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| ***OHSA* Section** | **Description of the occurrence, incident or illness under** **Section 51 or 52** | **Required detail under Reg 420/21** | **Who receives the written report or notice?** | **Timeline** |
| **Section 51**A person is killed or is critically injured. | Applies when a worker is killed or critically injured from any cause at a workplace.The employer must notify the Joint Health and Safety Committee (JHSC)/Health and Safety Representative (HSR), the Union(s), and Ministry of Labour, Training and Skills Development (MLTSD) of the occurrence, by telephone or other direct means.The employer must provide a written report with the required detail of the occurrence as outlined in O. Red 420/21. | * The name, address and type of business of the employer;
* The name and address of the worker;
* The nature of the bodily injury;
* The name and address of the constructor if the occurrence is at a project;
* The nature and circumstances of the occurrence, including a description of any machinery, equipment or procedure involved;
* The time, date and place of the occurrence; and
* The name and address of:
	+ The legally qualified medical practitioner, or
	+ Registered Nurse, (RN) or
	+ Medical facility that is attending to or attended to the worker.
* The names and addresses or other contact information of any witnesses to the occurrence;
* The steps taken to prevent a recurrence or further illness.
 | * JHSC
* Union
* MLTSD

Written Report:* JHSC
* Union
* MLTSD
 | **Immediately*** Notification is provided by telephone or other direct means.

**Written Notice**: * Within 48 hours following the occurrence.
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| **Section 52(1)**A person is disabled from performing his or her usual work, or requires medical attention. | Applies when a worker is:* Disabled from performing their usual work; or
* Requires medical attention following an accident, fire, explosion or incident of workplace violence in the workplace.
 | * The name, address and type of business of the employer;
* The name of the worker;
* The nature of the bodily injury;
* The nature and circumstances of the occurrence, including a description of any machinery, equipment or procedure involved;
* The time, date and place of the occurrence;
* The names and addresses or other contact information of any witnesses to the occurrence;
* The steps taken to prevent a recurrence or further illness.
 | Written report is provided to:* JHSC or HSR
* Union(s)
* Director of the MLTSD, if an inspector requires the notification.
 | **Written Notice**:* Within four days of the occurrence.
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| **Section 52(2)**A worker or former worker has an occupational illness. | Applies when a worker or person acting on behalf of a worker advises the employer that:* The worker has or had an occupational illness; or
* A claim of occupational illness is filed with the WSIB.
 | * The name, address and type of business of the employer;
* The name of the worker;
* The nature of the occupational illness;
* A description of the cause or suspected cause of the occupational illness;
* The names and addresses or other contact information of any witnesses to the occurrence;
* The steps taken to prevent a recurrence or further illness.
 | Written report is provided to:* JHSC or HSR
* Union(s)
* Director of the MLTSD
 | **Written Notice**:* Within four days of being so advised.
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