



## EMPLOYER'S REPORT OF INJURY OR OCCUPATIONAL DISEASE

As an employer, the Workers Compensation Act requires you to submit this report within three days of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Please report using the following options:

1. Online The quickest and easiest option: The online screen application customizes questions to the worker's injury. You can save your report and update it with new information. Once submitted, you can follow the status of the claim on [WorkSafeBC.com](http://WorkSafeBC.com) and select Report an injury or illness.
2. Fillable PDF form: Type in your details online, print the form, and submit it by FAX. Go to [WorkSafeBC.com](http://WorkSafeBC.com) and select Report an injury or illness.
3. Paper form: Clearly PRINT details, sign the form, and submit it by FAX or MAIL.  
FAX: 604 239-7777 in Greater Vancouver or



If faxing form, please complete this section and fax both sides of page. Missing pages may result in delays in processing.

Worker last name	First name	Middle initial	WorkSafeBC claim number(if known)
Social insurance number	Personal health number(CareCard)	Date of incident(yyyy-mm-dd)	Date of birth(yyyy-mm-dd)

15. Contributing factors



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