

## Have you been exposed to a harmful substance or agent at work?

If you have, you may be entitled to compensation as set out under the *Workers Compensation Act* if you develop an occupational disease due to the exposure — now or in the future.

Due to the latency and long period of exposure required for the onset of some occupational diseases, WorkSafeBC has created an exposure registry as a way for workers, employers, and others to register a worker's exposure to a harmful substance or agent at work. The information obtained through the registry will be kept as a permanent record of a worker's exposure.

**If you have any questions about completing this form,  
please contact Prevention Support Services — Prevention Records at 604.276.3231.**

If your exposure has resulted in medical treatment or time loss from work, please complete an application for compensation. Phone 1.888.WORKERS (1.888.967.5377) or #5377 for Telus Mobility, Rogers Wireless, and Bell Mobility.

To report a serious incident or fatality:  
Phone: 604.276.3100 (Lower Mainland) or  
Toll-free: 1.888.621.7233 (1.888.621.SAFE) (Canada)  
7 days a week, 24 hours a day

## Worker's information

Worker's last name*	First name*	Phone number (8:30 a.m. – 4:30 p.m.) (nnn.nnn.nnnn)
Worker's mailing address*		City*
Country*	Province or state*	Postal or ZIP code*
Date of birth* (yyyy-mm-dd)	Date of hire* (yyyy-mm-dd)	
Occupation*		

## Employer's information

Firm name*	Firm number	
Employer contact's last name	First name	Phone number* (8:30 a.m. – 4:30 p.m.) (nnn.nnn.nnnn)
Employer's mailing address		City*
Country*	Province or state*	Postal or ZIP code*
Industry*	If you select "Other (or multiple industries)," please specify	

## Report prepared by

If you select "Worker" or "Employer," the information entered above will automatically populate the appropriate fields below.

This report submitted by* (check one only) <input type="checkbox"/> Worker <input type="checkbox"/> Employer <input type="checkbox"/> Other (specify)		
Submission on behalf of* <input type="checkbox"/> Worker <input type="checkbox"/> Employer	Has the employer been informed of the exposure?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization name	Date of registration (yyyy-mm-dd)	
Contact's last name*	First name*	Phone number (nnn.nnn.nnnn)
Mailing address*		City*
Country*	Province or state*	Postal or ZIP code*

Worker's last name	First name
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## Workplace exposure information

Work incident location (address, city, province) and where incident occurred (e.g., shop floor, lunchroom, parking lot)*	
Start date of exposure* (yyyy-mm-dd)	End date of exposure* (yyyy-mm-dd)
How did the exposure occur?*	If you select "Other (or multiple occurrences)," please specify
Briefly describe exposure*	
What was the worker exposed to?*	If you select "Other (or multiple exposures)," please specify
Was <b>personal protective equipment</b> required?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was personal protective equipment provided?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was personal protective equipment used?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

- Once you've completed the form:
1. Validate and save the form.
  2. Submit the form.

**Under section 22(2)(e) of the *Workers Compensation Act*, a worker is required to report to a supervisor or employer any contravention of the occupational health and safety provisions or the regulations, and to report any hazard that the worker considers a danger to the worker or any other person.**

WorkSafeBC collects information on this form for the purpose indicated on the form, and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, or email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171.