



Reporting Year:

EMPLOYER'S ANNUAL HAZARDOUS OCCURRENCE REPORT (Regular/Offboard)

Instructions on completing the form can be found at Canada.ca/workplace-health-safety-annual-reports

Organization Legal Name	Organization ID	Business Number
Main Contact	E-mail	Business Telephone

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.

Mailing address



Workplace ID	Headquarters (Y/N)	Address (Street, City, Province, Postal Code)	Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences	Total number of employees	Number of office employees	Total number of hours worked
			Comments:						
			Comments:						
			Comments:						
			Comments:						