Workplace Injury Reporting

Information & Training Session



What do I do if I’m injured at work?

- You must report the injury to your supervisor and complete the paperwork **before you leave work.**
- If you cannot report the injury and complete paperwork because of an emergency – a co-worker or supervisor can report for you.
- Reporting a workplace injury is your responsibility. Failing to report may lead to discipline.



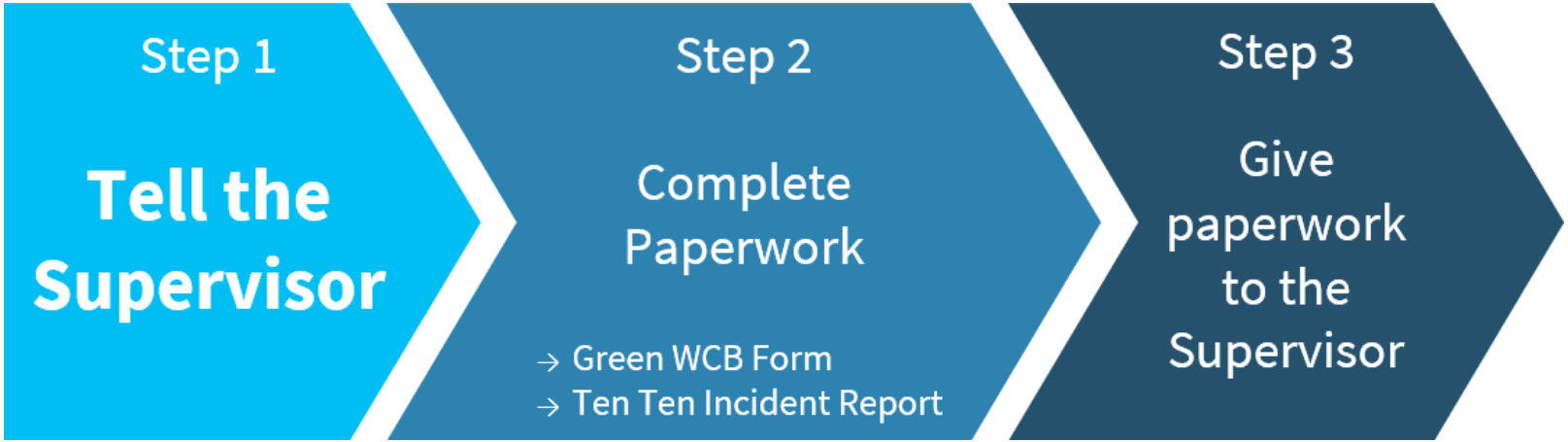
Which Process?

Medical Attention **Not** Required



Medical Attention Required

Medical Attention Not Required



Medical Attention **Not** Required

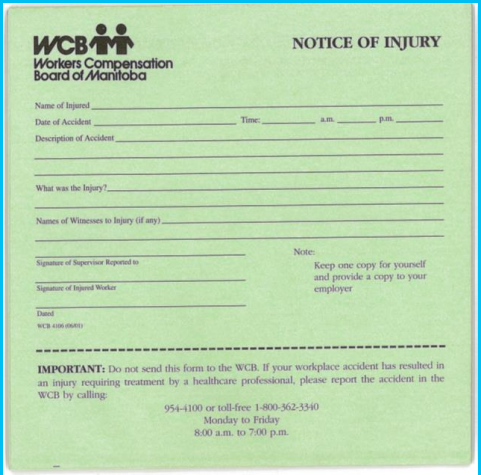
Tell Your Supervisor!

→During Office Hours – Report to the Supervisor to complete paperwork

→After Hours – Complete paperwork and slide under the Supervisor's office door

Which Forms?

No Medical Attention



WCB
Workers Compensation
Board of Manitoba

NOTICE OF INJURY

Name of Injured _____

Date of Accident _____ Time: _____ a.m. _____ p.m. _____

Description of Accident _____

What was the Injury? _____

Names of Witnesses to Injury (if any) _____

Signature of Supervisor Reported to _____

Signature of Injured Worker _____

Dated

WCB 4106 (06/01)

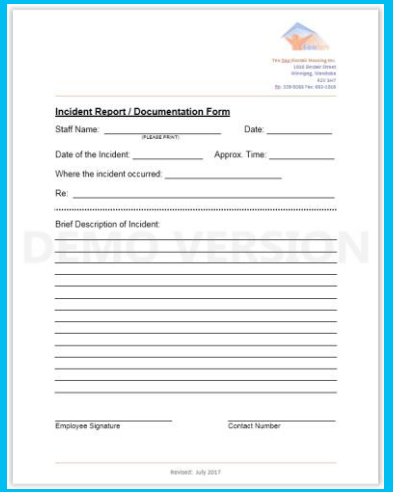
Note:
Keep one copy for yourself and provide a copy to your employer

IMPORTANT: Do not send this form to the WCB. If your workplace accident has resulted in an injury requiring treatment by a healthcare professional, please report the accident in the WCB by calling:

954-4100 or toll-free 1-800-362-3340
Monday to Friday
8:00 a.m. to 7:00 p.m.

