

**CLAIMS SERVICE CENTRE - STATEMENT OF CONCERN**

**A statement of concern should only be reported if:**

1. An unexpected workplace exposure has occurred
2. There has been no lost time from work and no injury or illness.

\* Statement could be made by a worker, employer or representative of either.

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Date of call:

Name of caller:

Caller contact information (telephone number / address):

Date of birth (as applicable):

Social insurance number (as applicable):

Individual the exposure was reported to at place of employment:

Name of employer:

Employer contact information (telephone number / address):

Date / time of exposure:

Location of exposure:

Source of exposure:

Type of exposure (chemical, other substances)

Duration or degree of exposure (how long was the exposure and how long was the worker in the affected area?)

Was any personal protective equipment worn?

**Caller was advised of next steps:**

- ✓ Statement will be forwarded to ODU Supervisor
- ✓ WCB will conduct further investigation (e.g. contact employer to confirm exposure details)
- ✓ Caller will receive letter confirming Statement has been logged when investigation complete.
- ✓ If further information is required - Supervisor ODU will contact caller
- ✓ If symptoms develop that may be related to exposure - contact WCB to open a claim.

**Submitted by (name/position):**