



Lesson Plan 12

Accident Reports¹

CLB Level(s): 4

CLB Skill(s): Writing, Reading

Essential Skill(s): Document Use, Writing

Objective(s)	Audience
<ul style="list-style-type: none"> to practice completing accident reports 	<ul style="list-style-type: none"> Learners who need to or will need to fill out accident reports
Grammar/Language Focus	Time Required
<ul style="list-style-type: none"> Simple past tense Responding to what, where, when, how questions in a report (Additional Activities) Reporting a sequence of events Linking words, but, first, next, then, finally (Additional Activities) 	3 hours
Vocabulary	Materials
<ul style="list-style-type: none"> injury, cause of injury, paperwork, happen, fumes, faint, twist, fracture, inhale, sprain, slice, injure, ladder, corrosive, guard, forklift, faulty, inappropriate 	<ul style="list-style-type: none"> <i>Talking About Accidents at Work</i> questions Injury-cause cards Sample completed accident report provided (adapted) Sample partially-completed accident report provided Authentic accident report forms, if available Appendices 1.1, 1.2, 2.1, 2.2
Workplace Culture	
Learners should be familiar with the workplace policies for reporting and documenting accidents.	

¹ Ideas for this lesson plan are adapted from D. Millar, *Making Choices: Teaching Writing in the Workplace*, Grass Roots Press, 2002.



Learning Activities

Activity 1: Talking about Accidents at Work

Brainstorm different types of accidents that can happen at work and assess learners' previous experience and exposure to injuries on the job. For lower level learners, pre-teach vocabulary or reduce the number of cards.

1. Have learners work in groups to discuss the questions in Appendix I.1 and then have the groups report back to the whole class.
2. Introduce the concept of "injury" and "cause". Eg. Injury: 'I broke my ankle.' Cause: 'I slipped on a wet floor.'
3. Introduce or review the simple past tense.
4. Divide students into groups and hand out the *Injury and Cause Cards* (made from Appendix I.2) mixed together. Have students divide them into two piles. Discuss any new vocabulary. Have students match Injuries with a Possible Cause.

*Note: To emphasis the grammatical component of this exercise, have learners underline or note the verbs in the past on the cards.

Activity 2: Have learners fill out accident reports

1. Ask learners who are working in Canada who they need to report to when they have been injured.
2. Distribute Appendix 2.1. Go over all of the points of the form. Explain that accident report forms vary between workplaces, and that some workplaces have simple forms like this, and others have more complex forms.
3. Distribute Appendix 2.2. Have students complete the forms with appropriate types of causes and injuries.
4. Have learners compare their answers with a partner.



Learning Activities

Additional and/or Extended Learning Activities

Learners will recount a series of events in writing using the simple past tense and linking words.

- Explain that sometimes forms ask for longer descriptions. Show samples if possible. Introduce the idea that descriptions of events should include: Who, Where, When, What happened, and Why.
- Discuss linking words that can be used in reports such as *first*, *next*, *then*, *after that* and *finally*.
- Read out the following case scenario and have learners fill in the blank form.

Roman Smith, employee #123, works in a factory. He was working in a paint shop and the fumes were very strong that day. He was walking and he fainted. He twisted his ankle. He was injured today 2 hours ago.

*Note: the WSIB website may have support material, such as videos, to create additional activities.

Reflective Evaluation

- Evaluate student's ability to recognize injury and cause
- Evaluate student's ability to fill out forms with appropriate information

Debriefing/Wrap-up

Why is it important that workers write their own accident reports and do not rely on their supervisor to write it for them?



Skill Descriptors	
Canadian Language Benchmarks Skill(s)	Essential Skill(s)
Writing What the person can do <ul style="list-style-type: none">■ Fill out a simple form (CLB 4)■ Write a short text about a personal or familiar situation, event, personal experience, futures plans. Explain reasons. (CLB 4) Examples of Tasks and Texts <ul style="list-style-type: none">■ Write about work experience in the past. (CLB 4)	Document Use <ul style="list-style-type: none">■ Document is very simple. Brief text combined with uncomplicated structure. (ESI)■ Information entry: Entering few pieces of information (ESI)■ Thinking Process: Information needed is immediate and obvious (ESI)
Reading Performance Indicators <ul style="list-style-type: none">■ Predicts, guesses meaning (CLB 4)■ Compares facts and makes choices (CLB 4)	Writing <ul style="list-style-type: none">■ Fill out a variety of forms (ESI)

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Discussion Questions

1. Have you had any accidents at work? Describe what happened.

2. Do you know anyone else who had an accident at work? Describe what happened.

3. If you have had an accident at work, what did you do?

Cause	Injury
No face mask, inhaled fumes	Fainted
No protective gloves	Sliced off her finger
Lifted heavy box	Injured her back
Spilt corrosive substance on arm	Burned his forearm
Dull knife blade	Cut himself
Ladder not secured	Fell and broke his leg
Forklift not put away	Scraped his knee on equipment
No protective helmet	Object hit him on the head
Floor not tidy, objects on floor	Tripped, fell and bruised his hip
Bottle inappropriately labelled	Used the wrong substance, burned eyes and nasal cavity
Faulty Equipment	Hand jammed in machine

Accident Report Form	
Name of Injured Worker	<u>John Smith</u>
Date	<u>October 13, 1999</u>
Type of Injury	<u>Sprained wrist.</u>
Cause of Injury	<u>Slipped on wet floor.</u>
<hr/>	
Time of Injury	<u>3:45 PM</u>
Remarks:	<u>No caution sign</u>
<hr/>	
Signature	<u>John Smith</u>
Witness	<u>AB Kiri</u>

Activity 2: Sample Partially Completed Accident Report

Appendix 2.2

Name: _____

Date: _____

Type of Injury	<u>Fractured right arm</u>
Cause of Injury	_____

Remarks:	_____

Type of Injury	_____
Cause of Injury	<u>Spilt corrosive substance</u>

Remarks:	_____

Type of Injury	_____
Cause of Injury	_____

Remarks:	<u>Box was not labelled as</u>
	<u>'Heavy'</u>

Additional or Extended Activities: Filling out a Long Form

Name: _____

Date: _____

Accident Report Form
Date of Accident: Time of Accident:
Time and Date Accident Reported:
Name of worker: Employee Number:
Description of Accident:
Nature of Injury:
Cause of Accident: