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 416-978-0678

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:**