

## Task Title: Completing an Incident/Accident Report

OALCF Cover Sheet - Learner Copy

Learner Name:		
Date Started:		
Date Completed:		
Successful Completion:  Goal Path:	Yes No Employment	Apprenticeship
Secondary School	Post Secondary	Independence

### **Task Description:**

The learner receives written information and verbal accounts of an accident to complete an Accident Report. Learner can choose from three accident scenarios: Industrial skills, Food Service and Daycare.

## Main Competency/Task Group/Level Indicator:

- Find and Use Information/Read continuous text/A1.3
- Communicate Ideas and Information/Write continuous text/B2.2
- Communicate Ideas and Information/Complete and create documents/B3.3a

### **Materials Required:**

Pen/pencil and paper and/or digital device

#### Learner Information

Accidents sometimes occur in the workplace. Learning how to properly report these incidents is critical to maintaining a safe workplace.

There are 3 different situations and accident forms. Choose the one that best suits your goal:

Scenario 1: Shipping and Receiving

**Scenario 2**: Food Service **Scenario 3**: Daycare Centre

<sup>\*</sup> Note: Some workplaces use the term **incident** and **accident** interchangeably.

#### Work Sheet

### **Scenario 1: Shipping and Receiving Accident**

**Task 1:** Read the situation below. Your instructor will read additional details to you. You can take notes.

Based on what you read and hear, complete the Incident Report form. Complete the form with today's date and time. Write a description of the incident using complete sentences.

**Situation:** Imagine that you work in a warehouse in a factory. Your employee number is 256. On January 3<sup>rd</sup> there was a fire at the factory which began in the north corner of the large room that contains inventory. No one was hurt in the fire, but the factory was closed for repairs for three weeks. You have to fill out a report for the insurance agency. The agency is trying to find out what caused the fire and wants to know what you saw. Before you left your area you saw:

Incident	Report:			
Date:			Employee #	
Name:	Last	First	Middle	
Date of Bir	th Mo. / Day/ Yr	<u> </u>		
Address:	# Street	F	Apt. #	
	City	Province	Postal Code	
Phone:	<del></del>	Signature: _		
Descript	ion of Incider	nt or Accident		

#### **Scenario 2: Food Service Accident**

**Task 1:** Read the situation below. Your instructor will read additional details to you. You can take notes.

Based on what you read and hear, complete the Accident Report form. Complete the form with today's date and time. Write a description of the incident using complete sentences.

**Situation:** You have been working as a cook's helper for the last six months. One day while walking past the stove, your colleague, Jarvis, trips on a box left on the floor.

Accident Report		
Name of Employee:		
Occupation:		
Date	Time of Accident	
Location of Accident:		
Injury (if any)		
Name(s) of witnesses		
Description of the task including equipmen	t and working conditions:	

Description of what happened to	cause the accident:	
Name of person(s) completing the	e renort:	
Maine of person(s) completing the	s report	
Signature of Supervisor	Date	
Recommendations for corrective	actions:	

### **Scenario 3: Daycare Centre**

**Task 1:** Read the situation below. Your instructor will read additional details to you. You can take notes.

Based on what you read and hear, complete the Incident Report form. Complete the form with today's date and time. Write a description of the incident using complete sentences.

**Situation:** Sarah was working at a daycare centre as an Early Childhood Assistant. She was observing a co-worker cutting apples, celery and carrots for a morning snack.

Incident Report				
Daycare Facility:			Phone:	
Address:				
Client Name:			Age:	Sex:
Client Address:				<u> </u>
Date of Incident:	Time:	Time Reported	: Reported by (name and/o	
Caregiver/ Employee Present?	Caregiver/emplo	yee name:		
Yes No	Title:			
Client or employee injured?	Severity of Injur	y?		
Yes No	Minor Major	Death U	nknown	
Was treatment required?	Where treated?			
Yes No	Home ER	MD Office	Admitted to He	ospital
Was a physician notified? Physician name	e: Date	e notified:		
Yes No				
Physician's findings related to incident:				
Describe the incident (write on back of form	if you need more	room):		
Follow-up actions taken (with supervisor or o	other employees):			