



## F – Injured Worker Information

First Name		Last Name	
Mailing Address	Community	Territory/Province	Postal Code
Residential Address (if different than above)		Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Telephone (include Area Code)	Cell (include Area Code)	Email Address	
Social Insurance Number	Job Title (no abbreviations)		

1. Does the worker work in more than one territory/province for your organization?  Yes  No  
If yes, list the territories/provinces: \_\_\_\_\_

2. Was the injury or incident caused by a person(s) not employed by the employer?  Yes  No (If yes, attach an explanation and contact info.)

3. Are you disputing this claim?  Yes  No (If yes, attach an explanation.)

4. Were the worker's actions at the time of injury for the purpose of your business?  Yes  No (If no, attach an explanation.)  
If yes, is the activity part of the worker's regular work?  Yes  No (If no, attach an explanation.)

5. Was First Aid given at the worksite?  Yes  No (If yes, attach a copy of the First Aid report.)  
First Aid Provider's name: \_\_\_\_\_

6. Did the worker seek medical attention beyond the worksite?  Yes  No  
(If yes, where? \_\_\_\_\_ When? \_\_\_\_\_)

## G – Return to Work (Give full explanations and attach extra sheets if necessary.)

7. Did the worker stop working?  Yes  No \_\_\_\_\_  
When? \_\_\_\_\_ (mm/dd/yy) Time: \_\_\_\_\_  AM  PM

Has the worker returned to work?  Yes → When? \_\_\_\_\_ (mm/dd/yy) Time: \_\_\_\_\_  AM  PM  
 No → Has the worker been offered alternate/modified duties?  Yes  No

What is the worker's current status?  
 Returned to pre-injury job with no changes.  
 Returned to pre-injury job with duties changed.  
 Returned to pre-injury job with hours changed.  
 Returned to pre-injury job with duties and hours changed.  
 Returned to work in a different job to accommodate injury.  
 Other accommodations, specify: \_\_\_\_\_

8. Did you complete a Return to Work plan for this worker?  Yes  No (Attach plan or forward within five days.)  
If you would like assistance completing a Return to Work plan, call 1-800-661-0792 and ask for the Return to Work Specialist.

## H – Employment Category

9. Is the worker a subcontractor?  Yes  No  
If yes, who is the contractor? \_\_\_\_\_

10. Is the worker an owner or operator?  Yes  No

11. Worker's Type of Employment (Check all that apply.)

<p><b>Permanent</b></p> <input type="checkbox"/> Term (Over 1 year) <input type="checkbox"/> Relief <input type="checkbox"/> Full / Part-time Permanent <input type="checkbox"/> Other <input type="checkbox"/> Apprentice	<p><b>Non-permanent</b></p> <input type="checkbox"/> Term (Under 1 year) <input type="checkbox"/> Apprentice Term Start Date: _____ (mm/dd/yy) <input type="checkbox"/> Seasonal Term End Date: _____ (mm/dd/yy) Start Date: _____ (mm/dd/yy) <input type="checkbox"/> Summer Student End Date: _____ (mm/dd/yy) <input type="checkbox"/> Casual
--	--

12. Is the job subject to seasonal layoffs?  Yes  No

13. Is the job subject to lack of work layoffs?  Yes  No

14. Worker's day of hire (mm/dd/yy)

Worker's Full Name:

**I – Schedule Information**

15. Number of days on \_\_\_\_\_  
Number of days off \_\_\_\_\_

16. Regular hours per day \_\_\_\_\_

17. Regular hours per rotation \_\_\_\_\_

18. Indicate days on for one full rotation. Place the number of hours scheduled below for each day worked. i.e. 8am-5pm; 7am-3pm, etc.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1 - Hours per day							
Week 2 - Hours per day							
Week 3 - Hours per day							
Week 4 - Hours per day							

19. Date rotation started (mm/dd/yy) \_\_\_\_\_ Date rotation ended (mm/dd/yy) \_\_\_\_\_

20. Are travel days included in the on/off work rotation?  Yes  No

21. How many hours are paid for on travel days? \_\_\_\_\_

**J – Wage Information (Complete all questions.)**

22. What is the hourly rate of pay? \_\_\_\_\_ / hour. What are the annual gross earnings? \_\_\_\_\_  
What is the overtime rate? \_\_\_\_\_ / hour.  
If the worker is paid other than hourly or on salary, explain below in question 30. (i.e. worker is paid on commission, etc.)

