

## Work Integrated Learning Accident/Incident Report

*To be completed by the student and employer/community partner the day the incident occurs, and no later than 24 hours to comply with Occupational Health and Safety (OH&S) requirements.*

This report is to document any accidents or incidents that occur during a work/service learning experience. When an accident occurs, it is important to report the occurrence so action can be taken to ensure similar or more serious incidents do not happen again.

Email this completed form to: [WorkExperience@nsc.ca](mailto:WorkExperience@nsc.ca)

Upon receipt, this form will be shared with Faculty, Academic Chair, Principal, and the OH&S Office at NSCC.

Faculty/Academic Chair are then required to complete the Accident/Incident Reporting Form on Connect.

### STUDENT INFORMATION (Mandatory Marked with \*)

*Legal Name:	*Phone:
Name used, if not legal name:	*Student ID:
*NSCC Program:	*Campus:
*Year of Study: First      Second	*Date:
*NSCC Email:	*Street Address:
*Alternate Email:	*Postal Code:
*City/Town:	

### EMPLOYER / COMMUNITY PARTNER INFORMATION

Employer/Organization:	Phone:
Direct Supervisor Name:	Email:

### INCIDENT DETAILS

**Refer to Employer or Service learning Guide for examples of “Incidents” and “Accidents”**

→ Incident Type:  Workplace Injury/Illness    Property Damage    Fire    Spill    Near Miss    Other:

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Aid Given:  Onsite (First Aider/First Responder/ EMT)    Doctor’s Office    Hospital

Other: \_\_\_\_\_

**If treated onsite**, was treatment provided by:  First Aider    First Responder    EMT

Provide details of the incident, please give as much detail as possible, including timelines. *(Attach additional pages as required):*

**Details of Incident Continued...**

**WITNESSES (if applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Statements Attached:  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Statements Attached:  Yes  No

Witness Statements:

**SIGNATURES**

Student \_\_\_\_\_ Date: \_\_\_\_\_

Work/Service Learning Experience Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Comments (if applicable)**