

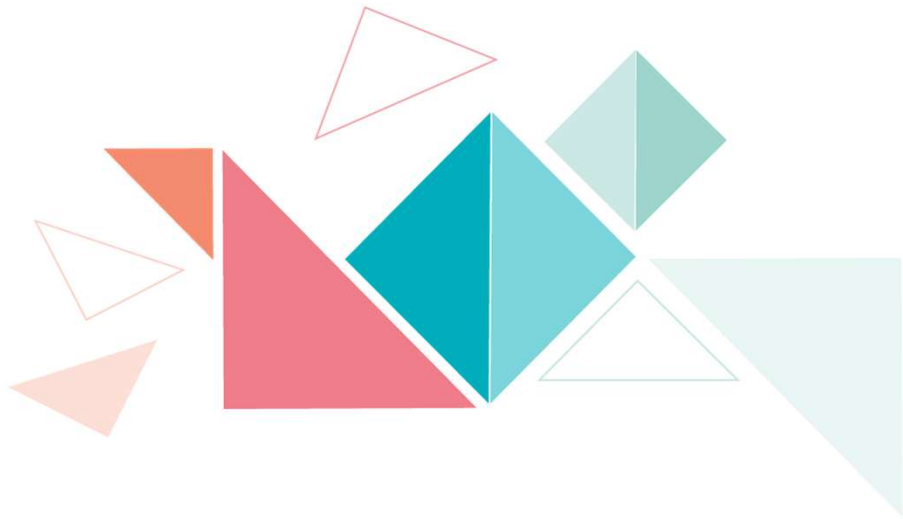
Annual Reporting Requirements

Canada Labour Code Part II

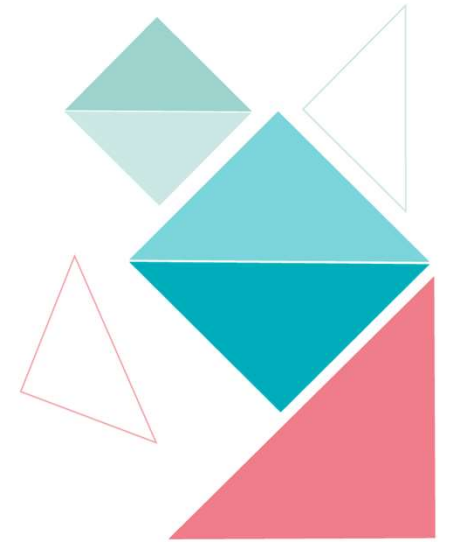
Overview of Presentation

- The Labour Program & Part II of the Canada Labour Code.
- Annual Reporting Requirements
 - Annual Workplace Committee Report (WPCR)
 - Employer's Annual Harassment & Violence Occurrence Report (EAHVOR)
 - Employer's Annual Hazardous Occurrence Report (EAHOR)
- Report Submission Guidelines and Common Errors
- Q & A Session





The Labour Program



What does the Labour Program do?

- Primary Objective:
 - The Labour Program is responsible for protecting the rights and well-being of both workers and employers in federally regulated workplaces.
- Part II of the Canada Labour Code:
 - The purpose of this Part is to prevent accidents, occurrences of harassment and violence and physical or psychological injuries and illnesses arising out of, linked with or occurring in the course of employment to which this Part applies.



OCCUPATIONAL HEALTH AND SAFETY PROVISIONS OF THE CANADA LABOUR CODE (PART II)

FEDERAL JURISDICTION BUSINESSES AND INDUSTRIES

INTERPROVINCIAL AND INTERNATIONAL TRANSPORTATION

RAILWAYS
**ROAD
TRANSPORTATION –
TRUCKS AND BUSES**
**AIRPORTS,
AERODROMES,
AIRLINES AND
AIRCRAFT
OPERATIONS**

**MARINE NAVIGATION
AND SHIPPING,
PORT SERVICES
AND MAINTENANCE
OF WATERWAYS**
**FERRIES, TUNNELS,
CANALS AND
BRIDGES**
**PIPELINES –
OIL AND GAS**



APPROX.
19,000
EMPLOYERS

AND



APPROX.
1,300,000
EMPLOYEES*
(8% OF ALL CANADIAN WORKERS)

**ARE SUBJECT TO PART II
OF THE CANADA LABOUR CODE**

* This includes full-time and part-time employees, seasonal, temporary, casual employees and excludes military members of the Canadian Armed Forces.

