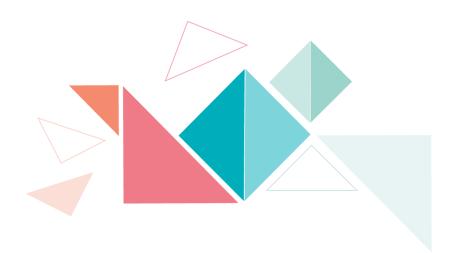


# Annual Reporting Requirements

Canada Labour Code Part II



# 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





19,000 EMPLOYERS

AND



#### 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

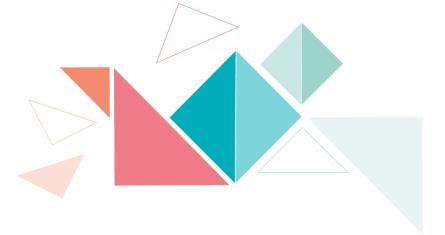


CERTAIN COMMUNITY SERVICES



Employment and Em Social Development Canada Dév

Emploi et Développement social Canada



# Annual Reporting Requirements

### **Types of Annual Reports**

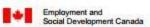
- Employers must submit three (3) annual reports to the Labour Program:
  - 1. Annual Workplace Committee Report,
  - 2. Employer Annual Harassment and Violence Occurrence Report,
  - 3. Employers Annual Hazardous Occurrence Report.

# Annual Workplace Committee Report (WPCR)

#### **WPCR Overview**

- Annual Workplace Committee Reports (WPCRs) collects information about:
  - Meetings
  - Complaints
  - Refusals to work
  - Inquiries, investigations and inspections
  - Programs, measures and procedures
  - Hazards identified
  - Injuries and time lost

# **Example WPCR**



Emploi et Développement social Canada

#### WORK PLACE COMMITTEE REPORT

SCHEDULE(SCHEDULE 9)

(For Labour Program use only)	
Department File No.	
Regional Office	
Employer identification No.	

Sorte Society Control of the Control						Employer identification No.								
Employer name and mailing address Postal code				Committee exemption pursuant to subsection 135(6)(a) of the Act Yes								es		
				Number of employees represented by committee										
				ber of tr	ade uni	on(s) en	nplayee	commit	tee me	mbers				
Committee name/work place/a:	ddress if different from above		Num	ber of n	on-track	union	employe	ie comr	nitee m	embers	Si			
			Num	ber of e	mployer	commi	ttee mer	mbers						
Postal code			Total	commit	tee me	mbershi	р							
Contact person			3.3.0	e union(	2000							_		
Telephone No.														
		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL
Meetings	Regular										8 3			
	Special													
Complaints	Received										2 - 3 3 - 3			
	Resolved										900			9
	Unresolved													
Refusals to work	Received													1
	Resolved				Î	j							8	ů,
	Unresolved													
Inquiries and Investigations	8													
Inspections														
Programs, measures and procedures monitored														
Health and safety hazards	Identified											ĵ.	į.	Ĵ
	Resolved				9									8
	Unresolved													J
Injuries	Disabling injuries										9			Ĩ
	Minor Injuries			- j							3			2
	Time lost due to injuries													

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

#### **EAHVOR Overview**

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

Employer's Annual Harassment and Violence Occurrence Report (EAHVOR) - Re						
Organization Legal Name		Organization ID				
Organization Common Name		Burinass Numbar				
Main Contact						
Email						
Business Telephone						
Mailing Address						
Hark "I" here: if you accept the statement.	Attertation: I hereby certify, on behalf of my organization, that the information contained in thir report is, to the best of my knowledge and belief, true and accurate.					
How to complete and submit the EAHVOR	nstructions: canada.ca/workplace-h	ealth-safety-annual-reports				
Need Help? Contact Us	EAHOR,INFO-RAESCR,INFO@labour-trav	ail.ac.ca ph. 1-200-641-4049				

#### <u>Notes</u>: 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 b						
Negotiated Resolution						
Reconciliation						
Investigation						
Work Place Assessment						
Principal Part Could Not Be Identified						

#### Average Humber 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 Occurrencer Related to the Following Prohibited Grounds for Discrimination under the <i>Connellien</i> Homeo Rights Act							
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							

# mber 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						
	-					
	-					
	_					
	-					

# **Example EAHVOR**

#### 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.

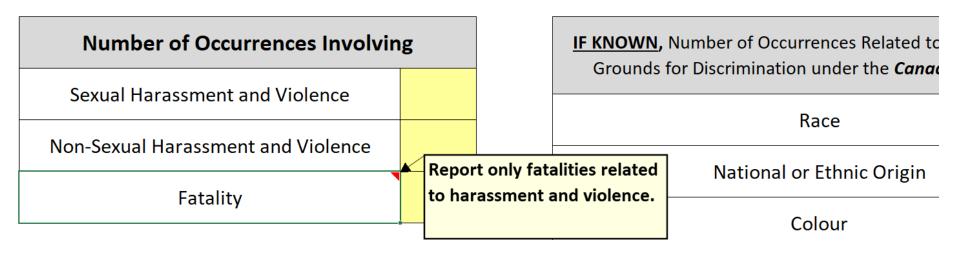
**Total Number of Occurrences** 

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.



