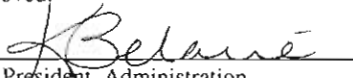
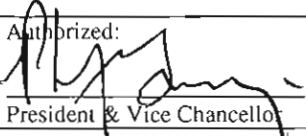
 <p>McMaster University Risk Management Manual</p>	<p>RMM #1000</p> <p>Title: Reporting &amp; Investigating Injury/Incident/Occupational Disease Program</p>	<p>Date: Sept 2008 Page: 1 of 14</p>
<p>Submitted: Risk Management Support Group</p>	<p>Approved:</p> <p> Vice President, Administration</p>	<p>Authorized:</p> <p> President &amp; Vice Chancellor</p>

## 1 PURPOSE

To outline requirements for reporting incidents that result in or have the potential to result in personal injury, lost time from work, occupational illnesses/disease and/or property damage.

- 1.1 To outline procedures for investigating incidents that result in or have the potential to result in personal injury, lost time from work, occupational illnesses and / or property damage, with a view to determining root causes and appropriate corrective action.
- 1.2 To provide a mechanism for the gathering of injury and damage statistics that allow for the analysis of trends, performance and the effectiveness of existing risk management systems and training programs.
- 1.3 To ensure compliance with the reporting requirements of the Occupational Health and Safety Act and the Workplace Safety and Insurance Act.

## 2 SCOPE

- 2.1 All faculty, staff, students, members of the public and all University owned property and equipment.


## 3 RELATED DOCUMENTS

- 3.1 Occupational Health and Safety Act of Ontario R.S.O. 1990
- 3.2 Regulation 1101 (First Aid Requirements under the WSIA)
- 3.3 Workplace Safety and Insurance Act of Ontario, 1997.
- 3.4 Laboratory Safety Handbook Section 5.0, RMM#309.
- 3.5 McMaster University Injury / Incident Report Form (Appendix 1).
- 3.6 McMaster University First Aid Program RMM # 1204
- 3.7 SOP for critical injury (Appendix 3).
- 3.8 Ministry of Training, Colleges and Universities Education Placement Agreement form for students on formal unpaid work placements.
- 3.9 Return to Work Program, RMM#1002 and Accommodation Policy
- 3.10 WSIB/LTD Management Program, RMM#902

- 3.11 Environment Protection Act, RMM#103

## 4 DEFINITIONS

- 4.1 **Supervisor:** A person who has charge of a workplace or authority over a worker.

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**4.2 Worker:** A person who performs work or supplies services for monetary compensation.

**4.3 Incident:** An unforeseen or unplanned occurrence or a sequence of events, which could result in or have resulted in unintended injury, death, and / or property damage.

**4.4 Injury:** A physical harm or damage to a person resulting in the marring of appearance, personal discomfort and / or bodily hurt or impairment. The injury may be acute such as a cut or it may be gradual in onset such as tennis elbow or carpal tunnel syndrome.

**4.5 Critical Injury as defined by R.R.O. 1990, Reg. 834:**

An injury of a serious nature that,

- a) places life in jeopardy;
- b) produces unconsciousness;
- c) results in substantial loss of blood;
- d) involves the fracture of a leg or arm, but not a finger or toe;
- e) involves the amputation of a leg, arm, hand, or foot but not a finger or toe;
- f) consists of burns to a major portion of the body; or
- g) causes the loss of sight in an eye.

**4.6 Occupational Disease:** An illness that has its etiology in the work environment. It may be caused by acute or chronic exposure to a physical, chemical, or biological agent in the workplace. It may appear months or years after the exposure has occurred.

**4.7 Lost Time:** Refers to absence from regular work beyond the day of injury. Lost time also includes working partial hours during recovery from the injury.