GRAIN



GRAIN ELEVATORS
FEED AND SEED MILLS
**FEED WAREHOUSES AND
GRAIN-SEED CLEANING PLANTS**

BANKING



e.g **BANK OF CANADA**

URANIUM



**URANIUM MINING
AND PROCESSING**
ATOMIC ENERGY

TELECOMMUNICATIONS AND BROADCASTING



**RADIO, TELEVISION,
TELEPHONE AND INTERNET**

FEDERAL PUBLIC SERVICE AND PARLIAMENTARY PRECINCT



**PERSONS EMPLOYED BY THE
PUBLIC SERVICE, FEDERAL CROWN
CORPORATIONS, AND PARLIAMENT**
(E.G. SENATE, HOUSE OF COMMONS,
LIBRARY, ETC.)

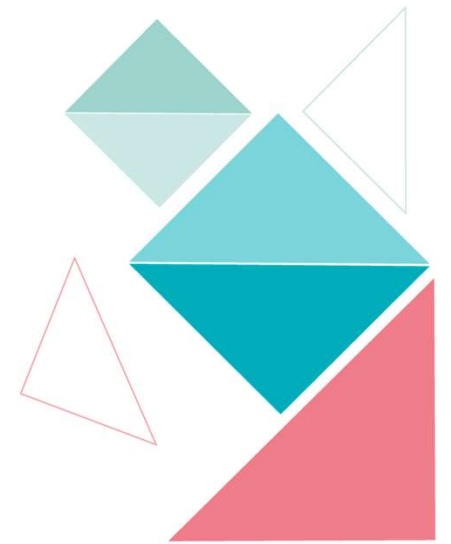
FIRST NATIONS BAND COUNCILS AND INDIGENOUS SELF-GOVERNMENTS



CERTAIN **COMMUNITY SERVICES**




Annual Reporting Requirements



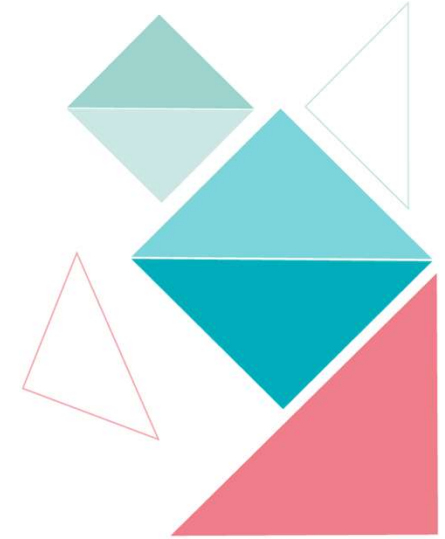
Types of Annual Reports

- Employers must submit three (3) annual reports to the Labour Program:
 1. Annual Workplace Committee Report,
 2. Employer's Annual Harassment and Violence Occurrence Report,
 3. Employer's Annual Hazardous Occurrence Report.





Annual Workplace Committee Report (*WPCR*)



WPCR Overview

- The Annual Workplace Committee Report (WPCR) collects information about:
 - Workplace Health & Safety Committee Meetings
 - Complaints
 - Refusals to work
 - Inquiries, investigations and inspections
 - Programs, measures and procedures
 - Hazards identified
 - Injuries and time lost



WPCR Submission Guidelines

- The Annual Workplace Committee Report can be submitted by email or mail to your nearest regional Labour Program office.

▼ Atlantic Region (New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island)
ATL-LAB-TRA-GD@hrsdc-rhdcc.gc.ca
▼ Central Region (Manitoba, Saskatchewan)
CR-LAB-TRA-HOIR-RESCR-GD@labour-travail.gc.ca
▼ North West Pacific Regions and North Territories (Alberta, British Columbia, Northwest Territories, Nunavut, Yukon)
NA-NWPR-OHS-SST-LS-NT-GD@labour-travail.gc.ca
▼ Ontario Region
ON-LAB-TRA-HOIR_RESCR-GD@labour-travail.gc.ca
▼ Quebec Region
QC-Travail-Labour-GD@labour-travail.gc.ca





Department File No.

Regional Office

Employer Identification No.

WORK PLACE COMMITTEE REPORT

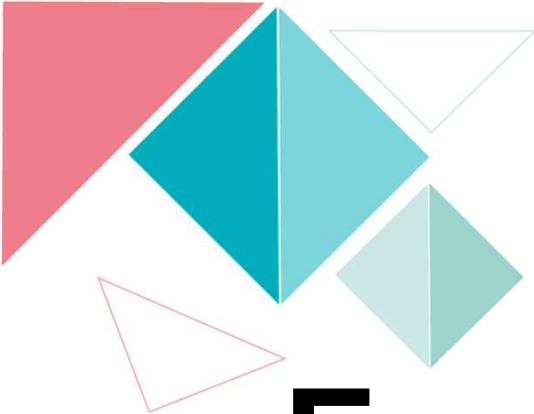
SCHEDULE(SCHEDULE 9)

