



**SCHEDULE
MARINE OCCUPATIONAL SAFETY AND HEALTH REGULATIONS (Section 14.7(2))**

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:						
		Comments:						
		Comments:						
		Comments:						

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. Please refer to example sheet for explanation on how to complete the form
5. Definition of the column headings provided below:

EMPLOYER IDENTIFICATION NUMBER

This is a 6 digit number which has been assigned to you by the Labour Program and is unique to your company.

If you do not know your Employer identification number (FJID ID), call 1-800-641-4049 or email the Labour Program (EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca) so that we may provide it.

ADDRESS OF WORK PLACE

List **ALL** federally regulated workplaces. This should include the Workplace name (if different from company name) and physical address. Example:

Workplace 1

123 Name of Street, City, Province, Postal Code

ON-BOARD EMPLOYEES

"On-board" personnel for the marine transport industry includes personnel that are on a ship, vessel, barge or ferry while it is in operation, and personnel involved in the direct loading and unloading of ships. 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.

Note: When calculating the number of full-time equivalents (FTEs) and total hours worked for the EAHOR, it is important to divide the working hours of any employees that would fall into both the "on-board" and "off-board" categories based on the percentage of time spent working on or off board. For example, an employee may work 20% of their time on-board a craft. Therefore, the on board report would reflect 20% of their time and 20% of an FTE.

Similarly, should an employee who works both on and off board be injured in the calendar year, the same proportion must be used on both the on and off board EAHOR in the column to report the number of disabling injuries, fatalities or minor injuries.

NUMBER OF DISABLING INJURIES

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

- a) prevents an employee from reporting for work or from effectively performing all the duties connected with the employee's regular work on any day subsequent to the day on which the injury or disease occurred, whether or not that subsequent day is a working day for that employee,
- b) results in the loss by an employee of a body member or part thereof or in the complete loss of the usefulness of a body member or part thereof, or
- c) results in the permanent impairment of a body function of an employee;

NUMBER OF DEATHS

Report all deaths resulting from a hazardous occurrence which occurred in this workplace.

NUMBER OF MINOR INJURIES

"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

"OTHER HAZARDOUS OCCURRENCES" are any other situations where events have occurred that resulted in:

- an explosion;
- damage to a boiler or pressure vessel that results in fire or the rupture of the boiler or pressure vessel; or
- damage to an elevating device that renders it unusable, or a free fall of an elevating device;
- an electric shock, toxic atmosphere or oxygen deficient atmosphere that caused an employee to lose consciousness;
- the implementation of rescue, revival or other similar emergency procedures; or
- a fire.

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. For example, if you have one full time employee and 2 part-time employees you would indicate 2 in the column "Total number of employees". See example sheet for simple equation to help you calculate your FTEs.

TOTAL NUMBER OF HOURS WORKED

Enter the approximate total number of hours worked, including any overtime, by all employees (full-time, part-time, seasonal, etc.) at this workplace.

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.



Example Sheet

SCHEDULE MARINE OCCUPATIONAL SAFETY AND HEALTH REGULATIONS (Section 14.7(2))

EMPLOYER'S ANNUAL HAZARDOUS OCCURRENCE REPORT

4B- Total number of hours worked (6240h) / Total hours worked by average full time employee (2080h) = Total number of employees

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
1- Enter your company's Employer Identification Number (FJID ID)	2- List ALL federally regulated workplaces. Combining data for several workplaces You are encouraged to report each work place separately; however, if you have more than five work places in any one province and each employs less than 15 employees, you may group them together. Please specify, in the comments section, the address for each workplace that has been grouped together. In all other cases, please report the total number of injuries and employment separately, for each individual work place.	3- For each column, enter the number of instances this occurred during the reporting year. If none, indicate "0". Do not leave these spaces blank. Please see back of form for term definitions.				The total numbers of employees and total number of office employees are to be expressed as "full-time equivalents" (FTEs), NOT by the total number of people on staff.	Leave blank	5- Include ALL hours worked by ALL employees (Part-time, casual, seasonal, etc.) during that reporting year. A total number of hours worked for each worksite is required. Payroll will usually have this information.
0-123456-0-000000	1234 Example Street, Ottawa, ON. K1P 6E6	0	0	0	0	3	1	6240
4A- Example of FTE calculation: Determine what your company considers full time hours per week - Full time hours (40h) X 52 weeks = 2080h - Total hours worked per year by an average full time employee = 2080h Note: The acceptable range of yearly hours worked by a full time employee must be between 1440h and 3120h. Anything below or above will be rejected. However, if the total number of hours worked by all employees is lower than 1440h, it will only be accepted if you indicate 1 FTE. - Total hours worked per year = 6240h - 6240h/2080h = 3 FTEs - Total Number of Employees equals 3 FTEs								
Comments: Please leave all comments regarding the organization/worksites closure, change of address, change of name, etc.								

GUIDE TO COMPLETION ON REVERSE SIDE

Please print legibly.	Company name Example Company	e-mail John.smith@example.com	Date of submission 2015-01-01
	Submitting officer's name and title John Smith - Human Resources	6- Enter your full name, title, email, phone number and date of submission Please provide us with an email address so that we can send you the reporting package electronically. More than 80% of employers are already reporting online. Contribute to achieving the Government of Canada's goal of minimizing paper use and reducing the production of waste.	
		Telephone (999)-999-9999	

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.

7- Check Attestation

Mailing address

8- Enter mailing address (if different from HQ physical address)

Example Sheet