HUMBER

Please complete and fax, email or deliver to:
Humber Health Centre
205 Humber College Boulevard, Toronto, Ontario M9W 5L7
Fax: 416 – 675 – 6320 (North Campus)
Phone: 416 – 675 - 6622 x4533

STUDENT PLACEMENT INCIDENT REPORT

THIS FORM MUST BE COMPLETED AND FAXED WITHIN 24 HOURS TO THE HUMBER HEALTH CENTRE AT 416–675–6320 AND YOUR PLACEMENT COORDINATOR.

PRIVATE AND CONFIDENTIAL

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 STUDENT DETAILS

First Name:	Last Name:	Program: Program Start Date: Semester:
Home Address:	Sex: M ☐ F ☐	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 PLACEMENT DETAILS

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 INCIDENT DETAILS

Date and Hour of Accident/ Awareness of Illness: Click here to enter a date.	Who was the accident/illness reported to? Name & Position:___________________________________
Date and Hour Reported to Placement Employer: Click here to enter a date.	Telephone Number:_________________________________
Date and Hour Reported to Humber Placement Coordinator: Click here to enter a date.	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 INCIDENT DETAILS CONTINUED

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.

☐Head	☐ Teeth	☐Upper Back
☐Face	☐Neck	☐Lower Back
☐Eye(s)	☐Chest	☐Abdomen
☐Ear(s)		☐Pelvis
☐ Other____________________		

Left		Right	Left		Right	Left		Right	Left		Right
☐	Shoulder	☐	☐	Wrist	☐	☐	Hip	☐	☐	Ankle	☐
☐	Arm	☐	☐	Hand	☐	☐	Thigh	☐	☐	Foot	☐
☐	Elbow	☐	☐	Finger(s)	☐	☐	Knee	☐	☐	Toe(s)	☐
☐	Forearm	☐	☐	Lower leg	☐						

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
- ☐ Returned to *modified work and has not lost any time
- ☐ Has lost time

⇨ Provide the date student first lost time: Click here to enter a date.

*Modified work indicates a change to the regular work schedule, or an inability to perform the core functions of the job, due to 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 HEALTH CENTRE AT 416–675–6320
2) HUMBER PLACEMENT COORDINATOR

THE HUMBER HEALTH CENTRE MUST FAX THIS INCIDENT REPORT UPON RECEIPT TO HEALTH & SAFETY SERVICES AT 416-675-4708