Employer name and mailing address	Committee exemption pursuant to subsection 135(6)(a) of the Act <input type="checkbox"/> Yes
Postal code	Number of employees represented by committee <input type="text"/>
Committee name/work place/address if different from above	Number of trade union(s) employee committee members <input type="text"/>
Postal code	Number of non-trade union employee committee members <input type="text"/>
Contact person	Number of employer committee members <input type="text"/>
Telephone No.	Total committee membership <input type="text"/>
	Trade union(s) <input type="text"/>

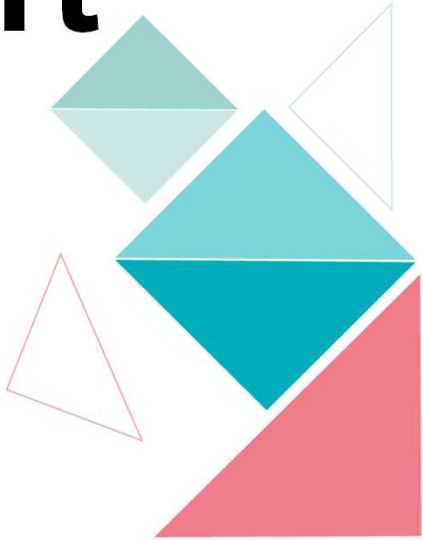
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Meetings	Regular													
	Special													
Complaints	Received													
	Resolved													
	Unresolved													
Refusals to work	Received													
	Resolved													
	Unresolved													
Inquiries and Investigations														
Inspections														
Programs, measures and procedures monitored														
Health and safety hazards	Identified													
	Resolved													
	Unresolved													
Injuries	Disabling injuries													
	Minor injuries													
	Time lost due to injuries													

Example WPCR





Employer's Annual Harassment & Violence Occurrence Report (*EAHVOR*)



EAHVOR Overview

- The Employer's Annual Harassment & Violence Occurrence Report (EAHVOR) collects information about:
 - Notices of occurrences of harassment and violence in the workplace within the previous year.

Note: An employee can file a notice of occurrence with their employer if they feel they are a victim or witness, of workplace harassment or violence.



EAHVOR Submission Guidelines

- The Employer's Annual Harassment and Violence Occurrence Report should be completed by the organization's headquarters and submitted via email or mail to the EAHOR/EAHVOR program Hub.

▼ Submit by email

EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca



Note: If you have received your template in an email from the Labour Program, please return the report by replying to that email.

▼ Submit by mail

Labour Program
P.O. Box 4600
Winnipeg, MB R3C 0S1



Employer's Annual Harassment and Violence Occurrence Report (EAHVOR) - Re

Organization Legal Name		Organization ID	
Organization Common Name		Business Number	
Main Contact			
Email			
Business Telephone			
Mailing Address			
Mark "X" here: _____ if you accept the statement.	Attestation: I hereby certify, on behalf of my organization, that the information contained in this report is, to the best of my knowledge and belief, true and accurate.		
How to complete and submit the EAHVOR	Instructions: canada.ca/workplace-health-safety-annual-reports		
Need Help? Contact Us	EAHOR.INFO-BAESCB.INFO@labour-travail.gc.ca pb. 1-800-641-4049		

Notes: Place mouse over cells (having a red triangle in the top right-corner) !

Number of Occurrences Involving	
Sexual Harassment and Violence	
Non-Sexual Harassment and Violence	
Fatality	

Total Number of Occurrences	
------------------------------------	--

Number of Occurrences Resolved by	
Negotiated Resolution	
Reconciliation	
Investigation	
Work Place Assessment	
Principal Part Could Not Be Identified	

Average Number of Months to Complete the Resolution Process for	
--	--

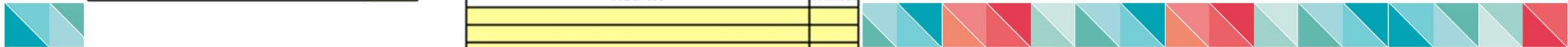
Number of Occurrences with the Following Relationships (Principal)	
Employee / Employee	
Employee / Supervisor, Manager, Business Owner	
Supervisor, Manager, Business Owner / Employee	
Employee / Third Party, Client, Contractor, Public	
Employee / Domestic Partner	
Employee / Other	

IF KNOWN, Number of Occurrences Related to the Following Prohibited Grounds for Discrimination under the <i>Canadian Human Rights Act</i>	
Race	
National or Ethnic Origin	
Colour	
Religion	
Age	
Sex	
Conviction Pardon Granted or Record Suspended	
Sexual Orientation	
Gender Identity or Expression	
Marital Status	
Family Status	
Disability	
Genetic Characteristics	