**4.8 Acronyms:**

**WSIB:** Workplace Safety and Insurance Board of Ontario.

**OHSA:** Occupational Health and Safety Act of Ontario.


**JHSC:** Joint Health and Safety Committee.

**R.R.O.:** Revised Regulation of Ontario.

**SOP:** Standard Operating Procedure.

**MOL:** Ministry of Labour.

**EOHSS:** Environmental & Occupational Health Support Services

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**MOE:** Ministry of the Environment

**EHS:** Employee Health Services

**FHSc:** Faculty of Health Sciences Safety Office

## 5 RESPONSIBILITIES


### 5.1 Role of Supervisors:

Supervisors shall:

- • Ensure that medical treatment is provided in case of personal injury;
- • Ensure that transportation for the injured employee or student is provided to a health care practitioner or to the person's home if necessary;
- Contact the injury/incident investigation as soon as possible upon learning of the injury/incident;
- Notify EOHSS or FHSc immediately in the event of a critical injury so that the designated worker member of the JHSC can investigate;
- Report all injuries / incidents within 24 hours of learning of the injury/incident by completing McMaster University Injury/Incident Report Form (see Appendix 1) and faxing to EOHSS at 905-540-9085 or FHSc at 905-528-8539.

Non Critical Injuries

- In conducting the investigation and in completing the McMaster University Injury/Incident Form (See Appendix 1), the supervisor will ensure that the following has been identified and recorded:
  - Scene Assessment: inspection of the site, material, equipment that were involved in the injury/incident, (e.g. specifying exact location, conditions of physical environment where the injury/incident occurred)
  - Interviewing: eyewitnesses and person involved, if applicable in order to identify all possible contributing factors. Witness statements must be in writing (see Appendix 5)
  - Identify Contributing Factors: to determine whether other persons equipment, loose equipment or process contributed to the injury/incident (e.g. malfunctioning equipment, loose carpet)
  - Make Recommendations for Corrective Action: by identifying what solution(s) are required, assigning responsibilities, and timelines as to the completion of the solution(s) (e.g. replacing or repairing equipment, taping or removing carpet)
  - Ensure the Recommendations are Completed: by following up and completing

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the Supervisor's Follow Up Form (see Appendix 2) and faxing to EOHSS at 905-540-9085 or FHSc at 905-528-8539

o Ensure Copies are Given to the Person(s) Involved and the JHSC

- In the event of a fatality, critical or suspected critical injury, the Supervisor will contact Environmental and Occupational Health Support Services (EOHSS) immediately by calling 905-525-9140 ext 24352. During non business hours the supervisor should call Campus Security by dialing 88 or the appropriate off site number. Security will contact EOHSS, Supervisors shall follow the Standard Operating Procedure (SOP) as outlined in Appendix 3.
- In the event of a report of an occupational disease, Supervisors will conduct an investigation as outlines above using the McMaster University's Injury/Incident Form (Appendix 1) and forward to EOHSS by faxing to 905-540-9085 or FHSc at 905-528-8539

**5.2 Role of Senior Managers (Deans / Directors / Chairs / Managers):**

Senior Managers shall:

- Review and sign the Injury / Incident Reports.
- Ensure that recommendations for corrective action have been implemented.

**5.3 Role of the Faculty, Staff, Visitors/Volunteers and Students:**


Faculty, Staff , Visitors/Volunteers and Students shall:

- Immediately report incidents / injuries to the supervisor.
- Assist with the completion of the Injury / Incident Report form and sign it.
- Assist in the incident investigation and implementation of any corrective action, required to prevent a recurrence of the incident.
- Adhere to the legal requirements of the WSIB and McMaster University's Return to Work Program for lost time work related injury or other lost time injuries.

**5.4 Role of EOHSS, FHSc and EHS:**

EOHSS and FHSc shall:

- Assist supervisors (as required) in conducting Incident/Injury investigations and determining root causes and appropriate corrective actions;
- Notify and co-investigate fatality and/or critical injuries with Supervisor, Certified Joint Health and Safety Committee Worker Members and/or Worker Safety Committee Representatives. Complete Fatality and/or Critical Injury Procedure Log (Appendix 4). Complete Witness Report, when applicable, ensure Worker Member is in agreement with signs and dates Log and Witness Report. Log Report and Witness Report must be submitted to the MOL within 48 hours;

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- Provide copies of Injury / Incident reports to the respective safety committees and to the Employee Union, if applicable, for review; and
- Provide incident investigation and root cause analysis training for supervisors and staff.

EOHSS shall:

- Immediately report fatalities and/or critical injuries to the Ontario Ministry of Labour (MOL) and provide assistance to MOL in the course of critical injury investigations; and
- Report chemical releases, including spills of chemical releases to the Ontario Ministry of Environment (MOE) and/or Ontario Ministry of Labour (MOL) and provide assistance to MOE and MOL in the course of incident/injury investigations.