2 Forms Required!

WCB Green Notice of Injury Form



Incident Report / Documentation Form

Staff Name: _____ (PLEASE PRINT) Date: _____

Date of the Incident: _____ Approx. Time: _____

Where the incident occurred: _____

Re: _____

Brief Description of Incident:

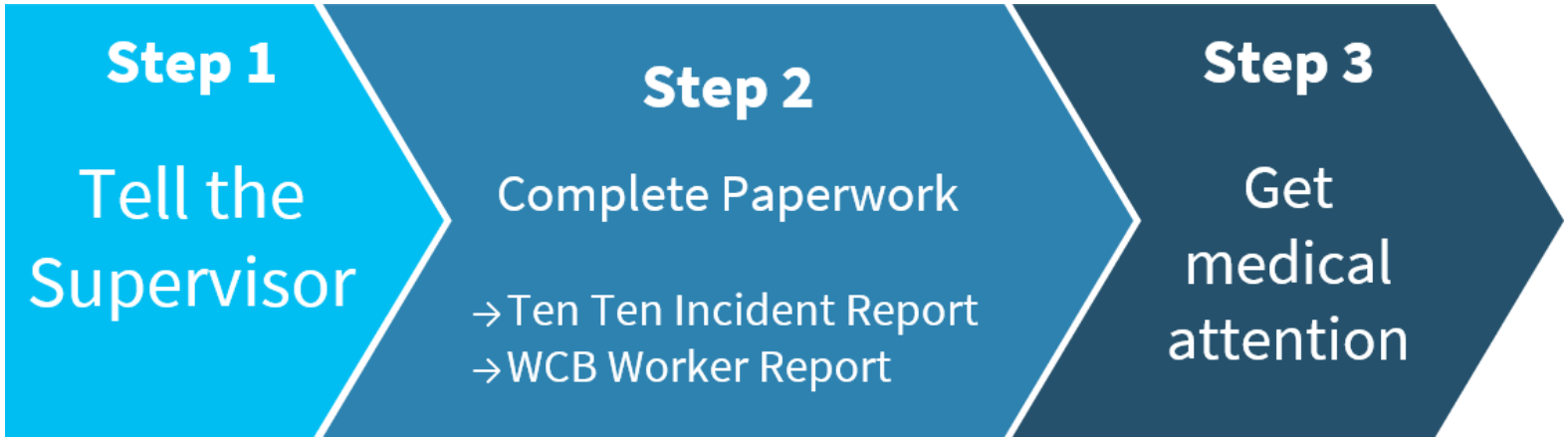
Employee Signature _____ Contact Number _____

Revised: July 2017

DEMO VERSION

Ten Ten Incident Report Form

Medical Attention Required



Medical Attention Required

Tell Your Supervisor!

→During Office Hours – Report to the Supervisor to complete paperwork and request leave time

→After Hours – Tell the on-call Supervisor and slide paperwork under Supervisor’s office door

Which Forms?

Medical Attention Required



WCB Workers Compensation Board of Manitoba

Phone 204-954-4100
(toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Worker Incident Report

Claim Number | 3

Worker Information (Please type all dates as DD-MM-YYYY.)

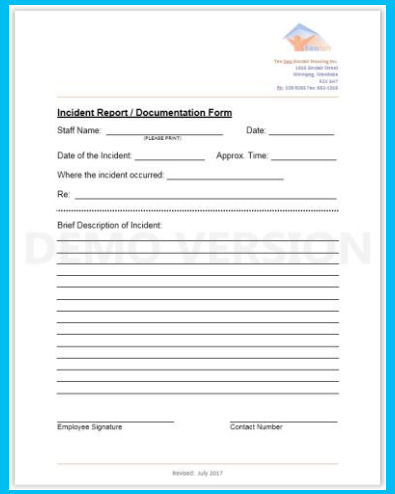
Last Name		First Name	
Address		City	Province
Postal Code	Phone Number	Date of Birth (DD-MM-YYYY)	PHIN
Social Insurance Number	☐ Male ☐ Female	Job Title	

Employer Information

Business Name		Address (include branch where applicable)	
City	Province	Postal Code	Phone Number

WCB Worker Incident Report

2 Forms!



Incident Report / Documentation Form

Staff Name: _____ (PLEASE PRINT) Date: _____

Date of the Incident: _____ Approx. Time: _____

Where the incident occurred: _____

Re: _____

Brief Description of Incident:

DEMO VERSION

Employee Signature _____ Contact Number _____

Revised: July 2017

Ten Ten Incident Report Form