Number of Occurrences in the Following Location	
Work Places - Controlled by Employer (Also Complete Related Table below)	
Work Places - Not Controlled by Employer (Off-Site)	
Travel Status	
Other	

Number of Occurrences in Work Places Controlled by Employer	
Address	Number

Example EAHVOR



Example EAHVOR

Employer's Annual Harassment and Violence Occurrence Report (EAHVOR)

Current reporting year (YYYY):

Information on your organization			
Organization legal name	<input type="text"/>	Organization ID	<input type="text"/>
Organization common name (if different than legal name) <input type="text"/>			
A nine-digit number generated by the Canada Revenue Agency (CRA) that provides businesses with their own unique identifier. The Business number is the first nine digits of the CRA program account number. Example of CRA program account number: *123456789 RP 0001*. The Business Number is *123456789*.			
Business number		<input type="text"/>	
Information on your contact			
The EAHVOR mail-out package from the Labour Program shall be sent to this contact by email if email address is provided, otherwise by mail.			
Main contact	<input type="text"/>		
Email	<input type="text"/>	Mailing address	<input type="text"/>
Business telephone	<input type="text"/>	<input type="text"/>	
Occurrences			
Number of occurrences involving:			
Sexual harassment and violence	<input type="text"/>	Fatality	<input type="text"/>
Organization non-sexual harassment and violence	<input type="text"/>	<input type="text"/>	
Total number of occurrences			
Total occurrences : <input type="text"/>			
Number of occurrences resolved by:			
Negotiated resolution	<input type="text"/>	Work place assessment	<input type="text"/>
Conciliation	<input type="text"/>	Principal party could not be identified	<input type="text"/>
Investigation	<input type="text"/>	<input type="text"/>	
This applies only to the occurrences resolved in the reporting calendar year			
Average number of months to complete the resolution process for an occurrence: <input type="text"/>			
Number of occurrences with the following relationships (Principal party / Responding party)			
Employee / Employee	<input type="text"/>	Employee / Third party, Client, Contractor, Public	<input type="text"/>
Employee / Supervisor, Manager, Business owner	<input type="text"/>	Employee / Domestic partner	<input type="text"/>
Supervisor, Manager, Business owner / Employee	<input type="text"/>	Employee / Other	<input type="text"/>
IF KNOWN , number of occurrences related to the following prohibited grounds for the <i>Discrimination under the Canadian Human Rights Act</i>			
Race	<input type="text"/>	Sexual orientation	<input type="text"/>
National or Ethnic origin	<input type="text"/>	Gender identity or expression	<input type="text"/>
Color	<input type="text"/>	Marital status	<input type="text"/>
Religion	<input type="text"/>	Family status	<input type="text"/>
Age	<input type="text"/>	Disability	<input type="text"/>
Sex	<input type="text"/>	Genetic characteristics	<input type="text"/>
Conviction for which a pardon has been granted or a record suspended <input type="text"/>			

Number of occurrences in work places controlled by employer		
Complete related table listing the addresses and number of occurrences in work places controlled by the employer.		
Address	Number	
Total		Remove ? Add Row
Total number of occurrences in the following locations		
Work places - Controlled by employer	<input type="text"/>	Travel status
Work places - Not controlled by employer (Off-Site)	<input type="text"/>	Other
Attestation		
<input type="checkbox"/> I hereby certify, on behalf of my organization, that the information contained in this report is, to the best of my knowledge and belief, true and accurate.		
Signature <input type="text"/>		
Resources		
For instructions on how to complete the EAHVOR, please visit canada.ca/workplace-health-safety-annual-reports		
Ways to submit the EAHVOR:		
- By mail: EAHVOR, Labour Program, P.O. Box 4600, Winnipeg, MB R3C 0S1		
- By email: EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca		
Need help? Contact us:		
- By email: EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca		
- By phone: 1-800-641-4049		
Privacy Notice Statement		
The personal and business information provided on this form is collected under the authority of the <i>Canada Labour Code</i> and s. 36 of the <i>Work Place Harassment and Violence Prevention Regulations</i> . The information is collected for the purpose of identifying trends related to occurrences of work place harassment and violence that have been reported to employers, assessing the need for increased pro-active inspections in targeted areas, and publishing reports containing statistical data related to occurrences of work place harassment and violence.		
As an employer, providing the information on this form is mandatory. Failure to provide this information may result in an inspection and/or an Administrative Monetary Penalty (under the <i>Administrative Monetary Penalties (Canada Labour Code) Regulations</i>).		
Per memoranda of understanding, information may be shared with Transport Canada and the National Energy Board, which are respectively responsible for the application and enforcement of Part II of the <i>Canada Labour Code</i> on behalf of the Minister of Labour for on-board employees in an aircraft, a vessel, or rolling stock on a railway, and for employees in the federal oil and gas (pipeline industry) and in the frontier oil and gas sectors, excluding employees in those sectors in head and regional offices.		



