



Task Title: Complete An Insurance Report at Work

OALCF Cover Sheet – Learner Copy

Learner Name: _____

Date Started: _____

Date Completed: _____

Successful Completion: Yes No

Goal Path: Employment Apprenticeship
Secondary School Post Secondary Independence

Task Description: Use details about an incident at work to complete an insurance report.

Main Competency/Task Group/Level Indicator:

- Find and Use Information/Read continuous text/A1.2
- Communicate Ideas and Information/Write continuous text/B2.2
- Communicate Ideas and Information/Complete and create documents/B3.1a
- Understand and Use Numbers/Manage time/C2.1

Materials Required:

- Pen/pencil and paper and/or digital device

Learner Information

Employees are sometimes asked to fill in an insurance report if they witness an accident or incident at work where fire, police or ambulance needed to be called.

Scan the scenarios below.

Scenario #1

You operate a drill press in a factory called Kolman. It is located in Barrie on Oak Street at number #41. Your employee number is 256. On January 3rd around 11:15 in the morning, there was a fire at the factory which began in the north corner of the large room that contains your drill press. No one was hurt in the fire, but the factory was closed for repairs for three weeks. It is now the first day of the next month, and 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.

Scenario #2

Before you left your drill press you saw the following in no particular order:

- an employee throw a cigarette butt accidentally into the vat of wood stain
- the vat of wood stain catch on fire
- smoke quickly fill the room with haze
- a woman employee run to the fire alarm and yell "Fire"
- a foreman wave his arms wildly at a maintenance man
- the maintenance man hit the sprinkler pipes with a long piece of wood
- water from the sprinkler pipes begin to fall
- employees run to the exits on the east side of the building

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Work Sheet

Task 1: Fill out the top portion of the *Insurance Report* on the next page using the details provided in Scenario #1.

Answer: No written response required here.

Task completed: Yes:

Task 2: Complete the "Description of Incident or Accident" section of the *Insurance Report* using the details provided in Scenario #2.

These details need to be sorted into a logical order. You can add other details that you think are important if they are not supplied.

When writing the description of the incident, use your own words, and write it in a story form, using complete sentences.

Answer: No written response required here.

Task completed: Yes:

Insurance Report

Date of Incident: _____ Employee # _____

Name of Company _____

Address: _____
Street Unit

City Province Postal Code

Phone: _____ - _____ - _____ Location of incident _____
Area code

Description of Incident or Accident (Attach additional paper if necessary)

Reported by: _____ Signature: _____

Position: _____ Date: _____