EMPLOYER'S ANNUAL HAZARDOUS OCCURRENCE REPORT (EAHOR) - REGULAR

Reporting Year (YYYY) *

For instructions on completing the form, please see the instructions sheet starting on page 3 or visit Canada.ca/workplace-health-safety-annual-reports

* denotes mandatory field

Organization and Contact Details

Organization Legal Name *		Organization ID	
Organization Common Name		Business Number (999999999)	
Mailing Address *			
Main Contact *		Email	Business Telephone (999) 999-9999 *

Workplace Injury and Employment Data

Workplace ID	Headquarters (Y/N) *	Physical Address (Street, City, Province, Postal Code) *	Number of Disabling Injuries *	Number of Deaths *	Number of Minor Injuries *	Number of Other Hazardous Occurrences *	Total Hours Worked by All Employees (Full Year) *	Average Weekly Hours Worked by One Full-time Employee (0.00 - 168.00) *	In Operation (Y/N) *	Date Ceased (YYYY-MM-DD)	Comments

Attestation

☐ I hereby certify, on behalf of my employer, that the information contained in the Employer's Annual Hazardous Occurrence Report (EAHOR) is, to the best of my knowledge and belief, true and accurate in every respect. *

Attester's Full Name *

Submit form by email

Canada

Resources

For instructions on completing the EAHOR, please see the instructions on the following Pg. 3, or visit canada.ca/workplace-health-safety-annual-reports. For mandatory fields (noted with an *), if there were no occurrences reported, you must enter “0”.”

Ways to submit the EAHOR:

- By Mail: EAHOR, Labour Program, P.O. Box 4600, Winnipeg, MB R3C 0S1
- By Email: ESDC.LAB.EAHOR-RAESCR.TRA.EDSC@labour-travail.gc.ca

Need help? Contact us:

- By Email: ESDC.LAB.EAHOR-RAESCR.TRA.EDSC@labour-travail.gc.ca
- By Phone: 1-800-641-4049

Privacy Notice Statement

The personal and business information provided on this form is collected under the authority of the *Canada Labour Code* and s. 15.10 of the *Canada Occupational Health and Safety Regulations*. The information is used for the purpose of collecting hazardous occurrence information from employers, making occupational injury information available to the public, and assisting in determining the necessity of inspection activities.

As an employer, providing the information on this form is mandatory. Failure to provide this information may result in an inspection and/or an Administrative Monetary Penalty [under the *Administrative Monetary Penalties* (*Canada Labour Code) Regulations*].

Per memoranda of understanding, information may be shared with Transport Canada and the National Energy Board, which are respectively responsible for the application and enforcement of Part II of the *Canada Labour Code* on behalf of the Minister of Labour for on-board employees in an aircraft, a vessel, or rolling stock on a railway, and for employees in the federal oil and gas (pipeline industry) and in the frontier oil and gas sectors, excluding employees in those sectors in head and regional offices.

The information you provide may be used and/or disclosed for policy analysis, research, and/or evaluation purposes.

Your personal information is administered in accordance with Part IV of the Department of Employment and Social Development Act, the *Canada Labour Code*, the *Privacy Act* and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in the following Personal Information Bank: *Canada Labour Code* Part II – Occupational Health and Safety, Employment and Social Development Canada (ESDC) PPU 024. Instructions for obtaining this information are outlined in the government publication entitled *Info Source* which is available online at https://www.canada.ca/en/employment-social-development/corporate/transparency/access-information/reports/infosource/infosource-detailed.html#h2.4-3.18. *Info Source* may also be accessed only at any Service Canada Centre.

You have the right to file a complaint with the Privacy Commissioner of Canada regarding how ESDC has handled your personal information, at www.priv.gc.ca/en/report-a-concern, or by calling 1-800-282-1376.

INSTRUCTIONS TO EMPLOYER ON THE COMPLETION OF THE EMPLOYER'S ANNUAL HAZARDOUS OCCURRENCE REPORT (EAHOR) - REGULAR

Important: A copy of this report must be kept by the employer for a period of 10 years from the date of submission.

Organization and Contact Details

Reporting Year: Enter the **Reporting Year** this data represents. The reporting year must be from January to December of the previous calendar year.

Organization Legal Name: Enter the **Organization Legal Name** as registered with the corporate registry.
If there was a legal name change, you must clearly indicate the legal name change in the **Comments** section for the Headquarters workplace on your EAHOR. You are required to provide a copy of the legal document as proof of this name change.

Organization Common Name: Enter the **Organization Common Name** if it is different than the legal name. If this name is the same as the legal name, you may leave this field blank.

Organization ID: This value is generated only when an organization has previously reported to the Labour Program. If you do not know your **Organization ID** or if this is the organization's first year reporting, leave this field blank.

Business Number: The organization's **Business Number (BN)** is the first 9 digits from the Canada Revenue Agency (CRA) Program Account Number. If you do not know your organization's **Business Number**, you may leave this field blank.

Main Contact: Enter the first and last name of the organization's **Main Contact** person responsible for communicating annual health and safety reports to the Labour Program.