Common Error – Blank Cells

- The “Total Number of Occurrences” cell must be completed and cannot be left blank.
- If there were no occurrences, a “0” can be entered.

Total Number of Occurrences	0
------------------------------------	----------



Helpful Hints

- When navigating the spreadsheet, you can use the red triangles on the top corner of cells to get helpful information:

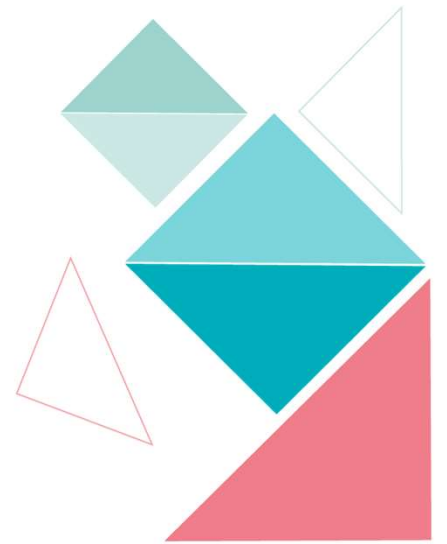
Notes: Place mouse over cells (having a red triangle in the top right-corner) for detailed instructions.

Number of Occurrences Involving		<u>IF KNOWN</u> , Number of Occurrences Related to Grounds for Discrimination under the <i>Canadian Human Rights Act</i>	
Sexual Harassment and Violence			Race
Non-Sexual Harassment and Violence			National or Ethnic Origin
Fatality		Report only fatalities related to harassment and violence.	Colour





Employer's Annual Hazardous Occurrence Report *(EAHOR)*



EAHOR Overview


- The Employer's Annual Hazardous Occurrence Report (EAHOR) captures the:
 - Injury Data for the workplaces
 - Employment Data for the workplaces.

Injury Data				Employment Data				
Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences	Total number of hours worked	Total number of employees	Number of office employees	In Operation Y / N	Date Ceased YYYY-MM-DD



EAHOR Submission Guidelines

- The Employer's Annual Hazardous Occurrence Report can be submitted via email or mail to the EAHOR/EAHVOR program hub, or they can be submitted online.

▼ Submit online
Labour Electronic Access Form - Sign in
Data Gateway - Login
▼ Submit by email
EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca
 Note: If you have received your template in an email from the Labour Program, please return the report by replying to that email.
▼ Submit by mail
Labour Program P.O. Box 4600 Winnipeg, MB R3C 0S1



Example EAHOR

Employer's Annual Hazardous Occurrence Report - Reporting Year 2023 (Regular/Offboard)																		
Organization Legal Name				Organization ID														
Organization Common Name				Business Number														
Main Contact																		
Email																		
Business Telephone																		
Mailing Address																		
Mark "X" here: _____ if you accept the statement.		Attestation: I hereby certify, on behalf of my organization, that the information contained in this report is, to the best of my knowledge and belief, true and accurate.																
How to complete and submit the EAHOR		Instructions: canada.ca/workplace-health-safety-annual-reports																
Need help? Contact Us		EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca 1-800-641-4049																
Organization Information				Address of workplace					Injury Data				Employment Data					
Workplace ID	Workplace Name	Headquarters (Y/N)	Workplace Reference Number	Address	City	Province	Country	Postal Code	Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences	Total number of hours worked	Total number of employees	Number of office employees	In Operation Y/N	Date Ceased YYYY-MM-DD	Comments

Notes
1) You must report for all federally regulated workplaces.
[Please add any workplaces if they are not listed on this form]
2) Place mouse over cells with a red triangle in the top right for detailed instructions.





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

Reporting Year: []

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



[Redacted mailing address]

