



## Task Title: WSIB Worker's Report Form 6

OALCF Cover Sheet – Practitioner Copy

**Learner Name:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Successful Completion:** Yes  No

**Goal Path:** Employment  Apprenticeship

Secondary School  Post Secondary  Independence

### Task Description:

The learner will download, open and/or print the WSIB Worker's Report of Injury or Disease (Form 6) and answer relevant questions.

### Main Competency/Task Group/Level Indicator:

- Find and Use Information/Read continuous text/A1.2
- Find and Use Information/Interpret documents/A2.2
- Use Digital Technology/D.2

### Materials Required:

- Pen/pencil and paper
- Computer or digital device

Task Title: WSIBWorker'sReportForm6\_EA\_ A1.2\_ A2.2\_D.2

## Learner Information

Employees need to report injuries or accidents to the WSIB.

Open a web browser on the computer and search for "WSIB Worker's Report of Injury/Disease (Form 6)". Open the form on your computer or print it.

Scan the form.

## Work Sheet

**Task 1: Circle or write the address where you would mail your completed form.**

Answer:

---

**Task 2: Circle or write the web address where you would upload your completed form online.**

Answer:

---

**Task 3: List two things about your employer that need to be included on this form.**

Answer:

---

**Task 4: List two dates and/or times that need to be reported on this form.**

Answer:

---

**Task 5: What does the acronym WSIB stand for?**

Answer:

---

## Answers

**Task 1: Circle or write the address where you would mail your completed form.**

Answer: 200 Front Street West, Toronto, Ontario, M5V 3J1. [wsib.ca/upload](http://wsib.ca/upload)

**Task 2: Circle or write the web address where you would upload your completed form online.**

Answer: [wsib.ca/upload](http://wsib.ca/upload)

**Task 3: List two things about your employer that need to be included on this form.**

Answer: Any two of

- Company/Employer name
- Address/city/province/postal code
- Your immediate supervisor's name
- Company telephone

**Task 4: List two dates and/or times that need to be reported on this form.**

Answer: Any two of

- Date and hour of accident/Awareness of illness
- Date and hour reported to employer
- Date of first aid or care at work
- Date of visits to: nursing station, emergency department, hospital admission
- Date employer was told about medical treatment sought for accident/illness
- Date of return to work following lost time due to accident/illness
- Date of declaration for submission of form to WSIB

**Task 5: What does the acronym WSIB stand for?**

- Answer: Workplace Safety and Insurance Board

### Performance Descriptors

Levels	Performance Descriptors	Needs Work	Completes task with support from practitioner	Completes task independently
A1.2	scans text to locate information			
	makes low-level inferences			
A2.2	performs limited searches using one or two search criteria			
	extracts information from tables and forms			
D.2	selects and follows appropriate steps to complete tasks			

This task: Was successfully completed  Needs to be tried again

Learner Comments:

Instructor (print):

---

Learner (print):

---

Task Title: WSIBWorker'sReportForm6\_EA\_ A1.2\_ A2.2\_D.2

### URLs

[https://www.wsib.ca/sites/default/files/2022-01/0006a\\_workersreportofinjury\\_english.pdf](https://www.wsib.ca/sites/default/files/2022-01/0006a_workersreportofinjury_english.pdf)