# Employer's Annual Hazardous Occurrence Report (EAHOR)

#### **EAHOR Overview**

- The Employer's Annual Hazardous
   Occurrence Report (EAHOR) captures the:
  - Total number of hazardous occurrences in the workplace within the previous year.
  - Employment Data for the workplaces.

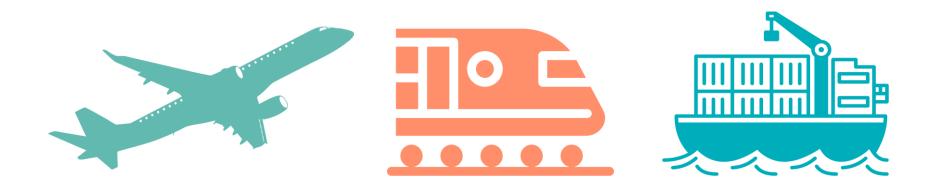
	lnju	ıry Data		Employment Data				
Number of disabling injuries	Number of deaths	Number of minor injuries	Number of other hazardous occurrences	Total number of hours worked	Total number of employees	Number of office employees	In Operation Y / N	Date Ceased YYYY-MM-DD

# **Example EAHOR**

rdous Occurrer	nce Report -	Reporting Yea	r 2023 (Regular/0	Offboard)												
				Organization ID				Notes								
				Business Number				1) You m	ust report	t for all fede	rally regulat	ed workplace	es.			
								2) Place	mouse ov	er cells with	a red triang	le in the top	right for de	tailed ins	tructions.	4
5																
			zation, that the inforn	nation contained in	this repo	ort is, to the best										
Instructions: canad																
		our-travail.gc.ca	1-800-641-4049													
ganization Informa	ation			Address of workp	lace	, ,		Injury Data			Employment Data					
Workplace Name	Headquarters (Y/N)	Workplace Reference Number	Address	City	Province	Country Postal Code		Number of	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
t l	Attestation: I herrof my knowledge Instructions: cana EAHOR.INFO-RAE ganization Inform	Attestation: I hereby certify, on to find the first of th	Attestation: I hereby certify, on behalf of my organi of my knowledge and belief, true and accurate.  Instructions: canada.ca/workplace-health-safety-an EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca ganization Information  Workplace Name  Workplace Reference	Attestation: I hereby certify, on behalf of my organization, that the inform of my knowledge and belief, true and accurate.  Instructions: <a href="mailto:canada.ca/workplace-health-safety-annual-reports">canada.ca/workplace-health-safety-annual-reports</a> EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca 1-800-641-4049  ganization Information  Workplace Name  Headquarters (Y/N)  Workplace Reference  Address	Attestation: I hereby certify, on behalf of my organization, that the information contained in of my knowledge and belief, true and accurate.  Instructions: <a href="mailto:canada.ca/workplace-health-safety-annual-reports">canada.ca/workplace-health-safety-annual-reports</a> EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization Information  Address of workp  Workplace  Workplace Reference  Address  City	Attestation: I hereby certify, on behalf of my organization, that the information contained in this report my knowledge and belief, true and accurate.  Instructions: canada.ca/workplace-health-safety-annual-reports  EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization Information  Address of workplace  Workplace Name  Workplace Reference  Workplace Reference  Address  City Province	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.  Instructions: <a href="mailto:canada.ca/workplace-health-safety-annual-reports">canada.ca/workplace-health-safety-annual-reports</a> EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization Information  Address of workplace  Workplace Name  Workplace Reference  Workplace Address  City Province Country Postal Code	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.  Instructions: canada.ca/workplace-health-safety-annual-reports  EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization Information  Address of workplace  Workplace Name Headquarters (V/N)  Workplace Name Reference Address City Province Country of disabling code	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.  Instructions: canada.ca/workplace-health-safety-annual-reports  EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca 1-800-641-4049  ganization Information Address of workplace  Workplace Name Headquarters Workplace Reference Address City Province Country Postal Code deaths.	Notes	Organization ID Business Number  1) You must report for all fede [Please add any workplaces 2) Place mouse over cells with  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.  Instructions: canada.ca/workplace-health-safety-annual-reports  EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization Information  Address of workplace Reference Reference Reference Number of other minor of minor of minor injuries injuries injuries.  Number of other hazardous	Organization ID  Business Number  1) You must report for all federally regulat [Please add any workplaces if they are in 2) Place mouse over cells with a red triang  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.  Instructions: canada.ca/workplace-health-safety-annual-reports  EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization Information  Address of workplace  Workplace Name  Workplace Reference Reference Reference Number of other minor deaths Number of other minor feaths Number of minor deaths Number of other minor feaths Number of minor deaths Number of other minor feaths Number of minor deaths Number of minor feaths Number of minor deaths Number of deaths Number of minor deaths Number of deaths N	Organization ID  Business Number  1) You must report for all federally regulated workplace [Please add any workplaces if they are not listed on total place in the top of the	Organization ID  Business Number  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 de  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.  Instructions: canada.ca/workplace-health-safety-annual-reports  EAHOR.INFO-RAESCR.INFO@labour-travail.gc.ca  1-800-641-4049  ganization information  Address of workplace  Reference Reference Reference Reference Number of disabling injuries Number of disabling injuries Number of deaths injuries Number of employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of of hours Number of office employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of other hazardous Number of employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of other hazardous Number of employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of other hazardous Number of employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of employees Remouse over cells with a red triangle in the top right for de  Number of other hazardous Number of employees	Organization ID   Notes	Notes

