

Unpaid Work/Education Placement Accident/Incident Report

DATE OF ACCIDENT/INCIDENT:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
DATE REPORTED (TO COLLEGE):	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM
STUDENT LAST NAME:	FIRST NAME:
STUDENT NUMBER:	
ADDRESS:	CITY:
POSTAL CODE:	TELEPHONE:
S.I.N. #:	BIRTHDATE:
PROGRAM:	CAMPUS:
PLACEMENT CO-ORDINATOR:	
PLACEMENT EMPLOYER:	
ADDRESS:	CITY:
POSTAL CODE:	TELEPHONE:
ACCIDENT/INCIDENT DETAILS: (What activity was being performed and where? What happened to cause injury? Describe machinery/equipment involved)	
WITNESS(ES):	
WHAT CONDITIONS CONTRIBUTED TO THE ACCIDENT AND WHAT STEPS HAVE BEEN TAKEN TO PREVENT A RECURRENT?	
INJURY: (specify left/right)	
TREATMENT PROVIDED:	
NAME OF HOSPITAL/CLINIC/DOCTOR:	
HAS STUDENT HAD A PREVIOUS SIMILAR INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES	
WERE ANY PLACEMENT HOURS MISSED DUE TO THIS INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES	
IF YES, PROVIDE NORMAL WORKING HOURS, HOURS MISSED AND DATE RETURNED:	

 NAME OF PERSON COMPLETING REPORT

 SIGNATURE OF PERSON COMPLETING REPORT

COLLECTION AND USE OF PERSONAL INFORMATION

The information obtained on this form is used by the College to administer unpaid work/education placements with an employer as part of a course or program of study, and may be shared with the Ministry of Training, Colleges & Universities, Workplace Safety & Insurance Board, hospitals, physicians and College insurance carriers. This information is collected and used under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, and Regulation 770, the Workplace Safety & Insurance Act, and the Occupational Health and Safety Act and Regulations. Questions about the collection or use of this information should be directed to Occupational Safety Office, Conestoga College, 299 Doon Valley Drive, Kitchener, Ontario, N2G 4M4. Telephone (519) 748-5220 ext. 3470.