EHS, EOHSS and FHSc shall:

- Communicate incident/injuries and corrective measures to McMaster University's community through a variety of communication systems, including but not limited to: providing monthly incident/injury summaries to management and worker co-chairs of the Joint Health and Safety Committees (JHSC); Environmental and Occupational Health Services Report to the Board of Governors; Training and Printed Materials.

EHS shall:

- Report injuries to the Workplace Safety and Insurance Board (WSIB) using the appropriate documentation, including but not limited to the Employer's Report of Injury/Disease (Form 7), Employer's Subsequent Report (Form 9) and other documentation as requested by WSIB for the purposes of WSIB claims registration and entitlement; and
- Compile and analyze injury, injury type, and loss statistics and when appropriate make recommendations for corrective action.

#### 5.5 **Joint Health and Safety Committee/ Certified Member:**

The JHSC shall:

- Review all injury / incident reports;
- Recommend preventative corrective action to management and/or accept the supervisor's corrective measures.

The Designated Certified Worker Member shall:

- Assist in the investigation of a fatality and/or critical injury.
- Be present during the fatality and/or critical injury investigation by the MOL.



#### 5.6 **Students on formal unpaid work placements (learners):**

- Any student injured while on a formal unpaid work placement, shall notify the work placement coordinator at the University immediately and follow the procedure as outlined on the MTCU form (see Appendix 6).

## 6 PROCEDURES

### 6.1 Injury / Incident:

- In case of an injury / incident follow the SOP as outlined on the McMaster University Injury / Incident Report Forms (see Appendix 1);
- The supervisor with the assistance of the reporting person / injured employee / student or visitor if available, shall complete and sign a McMaster University Injury / Incident Report Form;
- The supervisor shall complete all sections of the report including investigating and recording details respecting Scene Assessment, Interviewing, Contributing Factors, and Recommendations for Corrective Actions;
- Supervisors will forward the Supervisors Follow Up Report to EOHSS by fax to 905-540-9085 or FHSc 905-528-8539 to confirm completion of the Recommendations for Corrective Action and send copies to the worker(s) involved in the JHSC; and
- In case of personal injury the supervisor shall forward a copy of the completed form(s) to EOHSS within 24 hours by fax (905) 540-9085 or FHSc 905-528-8539.

### 6.2 Fatality and/or Critical Injury:


- In case of a fatality and/or critical injury the supervisor shall notify EOHSS and/or FHSc immediately and follow the SOP for a fatality and/or critical injury (see Appendix 3 & 4).

### 6.3 WSIB Reporting:

- EHS is responsible for reporting Health Care, Lost Time Injuries, and Occupational Diseases to the WSIB.

## 7 RECORDS

7.1 EHS shall keep copies of the Injury / Incident Reports indefinitely.

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	<b>APPENDIX 1: INJURY/INCIDENT REPORT</b>	



### Injury / Incident Report

#### INSTRUCTIONS ON REVERSE

 NO INJURY

 INJURY

 Hazardous Situation

 first aid  
 gradual onset

 health care / medical aid  
 lost time

**IMPORTANT - IF PERSONAL INJURY IS INVOLVED, FORM MUST BE FAXED WITHIN 24 HRS. OF THE INCIDENT TO EITHER ENVIRONMENTAL & OCCUPATIONAL HEALTH SUPPORT SERVICES (FAX # (905) 540-9085, Room WH-115) OR FACULTY OF HEALTH SCIENCES SAFETY OFFICE (FAX # (905) 528-8539, Room HSC 311C)**