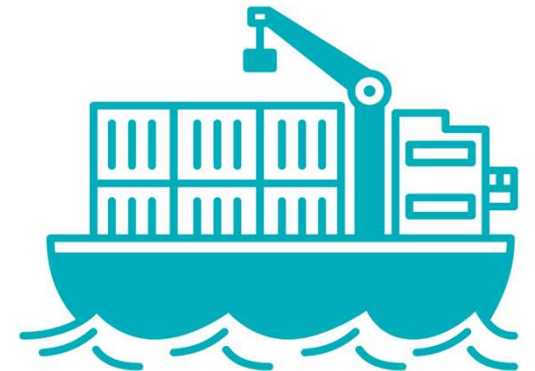
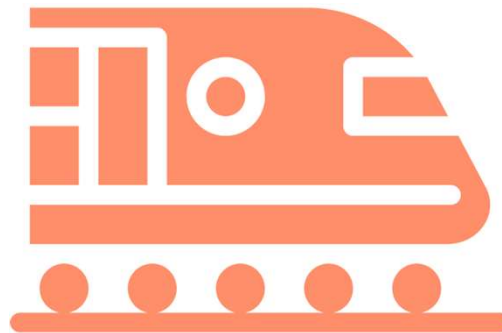
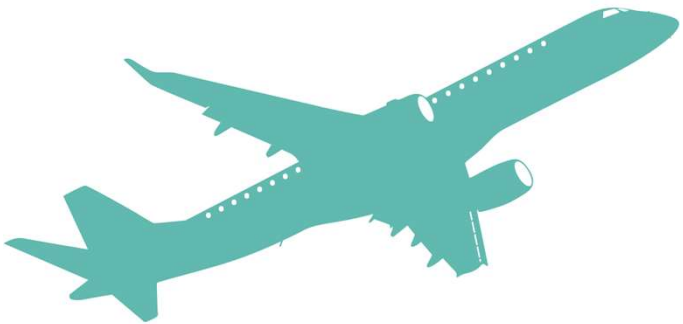
Example EAHOR

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



Types of EAHOR

- Organizations in the aviation, rail, and marine transport industries must submit two separate EAHOR:
 1. Regular/Offboard EAHOR
 2. Onboard EAHOR



Regular/Offboard EAHOR vs Onboard EAHOR

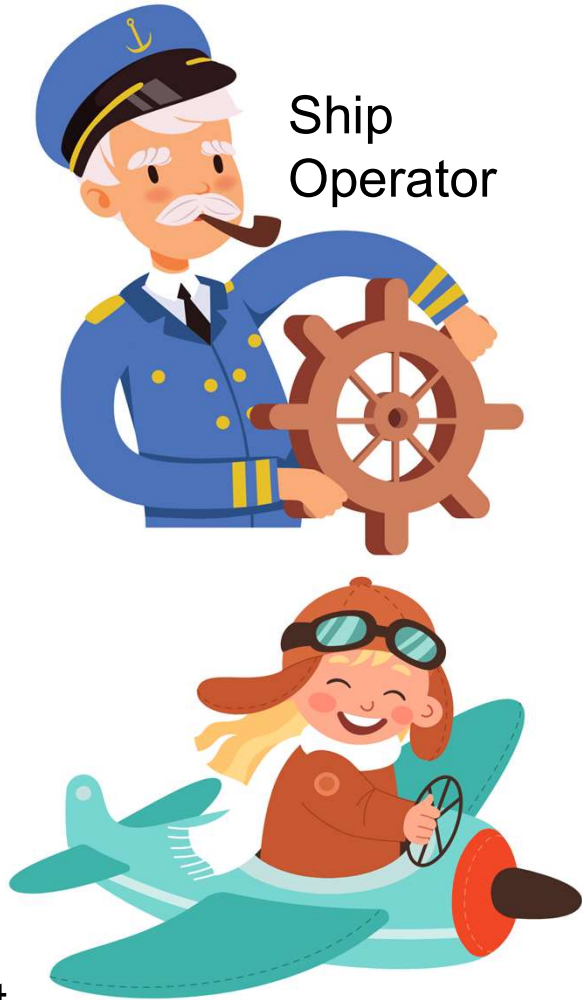
- These two reports are distinguished based on the activities employees do.
- Offboard and onboard activities are reported separately on their respective reports. Data should never be duplicated on both reports.
- Onboard activities are typically done by employees who work on an operating aircraft, train, or ship.



Onboard Occupations



Flight Attendant



Ship Operator



Airplane Captain

Offboard Occupations



Mechanic



Office Worker



Baggage Handler



Injury Data Definitions

Minor Injury

- Any employment injury or an occupational disease for which medical treatment is provided (excluding a disabling injury).

An employee hits their head and goes to the doctor to check for a concussion, but they are okay. There is no lost time or modified duties needed.

Disabling Injury

- Any employment injury or an occupational disease that results in either lost time, modified duties or permanent impairment of a body function.

An employee sprains their ankle and cannot complete their normal work duties. As a result, they must be placed on modified duties until their injury heals.



Injury Data Definitions

Deaths

- Means the death of an employee while on duty (even if it appears to be from natural causes).

Other Hazardous Occurrences

Any other situations where events have occurred that resulted in:

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



Employment Data Guidelines

- For statistical purposes, the “total number of employees” and “number of office employees” are expressed as “full-time equivalents” (FTE).
- The yearly hours for a single FTE must be between 1,440 (27.7 hours/week) hours and 3,120 hours (60 hours/week).

