HUMBER

Please complete and fax, email or deliver to:
Humber Human Resources
205 Humber College Boulevard, Toronto, Ontario M9W 5L7
Fax: **416 – 675 – 4708 (North Campus)**
Phone: **416 – 675 - 6622 x4237**

STUDENT PLACEMENT INCIDENT REPORT

THIS FORM MUST BE COMPLETED AND FAXED WITHIN **24 HOURS** TO YOUR HUMBER PLACEMENT COORDINATOR/ADVISOR AND HR SERVICES AT 416.675.4708.

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:		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. Enter time	Who was the accident/illness reported to? Name & Position:______________________________
Date and Hour Reported to Placement Employer: Click here to enter a date. Enter time	Telephone Number:______________________________
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 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 PLACEMENT COORDINATOR
2) HUMBER HR SERVICES AT 416-675-4708