To be completed by Person Reporting Injury/Incident.	Last Name		First Name		ID Number	
	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Visitor		Occupation at the time of injury:		Department / Unit	
	Yrs/Months service to McMaster University in occupation:				Extension	
	D/M/Y OF INCIDENT	TIME OF DAY	D/M/Y REPORTED	TIME OF DAY		
	DESCRIPTION OF INCIDENT		INCIDENT LOCATION: BLDG. _____ Room # _____			
	STATE EXACTLY - THE SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT, WHERE INCIDENT OCCURRED, WHAT PERSON WAS DOING, SIZE, WEIGHT AND TYPE OF EQUIPMENT OR MATERIALS INVOLVED, ETC.					LOST TIME INCIDENT Scheduled Shift on Day of Injury Date/Time Last Worked Date/Time Returned to Work Regular Days of Work, S M T W Th F Sa
	Please attach separate page if more space is required.					
	NAMES AND ADDRESSES OF WITNESSES					
	<b>CONTRIBUTING FACTORS</b> WHAT CONDITIONS CONTRIBUTED TO THE INCIDENT ( ) (Number all contributing causes)					
	1 <input type="checkbox"/> OPERATING WITHOUT AUTHORITY    6 <input type="checkbox"/> IMPROPER POSITION OR POSTURE    9 <input type="checkbox"/> INADEQUATE ILLUMINATION    13 <input type="checkbox"/> HAZARDOUS ENVIRONMENTAL CONDITION 2 <input type="checkbox"/> FAILURE TO LOCK OUT    7 <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES    10 <input type="checkbox"/> FIRE, EXPLOSION    14 <input type="checkbox"/> DISTRACTING, TEASING, WILFUL MISCONDUCT 3 <input type="checkbox"/> INSUFFICIENT TRAINING    8 <input type="checkbox"/> NOT GUARDED OR IMPROPERLY GUARDED    11 <input type="checkbox"/> POOR HOUSEKEEPING    15 <input type="checkbox"/> OTHER (EXPLAIN) 4 <input type="checkbox"/> UNSAFE EQUIPMENT / POOR DESIGN    5 <input type="checkbox"/> INSUFFICIENT CARE					
EXPLANATION OF CONTRIBUTING FACTOR(S)						
DETAILS OF PROPERTY DAMAGE						
<b>CORRECTIVE MEASURES</b> ACTIONS TO PREVENT RECURRENCE - INDICATE WITH ( ) ACTIONS TAKEN TO PREVENT RECURRENCE, SPECIFY OTHER ACTIONS PLANNED AND PERSON RESPONSIBLE FOR IMPLEMENTATION. More than one item may apply						
1 <input type="checkbox"/> REINSTRUCTION OF PERSON INVOLVED    5 <input type="checkbox"/> EQUIPMENT REPAIR OR REPLACEMENT    9 <input type="checkbox"/> CHECK WITH MANUFACTURER 2 <input type="checkbox"/> REASSIGNMENT OF PERSON    6 <input type="checkbox"/> CORRECTION OF CONGESTED AREA    10 <input type="checkbox"/> INFORM ALL DEPARTMENT SUPERVISION 3 <input type="checkbox"/> ORDER JOB SAFETY ANALYSIS DONE    7 <input type="checkbox"/> INSTALLATION OF GUARD OR SAFETY DEVICE    11 <input type="checkbox"/> DISCIPLINE OF PERSONS INVOLVED 4 <input type="checkbox"/> IMPROVED PERSONAL PROTECTIVE EQUIPMENT    8 <input type="checkbox"/> ACTIONS TO IMPROVE WORK PROCEDURE    12 <input type="checkbox"/> OTHER (EXPLAIN)						
DESCRIBE ACTIONS TAKEN TO PREVENT RECURRENCE.						
INJURY EMPLOYEE IS <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED DESCRIBE INJURY, PART OF BODY INVOLVED AND SPECIFY LEFT OR RIGHT SIDE.					<input type="checkbox"/> EYES <input type="checkbox"/> HEAD <input type="checkbox"/> ARMS <input type="checkbox"/> CHEST <input type="checkbox"/> INTERNAL <input type="checkbox"/> BACK <input type="checkbox"/> HANDS <input type="checkbox"/> LEGS <input type="checkbox"/> FEET	
NAME OF a) ATTENDING PHYSICIAN		b) EMPLOYEE'S PHYSICIAN		TREATMENT OF INJURY <input type="checkbox"/> NONE		
				<input type="checkbox"/> EMPLOYER PHYSICIAN <input type="checkbox"/> EMERGENCY <input type="checkbox"/> FAMILY PHYSICIAN <input type="checkbox"/> OTHER PHYSICIAN / SPECIALIST		
TO YOUR KNOWLEDGE HAS THE EMPLOYEE HAD A PREVIOUS SIMILAR INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO						
PERSON REPORTING INCIDENT (PRINT NAME)	DATED	SUPERVISOR / WITNESS (PRINT NAME)	DATED	DEPARTMENT HEAD (PRINT NAME)	DATED	
SIGNATURE		SIGNATURE		SIGNATURE		



#### Instruction for Completing Form

The employee has the responsibility of reporting incidents promptly. The worker and the supervisor must fill out the designated portions of this form and the worker, supervisor and department head (chair, director, etc.) must sign it. The supervisor is responsible for investigating the accident and for ensuring corrective action to prevent a recurrence of the incident for due diligence purposes. If personal injury is involved, all McMaster University WSIB (Workplace Safety and Insurance Board) procedures must be followed. The report must be forwarded immediately to Environmental and Occupational Health Support Services at (905) 540-9085, or for areas in the Faculty of Health Sciences, forward to the Safety Office at (905) 528-8539.

