



## Student Placement Injury / Illness Incident Report

This form must be completed and emailed within 24 hours of the incident to [suzan.vrdoljak@humber.ca](mailto:suzan.vrdoljak@humber.ca), Administrative Coordinator, Work Integrated Learning, FHSW, who will then forward the report to Health and Safety Services (HRS).

### *Private and Confidential*

The information contained on this form is collected, used and/or disclosed pursuant to the Freedom of Information and Protection Act, 1990; the Personal Health Information Protection Act, 2004; and/or the Occupational Health and Safety Act, 1990.

### 1. Student Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Program: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Semester: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile/Other Phone Number: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_

Note: The student will be contacted via telephone by Human Resource Services and asked to provide their social insurance number (SIN). The SIN is a required component of the reporting process.

### 2. Placement Details

Name of Placement Employer's Organization: \_\_\_\_\_

Placement Employer Address: \_\_\_\_\_

Placement Employer Phone Number: \_\_\_\_\_

Placement Supervisor Name: \_\_\_\_\_

Placement Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Placement Work Schedule (list typical hours per day and days per week): \_\_\_\_\_

### 3. Incident Details

Date and Hour of Accident/ Awareness of Illness:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Who was the accident/illness reported to?

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date and Hour Reported to Placement Employer:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Date and Hour Reported to Humber Placement Coordinator:

Date: \_\_\_\_\_

Time: \_\_\_\_\_



Name of Humber Placement Coordinator: \_\_\_\_\_

Telephone Number of Humber Placement Coordinator: \_\_\_\_\_

Were there any witnesses of this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes,

Name: \_\_\_\_\_

Position title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Were there any other employees involved in this incident?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### 4. Incident details; description

Description of incident: \_\_\_\_\_

##### TYPE OF INCIDENT:

- Slip, trip or fall
- Struck by/ against object
- Overexertion
- Repetitive strain
- Exposure to hazardous/ infectious material
- Motor vehicle accident
- Assault
- Fire/ explosion
- Other: \_\_\_\_\_

##### AREA OF INJURY: [PLEASE CHECK ALL THAT APPLY]

- Head
- Face
- Eye(s)
- Ear(s)
- Teeth
- Neck
- Chest
- Upper Back
- Lower Back
- Abdomen
- Pelvis
- Other: \_\_\_\_\_

##### AREA OF INJURY: [INDICATE WHERE APPLICABLE]

- Shoulder Left  Right
- Arm Left  Right
- Elbow Left  Right
- Forearm Left  Right
- Wrist Left  Right
- Hand Left  Right



- Finger(s) Left  Right
- Lower leg Left  Right
- Hip Left  Right
- Thigh Left  Right
- Knee Left  Right
- Ankle Left  Right
- Foot Left  Right
- Toes Left  Right

**TREATMENT:**

Did the student require treatment for this injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the treatment:

- First Aid
- Health Care

Where was the individual treated for this injury?

- Humber Health Centre
- Ambulance
- Emergency Department
- Admitted to Hospital
- Health Professional Office
- Clinic
- Other: \_\_\_\_\_

**ADDITIONAL TREATMENT DETAILS:**

If treatment for the student occurred off-campus, provide details:

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

Facility phone number or health professional phone number: \_\_\_\_\_

**POST-INCIDENT:**

After the day of the incident/awareness of the illness, this student:

- Returned to regular job duties and has not lost any time
- Returned to \*modified work and has not lost any time
- Has lost time

Provide the date student first lost time: \_\_\_\_\_

Date student returned to placement (if known): \_\_\_\_\_

\*Modified work indicates a change to the regular work schedule, or an inability to perform the core functions of the job, due to the injury.

**Signatures:**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Placement Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_