Total number of hours worked	Total number of employees	Number of office employees



Common Error - FTE Calculation

Step 1: Determine the total number of hours worked by all employees for the reporting year.

Step 2: Identify the average amount of hours worked in a full year, by one full time employee.

Step 3: Calculate the total number of FTE



Example FTE Calculation

Step 1:
Determine the “Total Number of Hours Worked”

100,000 hours

Step 2:
Determine the “Average Hours / Employee / Year”

40 hours/week \times 52 weeks $=$ 2,080 hours/year

Step 3:
Calculate the “Full Time Equivalents”

100,000 hours \div $\frac{2,080}{\text{hours/employee/year}}$ $=$ 48 FTE



Example FTE Calculation Check

Step 1:
Reverse the final FTE calculation

$$100,000 \text{ hours} \div 48 \text{ FTE} = 2,083 \text{ hours/employee/year}$$

Step 2:
Confirm the hours/employee/year is within the acceptable range of 1,440 hours to 3,120 hours

2,083 is within the range of 1,440 hours to 3,120 hours

Step 3:
If the answer is not in range, it is likely a rounding issue. Redo the FTE calculation and adjust the rounding until it meets requirements.



FTE Calculation Tips

- Always begin the FTE calculation with the actual total number of hours worked for your organization for the full reporting year.
- The “total number of hours worked” is gathered from records and not calculated.
- The “number of employees” is calculated by following the FTE calculation steps.
- The “number of office employees” must also be calculated by following the FTE calculation.



Common Error – Blank Injury Data

- In order for the EAHOR to be accepted, there can be no blank injury data cells.
- If there were no occurrences, please enter a “0”.

Injury Data			
Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences
0	0	0	0



Common Error – Blank Employment Data

- In order for the EAHOR to be accepted, the first 4 employment data fields must be completed.
- The “date ceased” field only needs to be completed if the organization is no longer in operation.
- The “comments” field can be used for any other information/details you would like to provide for clarification.

Employment Data					
Total number of hours worked	Total number of employees	Number of office employees	In Operation Y / N	Date Ceased YYYY-MM-DD	Comments
10,000	5	2	Y		



Common Error – Workplace Relocation

- If a workplace operated during the reporting year, it must be included on the EAHOR.
- When a workplace relocates during the reporting year, you report the injury and employment data for the workplace while it was in operation.
- On a separate row, you then report the injury and employment data for the new workplace.

Organization Information				Address of workplace					Injury Data				Employment Data					
Workplace ID	Workplace Name	Headquarters (Y/N)	Workplace Reference Number	Address	City	Province	Country	Postal Code	Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences	Total number of hours worked	Total number of employees	Number of office employees	In Operation Y/N	Date Ceased YYYY-MM-DD	Comments
10001		N		123 Road Street	Winnipeg	MB	Canada	R0A 1A1	0	0	0	0	20,800	10	2	N	2023-09-30	Workplace Relocated to new location below
NEW		N		456 Lane Blvd	Winnipeg	MB	Canada	R0E 1A1	0	0	0	0	8,320	4	1	Y		Workplace began operations 2023-10-01