#### TYPES OF INCIDENTS TO REPORT

**HAZARDOUS SITUATION** - Refers to an incident caused by an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and/or physical harm.

**FIRST AID INJURY** - An injury of such minor nature that treatment can be carried out by application of a band aid, cold compress or any other content of a first aid kit.

**HEALTH CARE (MEDICAL AID) INJURY** - An incident which requires treatment or service rendered by a health care professional but does not result in time lost from work other than the day of injury.

**LOST TIME INJURY** - Refers to an injury which results in time lost from work beyond the day of the injury.

**GRADUAL ONSET** - Refers to an occupational disease/illness that has resulted from exposure in the workplace to physical, chemical or biological agents, which developed gradually over time.

#### RESPONSIBILITIES

##### Employee Responsibilities

1. Promptly receive appropriate medical treatment.
2. Notify supervisor immediately of injury.
3. Assist with the completion of Injury/Incident form and sign it.
4. Assist in the incident investigation and implementation of any corrective action.
5. Adhere to the legal requirements of WSIB and participate in McMaster University's return to work initiatives if lost time results from a work related injury.

##### Supervisor Responsibilities

1. Ensure that the injured employee receives appropriate medical treatment in the case of personal injury.
2. Provide transportation for the injured employee to a health care practitioner or to the person's home if necessary.
3. Report the injury/incident to Environmental and Occupational Health Support Services or the Faculty of Health Sciences Safety Office on the Injury/Incident Form and distribute copies as outlined on the form.
4. Investigate the incident as soon as possible and take corrective actions when appropriate to prevent recurrence.
5. Inform Environmental and Occupational Health Support Services promptly if a worker has been diagnosed with an occupational disease.
6. In the event of lost time, inform Employee Work-Life Support Services at ext. 23564 promptly of time lost, return to work initiatives and any change in the employee's status.

#### Critical Injury is defined as an injury of a serious nature that:

- places life in jeopardy;
- produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm, but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot, but not a finger or toe;
- consists of burns to a major portion of the body; or
- causes the loss of sight in an eye.

#### In the case of a critical injury, supervisors are responsible for:

1. Securing the accident site and ensure that further injury is prevented
2. Immediately arranging for medical and emergency assistance by calling Security at "88", or "5555" at host hospitals.
3. Immediately notifying Environmental and Occupational Health Support Services at ext. 24352 and communicate details of the incident.
4. Ensure that the site remains undisturbed until Environmental and Occupational Health Support Services provide clearance.
5. Cooperate with directives from Environmental and Occupational Health Support Services and the Ministry of Labour.

This information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on the behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990)*.

Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, McMaster University

In addition to collecting personal information for its own purposes, McMaster University collects specific and limited personal information on behalf of the McMaster Student Union, the McMaster Association of Part-time Students and/or the McMaster Graduate Students Association. The groups use the information for the purpose of membership, administration, elections, annual general meetings, health plans and other related matters only. Please contact the relevant Student Union/Association office if you have questions about this collection, use and disclosure of your personal information.

**APPENDIX 2: SUPERVISOR'S FOLLOW-UP FORM**

**SUPERVISOR'S FOLLOW-UP FORM FOR INJURY/INCIDENT REPORTS**

Injury/Incident report for: \_\_\_\_\_


(Name)

Date of Injury: \_\_\_\_\_

Corrective Measures Required	Party Responsible	Completed Date	Follow-up

Supervisor's Signature: \_\_\_\_\_

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

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### APPENDIX 3:

#### STANDARD OPERATING PROCEDURE IN CASE OF A FATALITY OR CRITICAL INJURY AS DEFINED IN THE OCCUPATIONAL HEALTH AND SAFETY ACT BY R.R.O. 1990, REG. 834

##### Responsibilities

##### The Supervisor shall:

1. Immediately arrange for medical & emergency assistance by calling Security at "88" for central campus or appropriate emergency number off site;
2. Secure the accident site and ensure that further injury is prevented;
3. Call EOHSS at ext. 24352 or FHSc at 24956 and communicate details of the incident;
4. Ensure that the site remains undisturbed until EOHSS or FHSc and certified worker member have provided clearance.
5. Cooperate with directives from EOHSS, FHSc and MOL.

