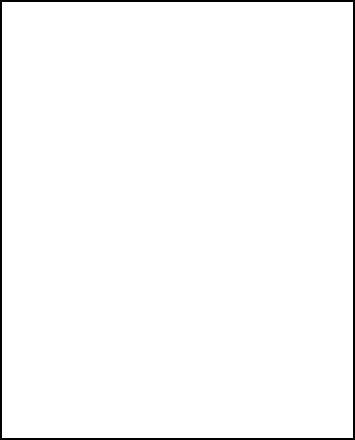
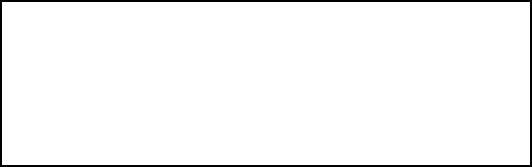
**ST U D E N T P L AC E M E N T I N C I D E N T R E P O R T**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. | | | |



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. |  |  |  | Right  Wrist ☐  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) ☐ |

|  |  |
| --- | --- |
| 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 | 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