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You need to submit a report to WCB if the accident results in, or is likely to result in: ... C-040 REV JUL 2019 Page 1 of 3 July 2019 EMPLOYER REPORT of Injury or Occupational Disease C040. 10 Example: Page two of form Please fill in your worker ' s name, Social Insurance Number, and date of birth at the top of the second page in case the pages get separated. Return to Work Details 8 Please ...

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