##### EOHSS shall:


1. Notify the MOL by telephone when informed of a fatality and/or critical injury.
2. Coordinate notification of the injured person's family.
3. Inform the VP. Administration.
4. Contact the Certified Safety Committee worker member for the area. If not available another certified worker member may be asked to participate in the investigation.
5. Thoroughly investigate the cause of the injury with the supervisor, the certified safety committee worker member and any other appropriate person(s), and make recommendations for the prevention of a similar incident.
6. Send a written report to the MOL within 48 hours of the occurrence.
7. Share the report with the appropriate Joint Health and Safety Committee and any other person / departments who may need to know to prevent a similar incident.
8. Follow up to ensure that recommended actions for prevention have been implemented.
9. Communicate the incident/injury to appropriate internal and external sources.

##### Ministry of Labour

- Depending on the severity of the incident (injury) the Ministry of Labour (MOL) may come to inspect the site and investigate the incident.

##### Public Relations

- Will communicate with the media.

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**APPENDIX 4: FATALITY AND/OR CRITICAL INJURY PROCEDURE LOG**

TO BE COMPLETED BY EOHSS IN CONSULTATION WITH SUPERVISOR UPON NOTIFICATION OF A FATALITY AND/OR CRITICAL INJURY:

**Date of Report:**

**Person completing the report:**

**Name of Injured Person:**

**Date of Incident/Injury:**

**Date Incident/Injury Reported:**

**Person(s) Reported To:**

**Security, Ambulance, EFRT, Fire Department**

Date and time notified:

**Ministry of Labour**

Date, time, name of contact:

**VP Administration**

Date and time notified:

**Worker/Union Health and Safety representative**

Date, time and name of contact:


**Notification of Next of Kin**

Date, time and name of contact:

**Hospital /Physician:**

**Incident/Injury Description:**

- description of events

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**Site Location of the Injury:**

- inspection of the site/equipment/material that were involved in the injury/incident
- use of photographs/sketches/drawings of the injury/incident scene indicating sizes, distances and weights of objects as appropriate

**Interviewing:**

- eyewitnesses
- people involved
- record of witness statement (appendix 5)

**Findings:**

**Other Contributing Factors:**

- people, equipment, material, processes, environment

**Conclusion:**

**Recommendations for Corrective Measures:**

\_\_\_\_\_  
Employer Representative

\_\_\_\_\_  
Worker Representative

Enclosures: (Photographs, Witness Interview Report)



**APPENDIX 6: McMaster University Work / Education Agreement Form**

 <p><b>Ontario</b></p>	<p>Ministry of Training, Colleges and Universities Ministère de la Formation et des Collèges et Universités</p>	<p><b>Work/Education Placement Agreement/Post-Secondary / Accord sur la formation pratique (postsecondaire)</b></p>
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The information on this form is required to maintain the employment record of the training participant and is collected under the authority of the *Workplace Safety and Insurance Act, 1997, c.16, s.21, 22*; and the *Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, s.5*, and *Order-in-Council 701/85*. Because the Ministry of Training, Colleges and Universities covers the cost of workers' compensation and private insurance coverage, the Ministry may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to the Ministry of Training, Colleges and Universities. For the Universities Branch, please direct inquiries to 7th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario M7A 1L2. Telephone 416 325-2847. For the Colleges Branch, direct inquiries to 7th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario M7A 1L2. Telephone 416 325-9733.

