 **ACCIDENT AND SAFETY INCIDENT REPORT FORM
 FORMULAIRE DE RAPPORT D’ACCIDENT ET D’INCIDENT DE
 SÉCURITÉ**

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| Date of Incident /Date de l'incident:                                                             Location/Lieu:                                                             |
| Individual(s) Involved/Individus(s) impliqué(s):  |
| Association/Association:                                                                    Contact/Contact:                                                                                                                            |
| Address/Adresse:   |
| Home Phone/ Tél. domicile:    Business Phone/ Tél. au travail:E-Mail Address/ Adresse courriel: |

Please identify below the type of incident being reported:
S.v.p. identifier ici-ba le type d’incident rapporté:

Injury Occurrence/Blessure survenue \_\_\_\_\_

Potential for injury/Blessure potentiel \_\_\_\_\_

Dangerous Facility/Installation dangéreuse \_\_\_\_\_

Dangerous Situation/Situation dangéreuse \_\_\_\_\_

Other (please specify)/Autre (Spécifier): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Incident Report Description/Description du rapport d’incident:         |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Please supply supporting documents wherever possible (e.g. ambulance reports, etc.)
\*S.v.p. faire parvenir tout les documents à l'appui (i.e.: rapport d’ambulance, etc.)