Email: Enter the organization's primary **Email** address, or main contact person's email address.

An electronic package will be sent to this email in January of each year. This package includes prepopulated report forms in Excel format displaying the active organization/workplace information reported in the last submission.
If you do not have an email address to provide, you may leave this field blank. You will only then receive a paper mail out to your mailing address, with instructions on where you can download blank report forms.

Business Telephone: Enter the organization's primary **Business Telephone** number, or the main contact person's telephone number.

Mailing Address: Enter the **Mailing Address** of the organization's headquarters (Address, City, Province, Postal Code).

Workplace Injury and Employment Data

Important: If a workplace relocated, you must enter "N" under "**In Operation**" and provide the "**Date Ceased**". Then, in a separate row, indicate "New" for the **workplace ID** and provide the new location's name, full address, injury data, and employment data.
If a workplace relocated during the reporting year, please separate the injury and employment data associated with the line items for the previous and relocated workplaces.

Workplace ID: This value is generated only when this address was previously reported to the Labour Program. If known, enter the **Workplace ID**. If you do not know the workplace ID, you may leave this field blank. Otherwise, if this is a new workplace, enter "New".
Headquarters (Y/N): If this workplace is the organization's **Headquarters**, enter "Y". If not, enter "N".
Physical Address: Enter the physical street number, street name and unit number (if applicable), city, province, and postal code of the workplace identified in this row.

Number of Disabling Injuries: For this workplace, enter the **Number of Disabling Injuries** reported in the reporting year.
"Disabling injuries" means any employment injury or occupational disease that:

- prevents an employee from reporting to work or effectively performing all duties required in their regular work on any day following the day the injury or disease occurred, whether or not that day is a working day for that employee
- results in the loss of an employee's body member or part thereof, or in the complete loss of usefulness of a body member or part thereof, or
- results in the permanent impairment of a body function of the employee

If there were no disabling injuries, you must enter "0".

Workplace Injury and Employment Data - *Continued*

Number of Deaths: For this workplace, enter the **Number of Deaths** reported in the reporting year.

"Death" means the death of an employee which:

- occurred in the workplace, or
- occurred while the employee was engaged in work activities for the employer, or
- resulted from an injury that occurred in the workplace, or
- resulted in an injury that occurred while the employee was engaged in work activities for the employer (even if it appears to be from natural causes)

If there were no deaths, you must enter "0".

Number of Minor Injuries: For this workplace, enter the **Number of Minor Injuries** reported in the reporting year.

NOTE: Medical treatment is that which is provided at a medical treatment facility (hospital, medical clinic) or doctor's office at which medical treatment can be dispensed (not to be confused with first aid).

"Minor injury" means an employment injury or an occupational disease for which medical treatment is provided and excludes a disabling injury.

If there were no minor injuries, you must enter "0".

Number of Other Hazardous Occurrences: For this workplace, enter the **Number of Other Hazardous Occurrences** reported in the reporting year.

"Other hazardous occurrences" are any other situations where events have occurred that resulted in:

- an explosion
- damage to a boiler or pressure vessel resulting in fire, or the rupture of the boiler or pressure vessel
- damage to an elevating device rendering it unusable, or a free fall of the elevating device
- an electric shock, toxic or oxygen deficient atmosphere causing an employee to lose consciousness
- the implementation of rescue, revival, or other similar emergency procedures (EMS attends the scene)
- a fire

If there were no other hazardous occurrences, you must enter "0".

Total Hours Worked by All Employees (Full Year): For this workplace, enter the **Total Hours Worked by All Employees** for the full reporting year.

This must include all the hours worked by all regular employees (an "offboard employee", such as office and administrative staff, dispatchers, and mechanics) including fulltime, parttime, seasonal, student, etc.

Do not include data from contractors that do not fit the legal employer/employee relationship criteria.

If your organization records work by distance traveled, please use the following formula(s) to convert to hours worked:

Take the total mileage travelled and divide by the average speed limit encountered.

Kilometer to hours conversion example:	Milage to hours conversion example:
Total mileage = 60,000 kilometers	Total mileage = 60,000 miles
Average speed limit = 100 kilometers/hour	Average speed limit = 60 miles/hour
60,000/100 = 600 hours	60,000/60 = 1,000 hours
60,000 kilometers is converted into 600 hours	60,000 miles is converted into 1,000 hours

Average Weekly Hours Worked by One Full-time Employee: For this workplace, please provide the **Average Weekly Hours Worked by One Full-time Employee**.

NOTE: This field was formerly referred to as "Total Number of Employees," which required employers to calculate their employees as full-time equivalents (FTE). To streamline the process, the Labour Program only requires the average hours worked per week by one full-time employee.

In Operation (Y / N): Enter "Y" if this workplace is still **In Operation**. Enter "N" if this workplace is not **In Operation** and fill out **"Date Ceased**" in the next column.

Date Ceased (YYYY-MM-DD): If an "N" was entered for this workplace under "In Operation", you must enter the **Date Ceased** in YYYY-MM-DD format.