Saskatchewan Workers' Compensation Board
200-1881 Scarth Street
Regina, SK S4P 4L1
www.wcbsask.com

Phone: (306) 787-4370
Toll Free: 1-800-667-7590
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E1

Employer's Initial Report of Injury

WCB Claim No:

Reporting Options: 1) WCBTelefile 1-800-787-9288 2) WEB www.wcbsask.com 3) Fax

Section A: Employer Information

Name, Address, Postal Code

Type of Business: _____
Phone Number: _____
Contact Person: _____
E-mail: _____
Fax Number: _____
WCB Firm No.: _____ Industry Rate Code: _____

Section B: Worker Information

Name, Address, Postal Code

Specific Division (if applicable): _____
Occupation: _____
Social Insurance Number: _____
Personal Health Number: _____
Date of Birth: _____ Gender: ☐ Male ☐ Female
Hire Date: _____

Section C: Injury Information

1. Injury date: _____ Fatality? ☐ Yes ☐ No
2. Reported to employer on: _____ 3. Province of injury: _____
4. Area of body injured: _____
5. Name of healthcare provider: _____
6. How did the injury happen? _____

7. Has the employee lost time from work, due to the injury, after the day of injury? ☐ Yes ... go to question #8 ☐ No ... go to Section E
8. First day off and time employee left work due to this injury: Date: _____ Time _____ ☐ a.m ☐ p.m
9. Has employee returned to work? ☐ Yes ☐ No If "yes" , what was the date employee returned: _____
10. Do you have any reason to believe that this is not a work-related incident? ☐ Yes ☐ No If "yes", provide attachment(s) with explanation.

Section D: Wage and Employment Information

11. How is the employee paid? If Regular Salary: Hourly $ _____ per hour, _____ hours per week; If Monthly $ _____
If Non-Regular: ☐ Piecework ☐ Sub Contractor ☐ Owner / Operator ☐ Casual ☐ Other (explain) _____
12. Provide gross earnings for the 12 months preceding first day off due to the work injury: $
If less than12 months, provide gross earnings and time period: $ _____ from _____ to _____
13. Time lost during the gross earnings period due to: (a) Unpaid sickness: _____ days; (b) Prior WCB Claims _____ days; (c) Lack of work: _____ days;
(d) Other _____ days (Explain): _____
14. Normal working hours for employee: From _____ ☐ a.m ☐ p.m To _____ ☐ a.m ☐ p.m Shift work involved ☐ Yes ☐ No
15. Does the employee have regular days off? ☐ Yes ☐ No If "Yes", mark which days off: Sun Mon Tue Wed Thu Fri Sat
If "No", mark the days off for the month of the injury, plus one month before and one month after first day off due to injury.

MONTH BEFORE INJURY PERIOD: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
MONTH OF INJURY PERIOD: 1 2 3 4 5 6 7 8 9 ☐ 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
MONTH AFTER INJURY PERIOD: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

16. TD1 Exemptions: ☐ Single: ☐ Spouse, if partial: Provincial amount $ _____ Federal amount $ _____
☐ Other: $ Number of Children 18 years or under: _____
17. Should compensation payments be made to: ☐ Employee, OR ☐ Employer? 18. Will employee be paid for statutory holidays? ☐ Yes ☐ No

Section E: Declaration

I declare that all the information provided is true and correct to the best of my knowledge.

Date	Name (please print)	Title	Signature