Les renseignements contenus dans ce formulaire sont requis pour tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail, de l'article 5 de la Loi sur le ministère des Collèges et Universités, L.R.O. 1990, chap. M.19 et du décret 701/85. Étant donné que le Ministère de la Formation et des Collèges et Universités assume le coût de l'assurance contre les accidents du travail et de l'assurance privée, le ministère peut utiliser ces renseignements pour vérifier la légitimité des demandes. Si vous avez des questions au sujet de ce formulaire, veuillez communiquer avec le Ministère de la Formation et des Collèges et Universités. Pour communiquer avec la Direction des universités, veuillez vous adresser au 7<sup>e</sup> étage, édifice Mowat, 900, rue Bay, Toronto (Ontario) M7A 1L2; Téléphone 416 325-2847. Pour communiquer avec la Direction des collèges, veuillez vous adresser au 7<sup>e</sup> étage, édifice Mowat, 900, rue Bay, Toronto (Ontario) M7A 1L2; Téléphone 416 325-9733.

Date Completed / Rempli le \_\_\_\_\_

*Please print / En caractères d'imprimerie*

**A. Parties to the Agreement / Parties contractantes**

1. Name of training participant / Nom du/de la participant-e à un stage de formation		Date of birth / Date de naissance	Age / Âge	Sex / Sexe
Address / Adresse		Home phone no. / N° de tél. (domicile)	Postal Code / Code postal	
Program / Programme				
2. Name of work placement employer / Nom de l'employeur		Name of training supervisor / Nom du/de la superviseur-e de la formation		
Address / Adresse		Telephone no. / N° de téléphone	Postal Code / Code postal	
3. Post Secondary Institution / Établissement postsecondaire		Name of contact person / Personne-ressource		
Address / Adresse		Telephone no. / N° de téléphone	Postal Code / Code postal	

**B. Specific Time at Training Station / Durée du stage et horaire**

1. Period of Agreement / Durée de l'accord  
 The training participant, from /  
 Le-la participant-e au stage de formation devra, du \_\_\_\_\_ 200\_\_ to /  
 au \_\_\_\_\_ 200\_\_  
 shall be involved in work activities as part of the above educational/training program as /  
 dans le cadre du programme de formation susmentionné, exécuter les tâches de \_\_\_\_\_  
 (job title / désignation de fonction)

2. Hours of Training / Heures de travail  
 The normal hours of training shall be from /  
 les heures de travail habituelles seront de \_\_\_\_\_ to /  
 à \_\_\_\_\_

3. Schedule of Training / Jours de travail  
 Identify the days when the training participant will be at the work placement (or attach training participant's schedule) /  
 Inscrire les jours où le-la participant-e sera en stage de formation (ou joindre son emploi du temps).  
 (days of training / jours de travail) \_\_\_\_\_

**C. Workplace Safety and Insurance Board Coverage / Assurance de la Commission et de l'assurance contre les accident du travail**

1. Workplace Safety and Insurance Board coverage will be provided at the work placement / Les primes de l'assurance de la Commission seront versées by the Ministry of Training, Colleges and Universities / par le ministère de la Formation et des Collèges et Universités  for the entire period / pour toute la durée du stage.

2. Number of work placement hours for which Workplace Safety and Insurance Board Coverage has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance de la Commission a été fournie par (remplir une fois la stage terminé) by the Ministry of Training, Colleges and Universities / par le ministère de la Formation et des Collèges et Universités 200 \_\_\_\_\_ 200 \_\_\_\_\_

**D. Private Insurance Coverage / Assurance privée**

1. Private insurance coverage will be provided in the event that the work placement employer is not covered by the Workplace Safety and Insurance Board Coverage / Si l'employeur ne bénéficie pas de l'assurance de la Commission, une assurance privée sera retenue by the Ministry of Training, Colleges and Universities / par le ministère de la Formation et des Collèges et Universités  for the entire period / pour toute la durée du stage.

2. Number of work placement hours for which private insurance has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance privée a été retenue par (remplir une fois le stage terminé) by the Ministry of Training, Colleges and Universities / par le ministère de la Formation et des Collèges et Universités 200 \_\_\_\_\_ 200 \_\_\_\_\_

**E. Signatures of Parties to the Agreement / Signature des parties contractantes**

Training participant / Participant-e au stage de formation	Parent/Guardian (if applicable) / Père, mère, tuteur ou tutrice (le cas échéant)
Work placement employer / Employeur	Post-secondary Institution / Établissement postsecondaire

White - Training participant / Blanche - Participant-e au stage de formation      Canary - Work placement employer / Jaune - Employeur      Pink - Post-secondary Institution / Rouge - Établissement postsecondaire

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