**ST U D E N T P L AC E M E N T I N C I D E N T R E P O R T**

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| THIS FORM MUST BE COMPLETED AND FAXED WITHIN **24** | **HOURS** TO YOUR HUMBER PLACEMENT COORDINATOR/ADVISOR AND HR SERVICES AT 416.675.4708. |
| ***P R I V A T E A N D C O N F I D E N T I A L****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 . 0 S T U D E N T D E T A I L S** |
| 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 HR SERVICES AND ASKED TO PROVIDE THEIR SOCIAL INSURANCE NUMBER (SIN).****THE SIN IS A REQUIRED COMPONENT OF THE REPORTING PROCESS.** |
| **2 . 0 P L A C E M E N T D E T A I L S** |
| Name of Placement Employer’s Organization: | Placement Supervisor Name: |
| Placement Employer Address: | Placement Supervisor Title: |
| Placement Employer Phone Number: | Supervisor Phone Number: |
| Placement Work Schedule (list typical hours per day and days per week): |
| **3 . 0 I N C I D E N T D E T A I L S** |
| Date and Hour of Accident/ Awareness of Illness:Click here to enter a date. Enter time | Who was the accident/illness reported to?Name & Position: Telephone Number:  |
| Date and Hour Reported to Placement Employer:Click here to enter a date. Enter time |
| Date and Hour Reported to Humber Placement Coordinator:Click here to enter a date. Enter time | Name of Humber Placement Coordinator:Telephone Number: |
| Were there any witnesses or other employees involved in this incident?* Yes ☐No
 |  | If yes, provide name, position title, and phone number:1. 2. 3.  |



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| **4 . 0 I N C I D E N T D E T A I L S C O N T I N U E D** |
| Description of Incident: |  |  |  |  |  |  | Type of Incident:* Slip, trip or fall
* Struck by/against object
* Over exertion
* Repetitive strain
* Exposure to hazardous/ infectious material
* Motor vehicle accident
* Assault
* Fire/Explosion
* Other
 |
| Area of Injury. Please check all that apply. |  |  |  | RightWrist ☐Hand ☐ Finger(s) ☐ Lower leg ☐ |  |  |  |
| * Head ☐ Teeth ☐Upper Back
* Face ☐Neck ☐Lower Back
* Eye(s) ☐Chest ☐Abdomen
* Ear(s) ☐Pelvis
* Other
 | Left* Shoulder
* Arm
* Elbow
* Forearm
 | Right☐☐☐☐ | Left☐☐☐☐ | Left☐☐☐ | Hip Thigh Knee | Right Left Right* ☐ Ankle ☐
* ☐ Foot ☐
* ☐ Toe(s) ☐
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| Did the student require treatment for this injury?* Yes ☐No
 | If **yes**, was the treatment:* First Aid ☐ Health Care
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| Where was the individual treated for this injury?* Humber Health Centre ☐ Ambulance
* Emergency Department ☐ Admitted to Hospital
* Health Professional Office ☐ Clinic
* Other
 | If treatment occurred off-campus, provide the name, address and phone number of health professional or facility who treated the individual: |
| After the day of the incident/awareness of the illness, this student:* Returned to regular job duties and has not lost any time \*Modified work indicates a change to the
* Returned to \*modified work and has not lost any time regular work schedule, or an inability to
* Has lost time perform the core functions of the job, due to

 Provide the date student first lost time: Click here to enter a date. the injuryDate student returned to placement (if known): Click here to enter a date. |
| Student Signature: Date: | Placement Supervisor Signature : Date: |

THE STUDENT MUST COMPLETE AND FAX THIS REPORT WITHIN 24 HOURS OF THE INCIDENT TO:

1. HUMBER PLACEMENT COORDINATOR
2. HUMBER HR SERVICES AT 416–675–4708