



AVIATION OCCUPATIONAL SAFETY AND HEALTH REGULATIONS (Section 10.7)

Year 2014

EMPLOYER'S ANNUAL HAZARDOUS OCCURRENCE REPORT

Employer Identification Number	Address of work place	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:						
		Optional: Canada Revenue Agency Business Number (BN):						
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GUIDE TO COMPLETION ON REVERSE SIDE

Company name	e-mail	Date of submission
Submitting officer's name and title		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



GUIDE TO THE COMPLETION OF THE EMPLOYER'S ANNUAL HAZARDOUS OCCURRENCE REPORT

GENERAL NOTES

1. This report must be submitted not later than March 1 for the preceding 12 month period, ending December 31.
2. This report must be submitted even if there are no hazardous occurrences to report.
3. A copy of this report must be kept by the employer for ten (10) years following its submission.

COMPLETING THE REPORT

1. Please type or print all your information.
2. If any of the information set out on this form is incorrect, please correct it.
3. If your report covers any subsidiaries, list them and their location on a separate sheet of paper and attach to the report.
4. Explanation of the column headings:

ADDRESS OF WORK PLACE

Enter the address of each of your workplaces. If you have more than five workplaces in any one province and you employ less than 15 employees at each workplace, you may group these workplaces together under a single address in this column. Please indicate the total number of workplaces in the grouping and add a comment specifying which workplaces are grouped together.

Example: If you have 10 workplaces in a province with less than 15 persons in each workplace:

Employer Name 123 Name of Street City, Province (10) Postal Code, Comment: Workplace at address y, x, z, etc. has been grouped

EAHOR FORM IS FOR ON-BOARD EMPLOYEES

"On-board" personnel for the aviation industry includes employed personnel who deal with cargo transport, carrier operation, express service, freight transport, passenger transport, aircraft under taxi operation, airmail and charter flying while the aircraft is in operation. If you do not have any on-board or ground staff, please clearly indicate "no on-board jobs" or "no ground jobs" on the respective form.

NUMBER OF DISABLING INJURIES

Enter the total number of disabling injuries that have occurred in each workplace (or group of workplaces) during the year. If there were none, enter 0.

"DISABLING INJURY" means an employment injury or an occupational disease that:

- a) prevents an employee from reporting for work or from effectively performing their regular day to day work duties.
- b) results in the employee losing partial or full use of a body part, including partial or full amputation, or
- c) results in the permanent impairment of a body function of an employee.

NUMBER OF DEATHS

Enter the total number of deaths resulting from hazardous occurrences in each workplace (or group of workplaces) during the year. If there were none, enter 0.

NUMBER OF MINOR INJURIES

Enter the total number of minor injuries that have occurred in each workplace (or group of workplaces) during the year. If there were none, enter 0.

"MINOR INJURY" means an employment injury or an occupational disease for which medical treatment is provided and excludes a disabling injury. [Note: Medical treatment is that which is provided at a medical treatment facility, which means at a hospital, medical clinic, of physician's office at which emergency medical treatment can be dispensed and is not to be confused with first aid.]

NUMBER OF OTHER HAZARDOUS OCCURRENCES

Enter the total number of other hazardous occurrences that occurred in each workplace (or group of workplaces) during the year. If there were none, enter 0.

TOTAL NUMBER OF EMPLOYEES

The total numbers of employees are to be expressed as "full-time equivalents" (FTEs), not by the total number of people on staff including part-time and seasonal workers. First, determine what your company considers full time hours per week (30h, 37.5h, 40h or more) then use the following formula to determine number of FTEs: number of hours worked by all employees for the year divided by total hours worked per year by an average full time employee.

Example

- ▶ Full time hours 40h x 52 weeks paid equals 2 080h
- ▶ Total hours worked per year by an average full time employee: 2 080h
- ▶ Total number of hours worked for the year: 34 400h
- ▶ $34\ 400h / 2\ 080h = 16.5$ FTEs (Round up)

Total Number of Employees equals 17 FTEs

CANADA REVENUE AGENCY BUSINESS NUMBER (BN)

Optional- enter the BN for your company. You have no obligation to provide this information ESDC-Labour Program. However, this information will facilitate authentication your company.

TOTAL NUMBER OF HOURS WORKED

Enter the approximate total number of hours worked, including any overtime, by all employees at each workplace (or group of workplaces).

ATTESTATION

Place a check mark or your initials in the box to certify the information is to the best of your knowledge accurate and true. There is no longer a need to sign the report.