### Types of EAHORs

- Organizations in the aviation, rail, and marine transport industries must submit two separate EAHORs:
  - 1. Regular/Off-board EAHOR
  - 2. On-board EAHOR

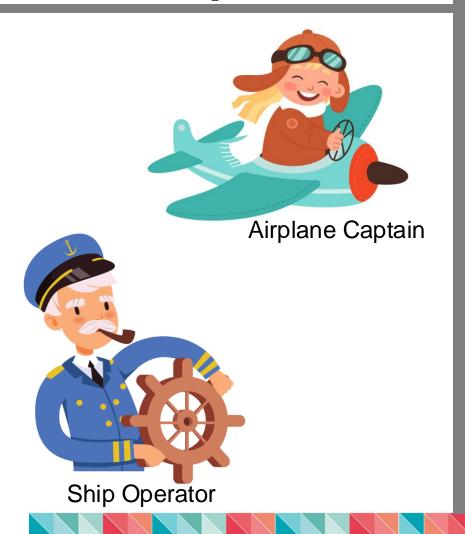


#### Regular/Off-board EAHOR vs On-board EAHOR

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

# **On-board Occupations**

# Off-board **Occupations**







#### **Injury Data Definitions**

#### **Minor Injury**

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

An employee gets a papercut and receives a bandaid from the on-site first aid kit. There is no lost time or modified duties.

#### **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 must be placed on modified duties until the 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 "number of employees" is expressed as "full-time equivalents" (FTEs).
- 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 hours worked in a full year, by one full time employee.

Step 3: Calculate the total number of FTEs

# STEP 1: DETERMINE THE "TOTAL NUMBER OF HOURS WORKED"

100,000 hours

STEP 2:
DETERMINE THE "AVERAGE HOURS / EMPLOYEE / YEAR"

40 hours/week X 52 weeks = 2,080 hours/year

STEP 3: CALCULATE THE "FULL TIME EQUIVALENTS" (FTES)

100,000 hours - 2,080 hours/year = 48 FTEs

### **FTE Calculation Tips**

- Always begin the FTE calculation with the actual total number of hours worked from your organization.
- The "total number of hours worked" is gathered from records.
- The "number of employees" is calculated following the FTE Calculation steps.
- The "number of office employees" must also be determined 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								

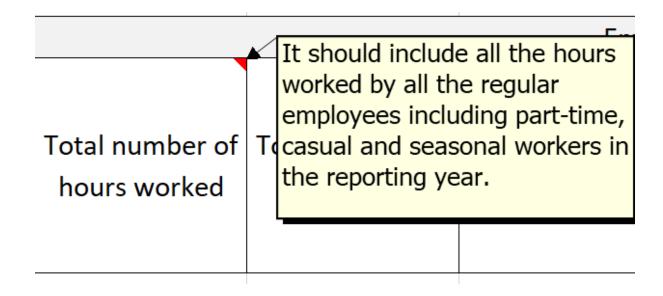
## Common Error – Workplace Relocation

- If a workplace has relocated during the reporting year, you must still report the required data workplace was in operation.
- In a separate row, you must also report on the new workplace as well.

Organization Information				Address of workplace					Injury Data				Employment Data					
Workplace ID	Workplace Name	Headquarters (Y/N)	Workplace Reference Number	Address	City	Province	Country	Postal	Number of disabling injuries	Number of deaths	injuries		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	МВ	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	МВ	Canada	R0E 1A1	0	0	0	0	8,320	4	1	Υ		Workplace began operations 2023-10-01

### **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**

- Annual reports are due by March 1<sup>st</sup>.
- Annual Workplace Committee Reports (WPCRs) can be submitted via email or mail.
- Employer's Annual Hazardous Occurrence Reports (EAHORs) can be submitted via email, mail or online.
- Employer's Annual Harassment and Violence Occurrence Reports (EAHVORs) can be submitted via email, mail or online.

## **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.

# **Any Questions?**



# **Contact Information**



1-800-641-4049



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