Centre intégré de santé et de services sociaux de la Côte-Nord
Québec

INCIDENT / ACCIDENT / OCCUPATIONAL DISEASE REPORT AFFECTING AN EMPLOYEE

PART A – EMPLOYEE REPORT

To be filled by the worker on the same day, and sent to **your manager.**

1. IDENTIFICATION OF THE DECLARANT

Last name, first name: ________________________________ Employee number: ______________

Job title: ____

Agency employee: ☐ YES ☐ NO Name of the agency: __________________________

2. DESCRIPTION OF THE EVENT

Date of the event: ____ Time of the event: ______________

Name of the facility: ______________________________________ City: _________________________

Name of the department where the event took place: ____

Was a user involved? ☐ YES ☐ NO

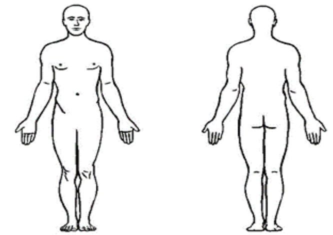
User's file number: ____ Room number: ________________

Type of accident (check the box that corresponds to your event):

☐ Physical assault
☐ Movement, posture
☐ Pain
☐ Fall, slip (icy surface)
☐ Psychosocial risks
☐ Contact with chemicals
☐ Overexertion and load handling
☐ Transportation accident
☐ Bite or sting (insects, animals)
☐ Other: ____

☐ Mobilization of a user
☐ Hit by, hit against, stuck, crushed
☐ Spatter, ingestion, intoxicated by a substance
☐ Fall, slip (for a reason other than an icy surface)
☐ Psychological assault
☐ Electricity, heat, cold
☐ Environmental hazards
☐ Explosion, fire
☐ Puncture, cut

If it is a physical injury, circle the sites affected below.



DESCRIPTION OF THE EVENT (facts only, no interpretation) (what happened before the event, how did the event happen, were there workplace particularities, etc.). You can use an additional sheet is necessary.

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3. WITNESSES TO THE EVENT

Last name, first name: ____________________ Employee number: _____ Last name, first name: ___________________ Employee number: _____

4. WHAT DO YOU SUGGEST TO AVOID SIMILAR EVENTS FROM HAPPENING AGAIN? (Attach an additional sheet if necessary)

1.
2.
3.
4.

First aid

Specify the immediate actions that were taken:

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Signature of the employee: ____________________________________ **Date of the report:** ____________________

Send the completed form to your manager.

PART B – ANALYSIS BY THE MANAGER

1. INVESTIGATION – ANALYSIS

Did the event require an absence beyond the day of the event? ☐ YES ☐ NO **Did you meet the employee and the witness, if any? If yes, the employee must put their initials:** __________ ☐ YES ☐ NO	**Did the event cause material damage?** ☐ YES ☐ NO If yes, specify: ______________________________ **Did you make an Octopus request in relation to the event?** ☐ YES ☐ NO If yes, write the request number: __________________

2. SHORT ANALYSIS OF THE EVENT (see employee's description)

☐ **Your analysis of the event is the same as that of the employee.**

If you have comments to add, specify: ____

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3. CAUSATIVE AGENTS

TIME			
☐ Overtime (055)	☐ Start of shift (056)	☐ End of shift (057)	☐ Urgent work (058)
EQUIPMENT			
☐ High-risk equipment (04)	☐ Toxic, flammable or corrosive substance (05)	☐ Inappropriate or inexistent safety mechanism (06)	☐ Inappropriate or inexistent PPE (024)
☐ Defective equipment (025)	☐ Inadequate or non-ergonomic equipment (026)	☐ Absent WHMIS label (027)	☐ Unavailable safety data sheet (028)
☐ Lack of equipment (029)			
LOCATION			
☐ Unsuitable environmental conditions (010)	☐ Weather conditions (011)	☐ Inadequate lighting (012)	☐ Congestion (036)
☐ Improper storage (037)	☐ Confined space (038)	☐ Lack of order or cleanliness (039)	☐ Uneven ground (040)
☐ Slippery surface (041)	☐ Inadequate ventilation (042)	☐ Noise (062)	
INDIVIDUAL			
☐ Lack of experience (07)	☐ Inappropriate behaviour (08)	☐ Physical condition (09)	☐ Disinterested attitude (030)
☐ Unused PPE (031)	☐ Inappropriate or unsafe action (032)	☐ Insufficient skills (033)	☐ Inadvertence (034)
☐ Insufficient knowledge (035)	☐ Impaired (054)	☐ Personal condition (059)	☐ Animal (060)
☐ Third party (061)			
TASK			
☐ Needle (01)	☐ Inadequate work posture (02)	☐ Confused user (03)	☐ Work cadence (016)
☐ Failure to follow instructions (017)	☐ Overexertion (018)	☐ Unsafe action (019)	☐ Failure to adhere to work methods (020)
☐ Failure to follow procedures and safety rules (021)	☐ Mobilization of a user (022)	☐ Aggressive or defensive user (023)	
ORGANIZATION			
☐ Inadequate or inexistent procedures/regulations (013)	☐ Inadequate supervision or control (014)	☐ Insufficient training or practice (015)	☐ Inadequate dissemination of instructions and poor communication (043)
☐ Inappropriate, inadequate purchase (044)	☐ Inadequate assignment (045)	☐ Poor conception (046)	☐ Task description (047)
☐ Poor work planning (048)	☐ Insufficient maintenance (049)	☐ Inadequate inspection (050)	☐ Safe analysis of tasks (051)
☐ Poor work method (052)	☐ Staff shortage (053)		
PSYCHOSOCIAL RISKS			
☐ Workload (081)	☐ Work recognition (082)	☐ Social support from the immediate supervisor (083)	☐ Social support from colleagues (084)
☐ Organizational justice	☐ Independent decision-making (085)	☐ Psychological harassment (086)	☐ Violence
☐ Exposure to a potentially traumatizing event			

4. RECOMMENDATIONS – PREVENTIVE, CORRECTIVE AND CONTROL MEASURES

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Signature of the manager for analysis: ____________________________ **Employee number:** __________ **Date:** ____________________

Signature of the employee following the meeting: ____________________________ **Date:** ____________________

Send the completed form to ssqvt.prevention.09cisss@ssss.gouv.qc.ca