to describe the event or another sheet for added to be a straight or a straig		
What personal protective equipment were you wearing at the time?		
In the event that this exposure results in an illness that entitles you Act (the Act), by signing this form, you consent to the release of fur of the Act, in the event there is a right to benefits.		
Signature	Date	
SUBMITTING THE EXPOSURE INCIDENT FORM TO THE W If your employer is reporting the exposure you may provide this form to the forward the form directly to the WSIB.		
By Mail Workplace Safety and Insurance Board Occupational Disease and Survivor Benefits Program 200 Front Street West, 4 th Floor Toronto, Ontario M5V 3J1	By Fax 416-344-4684 1-888-313-7373	
Completing this form is voluntary. Your personal information is collected und 1997, S.O. 1997, c. 16, Schedule A, and will be used to record your unplanned of workplace health and safety and accident prevention purposes, as permitted Questions about the collection of information should be directed to the Work Toronto, Ontario, M5V 3J1. Please call: (416) 344-1000 or toll free 1-800-387-0	exposure incident. This information and the freedom of Information and place Safety & Insurance Board, 2	on may be disclosed for nd Protection of Privacy Act.