



UNIVERSITY OF TORONTO

Students on Unpaid Work Placements Accident Report

This form must be completed by the placement employer and emailed or faxed within 24 hours to placements@utoronto.ca or 416-946-0678

A. Accident Type: No Injury First Aid Health Care Lost Time Critical Injury Occupational Disease

B. Student (Training Participant) Injured:

Last Name: _____ First Name: _____ Sex: M or F

Home Address: _____

Postal Code: _____

DOB: (dmy): _____ Social Insurance Number: _____

Placement start date: (dmy) _____ Home Phone: _____

Program enrolled in: _____ Depart/Faculty/Address: _____

C. Reporting: Date and time of injury: (dmy) _____ Date reported: (dmy) _____

To whom was injury reported: (name/title) _____

If injury not reported immediately – state reason: _____

Was medical attention sought? Yes No If yes provide name/address of attending physician

D. Accident/Occupational Disease Details – State exactly (continue on back or attach letter if required)

1. What happened to cause the injury?

2. Explain what the training participant was doing and the effort involved?

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

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

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

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

7. Name and work address of any witnesses who were aware of the accident.

E. Please answer all questions – Explain yes answers on back

1. Did the accident occur outside of Ontario? If yes, state where. Yes No

2. Was anyone not in the University's employ responsible? Yes No

3. Do you have any reason to doubt the history of the injury? Yes No

4. Was employee doing work other than for the university? Yes No

5. Was there serious and wilful misconduct involved? Yes No

6. Do you know if employee had a similar previous disability? Yes No

F. Complete if any Lost Time from Work

Date and time last worked: (dmy) _____ Date returned: (dmy) _____

G. To be Signed by Placement Employer

Name and address of placement employer: _____ Completed by: (please print)

Signature: _____ **Date:** _____ **Phone:** _____