Common Error – Workplace Relocation Continued

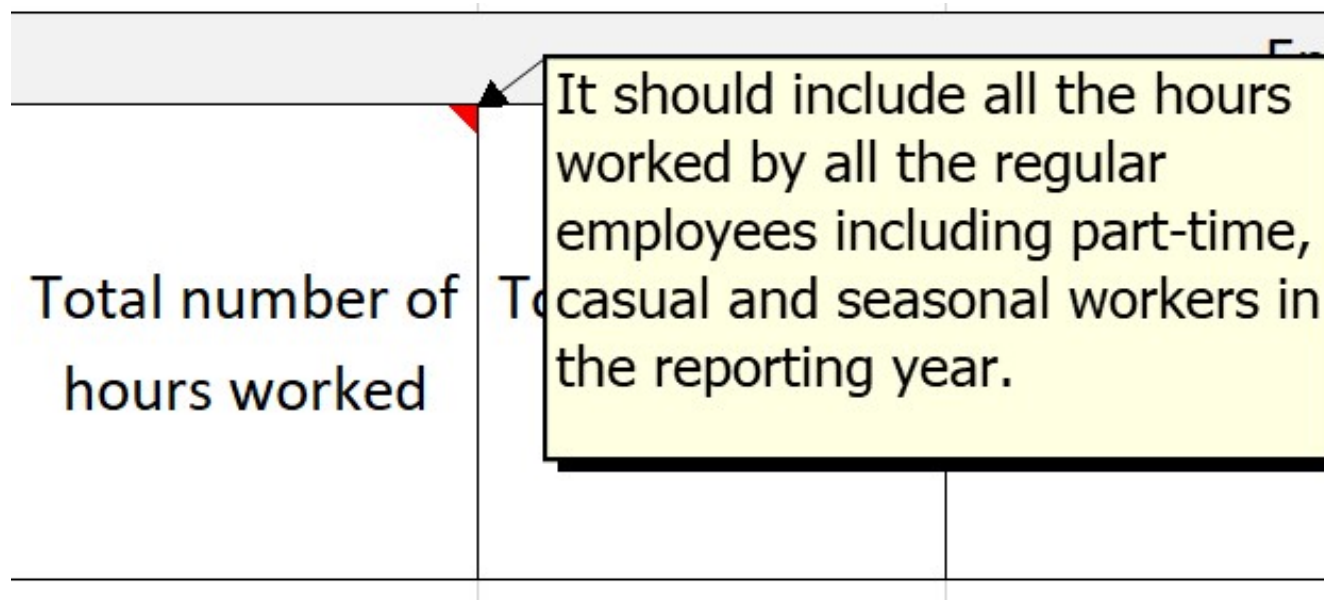
Organization Information				Address of workplace					Injury Data				Employment Data				Comments	
Workplace ID	Workplace Name	Headquarters (Y/N)	Workplace Reference Number	Address	City	Province	Country	Postal Code	Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences	Total number of hours worked	Total number of employees	Number of office employees	In Operation Y / N		Date Ceased YYYY-MM-DD
10001		N		123 Road Street	Winnipeg	MB	Canada	R0A 1A1	0	0	0	0	20,800	10	2	N	2023-09-30	Workplace Relocated to new location below
NEW		N		456 Lane Blvd	Winnipeg	MB	Canada	R0E 1A1	0	0	0	0	8,320	4	1	Y		Workplace began operations 2023-10-01

- The data reported must be separated by workplace.
- When a workplace only operates for a portion of the reporting year, you still follow the same FTE calculation instructions.



Helpful Hints

- When navigating the spreadsheet, you can use the red triangles on the top corner of cells to get helpful information:



Report Submission Guidelines Summary

- All annual reports are due by March 1st.
- The *Annual Workplace Committee Report (WPCR)* can be submitted via email or mail to your regional labour program office.
- The *Employer's Annual Hazardous Occurrence Report (EAHOR)* and *Employer's Annual Harassment and Violence Occurrence Report (EAHVOR)* can be submitted via email, mail or data gateway to the EAHOR/EAHVOR Program Hub.
- The *Employer's Annual Hazardous Occurrence Report (EAHOR)* can also be submitted online via LEAF.



Record Keeping

- Employers must keep a copy of each annual report on file for 10 years.
- As per the Privacy Act, once the Labour Program receives a report, it becomes *protected information*, which means we cannot release previously submitted reports.
- An employer can complete an Access to Information request to obtain past reports.



Failure to Complete

- Completing and submitting these reports is a legal obligation under the Canada Labour Code and its regulations. Failure to submit your reports may result in compliance measures, up to and including an administrative monetary penalty.



Helpful Resources

Canada Labour Code – Part II

[Canada Labour Code \(justice.gc.ca\)](https://justice.gc.ca)

Work Place Harassment & Violence Prevention Regulations

[Work Place Harassment and Violence Prevention Regulations \(justice.gc.ca\)](https://justice.gc.ca)

Canada Occupational Health and Safety Regulations

[Canada Occupational Health and Safety Regulations \(justice.gc.ca\)](https://justice.gc.ca)

EAHOR – Additional Information

[Employer's Annual Hazardous Occurrence Report: Additional Information and Resources – Canada.ca](https://Canada.ca)

Employer's Health & Safety Annual Reports:

[Employer's health and safety annual reports - Canada.ca](https://Canada.ca)

Overview of Part II of the Canada Labour Code and how it applies to your workplace:

[Overview of the parts of the Canada Labour Code and how they apply to your industry - Canada.ca](https://Canada.ca)



Contact Information



LABOUR PROGRAM

1-800-641-4049



EAHOR/EAHVOR

EAHOR.INFO-RAESCR.INFO@labour.travail.gc.ca



Contact Information

WPCR

Atlantic Region

ATL-LAB-TRA-GD@hrsdc-rhdcc.gc.ca

Central Region

CR-LAB-TRA-HOIR-RESCR-GD@labour-travail.gc.ca

North West Pacific Regions and North Territories

NA-NWPR-OHS-SST-LS-NT-GD@labour-travail.gc.ca

Ontario Region

ON-LAB-TRA-HOIR_RESCR-GD@labour-travail.gc.ca

Quebec Region

QC-Travail-Labour-GD@labour-travail.gc.ca