23. Does the worker regularly work or get paid for overtime?  Yes  No  
If yes, how many hours per day are overtime? \_\_\_\_\_  
Provide an estimate of regular overtime hours \_\_\_\_\_ /  day  week  month

24. What percent of vacation pay does the worker receive? \_\_\_\_\_ %  
Is vacation pay paid on each cheque?  Yes  No  
Is vacation pay paid out once a year?  Yes  No When: \_\_\_\_\_  
Does the worker receive any other benefits? (Northern Allowance, Bonus, etc.)  Yes  No  
**If yes, explain in detail with amounts and averages:**

\_\_\_\_\_

\_\_\_\_\_

Are these benefits paid out to the worker with their regular pay cheque?  Yes  No

25. Are you paying the worker for lost time?  Yes  No If yes, provide the dates lost time will be paid \_\_\_\_\_

26. Will you continue to pay benefits? (i.e. Northern Allowance)  Yes  No

27. Wage and Schedule Contact Person:

28. Phone Number:

29. Email Address:

30. Provide any additional wage and schedule information here:



NORTHWEST TERRITORIES AND NUNAVUT  
SAFETY ACT  
**OCCUPATIONAL HEALTH AND SAFETY REGULATIONS**  
INTERPRETATION

**1. In these regulations,**

**“accident causing serious bodily injury”** means an accident at a work site that

- (a) causes or could reasonably be expected to cause the death of an individual, or
- (b) requires an individual to be admitted to a hospital as an in-patient for a period of 24 hours or more;  
(*accident causant des lésions corporelles graves*)

**“dangerous occurrence”** means an occurrence that does not result in, but could have resulted in an accident causing serious bodily injury, such as

- (a) structural failure or collapse of
  - (i) a structure, scaffold, temporary falsework or concrete formwork, or
  - (ii) a tunnel, caisson, coffer dam, trench, excavated shaft or excavation,
- (b) failure of a crane or hoist or the overturning of a crane or powered mobile equipment,
- (c) accidental contact with an energized conductor,
- (d) bursting of a grinding wheel,
- (e) uncontrolled spill or escape of a toxic, corrosive or explosive substance,
- (f) premature or accidental detonation of explosives,
- (g) failure of an elevated or suspended platform, or
- (h) failure of an atmosphere-supplying respirator; (*événement dangereux*)

NORTHWEST TERRITORIES AND NUNAVUT  
**MINE HEALTH AND SAFETY REGULATIONS**  
PART XVI

**16.01. In this part,**

**“dangerous occurrence”** means

- (a) an incident involving the hoist, sheaves, hoisting rope, conveyance or shaft timbering or structure,
- (b) an inrush of water,
- (c) a cracking, seeping, or failure of a dam or bulkhead,
- (d) an outbreak of fire,
- (e) a premature or unexpected explosion or ignition,
- (f) the occurrence of flammable, noxious or toxic gas in mine workings or at an exploration site,
- (g) unexpected and non-controlled extensive subsidence or caving of mine workings,
- (h) an explosion or outbreak of fire in any way related to the operation of an air compressor, air receiver, compressed air line or steam boiler,
- (i) a breakdown in the main ventilation system,
- (j) loss of control or major damage to any mobile equipment,
- (k) an uncontrolled fall of ground causing physical damage or the displacement of more than 50 t of material, and
- (l) any unusual occurrence not listed in paragraphs (a) to (k); (*événement dangereux*)

**“reportable incident”** is an incident involving serious injury or death; (*incident à signaler*)

“serious injury” includes:

- (a) a fracture of the skull, spine, pelvis, femur, humerus, fibula, tibia, radius or ulna,
- (b) an amputation of a major part of a hand or foot,
- (c) the permanent loss of the sight of an eye,
- (d) any serious internal haemorrhage,
- (e) any burn that is caused by electricity and requires medical attention,
- (f) any third degree burn,
- (g) any injury caused directly or indirectly by explosives,
- (h) any asphyxiation or poisoning that causes a partial or total loss of physical control, and
- (i) any other injury likely to endanger life or cause permanent impairment. (*blessure grave*)