



Task Title: WSIB Worker's Report Form 6

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:

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:
