



**University of Toronto**  
**Student on Unpaid Work Placements Accident Report**

<b>No Injury</b>	<b>Injury/Illness</b>			
Incident <input type="checkbox"/>	Exposure <input type="checkbox"/>	First Aid <input type="checkbox"/>	Healthcare <input type="checkbox"/>	Occupational Disease <input type="checkbox"/>
<b>No Lost Time</b>	<b>Lost Time</b>			
<input type="checkbox"/>	Date and time last worked <i>(dd/mm/yy, hh:mm, am/pm)</i>	Date and time returned <i>(dd/mm/yy, hh:mm, am/pm)</i>		

**STUDENT TRAINEE INFORMATION**

Last Name		First Name	
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary/ third gender <input type="checkbox"/> Prefer not to say			
Home Address			Postal Code
Phone Number		Date of Birth <i>(dd/mm/yy)</i>	
Social Insurance Number		Placement start date <i>(dd/mm/yy)</i>	
Program enrolled in		U of T Placement Coordinator	

**Notice of Collection and Consent of Student**

The University of Toronto respects personal your privacy and protects personal information in accordance with applicable privacy legislation, including the Freedom of Information and Protection of Privacy Act. The University of Toronto collects your personal information, pursuant to section 2(14) of the University of Toronto Act, 1971, directly from you, and also indirectly from your placement employer. The University will protect all personal information in accordance with applicable privacy legislation. Personal information is collected for the purposes administrating the University's responsibilities under the Workplace Safety and Insurance Act. If you have any questions, please contact the University Coordinator, Student Placements, Office of the Vice-Provost, Students, Simcoe Hall, RM221, 27 King's College Circle, Toronto, On M5S 1A1, Tel (416) 946-4077.

I hereby confirm the accuracy of the personal information about me on this form and consent to the indirect collection of my personal information from my placement employer by the University of Toronto

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

Date \_\_\_\_\_

**REPORTING INFORMATION**

Date and time of injury <i>(dd/mm/yy, hh:mm, am/pm)</i>	Date and time reported <i>(dd/mm/yy, hh:mm, am/pm)</i>
If injury not reported immediately – state reason	
To whom was injury reported: (name/title/telephone)	
Was medical attention sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes - name, address and phone number of treating health professional	

**INCIDENT INFORMATION**

What happened to cause the accident/injury? (Attach additional information if required)
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**INCIDENT INFORMATION (CONTINUED)**

Explain what the training participant was doing and the effort involved

Describe the injury, part of body involved and specify left or right side

Identify the size, weight, and type of equipment or materials involved

Where did the accident occur? (location, building, room #)

What conditions attributed to the accident and what steps have been taken to prevent recurrence?

Name, title and phone number of any witnesses who were aware of the accident.

Did the accident occur outside of Ontario? If yes, state where.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was anyone who does not work for the Placement Employer responsible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any reason to doubt the history of the injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was student trainee doing work other than for the placement employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there serious and wilful misconduct involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know if student trainee had a similar previous disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any above questions please provide further details.

**Confirmation of Placement Employer**

Name of Placement Employer Representative

Placement Employer Address

Placement Employer Representative Phone Number

Placement Employer Representative Signature

Date