

Task Title: WSIB Worker’s Report Form 6

# OALCF Cover Sheet – Practitioner Copy

**Learner Name:**

**Date Started:**

**Date Completed:**

|  |  |  |
| --- | --- | --- |
| **Goal Path:** | Employment | Apprenticeship |
| Secondary School | Post Secondary | Independence |

**Successful Completion:**  Yes No

**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

# 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:

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# 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

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

Answer: 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):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

URLs

<https://www.wsib.ca/sites/default/files/2022-01/0006a_workersreportofinjury_english.pdf>