

UNPAID WORK PLACEMENT ACCIDENT REPORT

This report should be completed in the event of a workplace accident incurred by a student participating in an unpaid work placement that required seeking health care from a physician. The report should be completed as soon as reasonably possible following the injury and submitted to SHERM (232 King St, Waterloo Campus, fax 519-884-2781, dkubica@wlu.ca)

Student Information:																	
Last Name:							First Name:										
Address:							City:										
Postal Code:							Date of Birth:										
Phone:							Cell:										
Laurier Student ID #:							S.I.N. #:										
Faculty & Program of Study:																	
Laurier Placement Coordinator:																	
Placement Working Hours:		S	M	T	W	T	F	S	<i>Example:</i>		S	M	T	W	T	F	S
												8	8	8	8	8	
Was there an absence from your work placement following the day of the accident?																	
If yes, provide the last date worked:							Date returned to placement (<i>if known</i>):										

Placement Employer Information:	
Name & phone number of placement employer:	_____ (phone #)
Placement employer's address:	_____
Name & phone number of placement supervisor:	_____ (phone #)

Accident Information:			
Date of Injury: _____	Time of Injury: _____	Date Reported: _____	Time Reported: _____
Who was the accident reported to? _____ (name)		_____ (phone #)	
Did you receive health care from a physician? _____ (Y/N)		Date of health care: _____	
Physician's name & phone number: _____		_____ (phone #)	
Physician's address: _____			

ACCIDENT / INCIDENT REPORT

Area of Injury *(Please check all that apply):*

<input type="checkbox"/>	Head	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	Upper back	<input type="checkbox"/>	L	Shoulder	<input type="checkbox"/>	R	<input type="checkbox"/>	L	Wrist	<input type="checkbox"/>	R	<input type="checkbox"/>	L	Hip	<input type="checkbox"/>	R	<input type="checkbox"/>	L	Ankle	<input type="checkbox"/>	R	<input type="checkbox"/>
<input type="checkbox"/>	Face	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Lower back	<input type="checkbox"/>		Arm	<input type="checkbox"/>			<input type="checkbox"/>	Hand	<input type="checkbox"/>			<input type="checkbox"/>	Thigh	<input type="checkbox"/>			<input type="checkbox"/>	Foot	<input type="checkbox"/>		
<input type="checkbox"/>	Eye(s)	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>		Elbow	<input type="checkbox"/>			<input type="checkbox"/>	Finger(s)	<input type="checkbox"/>			<input type="checkbox"/>	Knee	<input type="checkbox"/>			<input type="checkbox"/>	Toe(s)	<input type="checkbox"/>		
					Pelvis			Forearm	<input type="checkbox"/>								<input type="checkbox"/>	Lower Leg	<input type="checkbox"/>							

Other _____

Provide a description of the injury (i.e. 1" cut to left index finger):

Provide a detailed description of how the accident/incident happened:

If equipment or materials were involved, provide a description including weight, size and type:

Describe any conditions attributing to the accident *i.e. wet floor, improper position/posture, weather conditions, poor lighting, incorrect footwear etc.:*

Signatures:

Student:

_____ *please print name* _____ *date* _____ *signature*

Laurier Placement Coordinator:

_____ *please print name* _____ *Department/faculty* _____ *phone* _____ *signature*