

DECLARATION OF WORK-RELATED ACCIDENT/ DANGEROUS INCIDENT

(see instructions on reverse)

PART I - IDENTIFICATION OF WORKER

Member of Staff

LAST NAME / FIRST NAME

EMPLOYEE NO.

Function at moment of incident: _____

Establishment : _____

Volunteer Worker

Date of Birth: _____ / _____ / _____

OR

LAST NAME / FIRST NAME

YEAR MONTH DAY

Trainee

COMPLETE ADDRESS

DECLARATION OF INCIDENT

Date: _____ / _____ / _____

YEAR MONTH DAY

Jour: S M T W T F S

Time: _____ : _____

Precise location of incident: _____

Establishment: _____

Work day completed: YES NO

If not, time of work stoppage: _____

Date of work stoppage due to incapacity: _____ / _____ / _____

YEAR MONTH DAY

Immediate supervisor or representative advised: YES NO

Name: _____

Function: _____

When was this person advised? _____

Date: _____ / _____ / _____

YEAR MONTH DAY

Time: _____ : _____

DESCRIPTION OF INCIDENT – EMPLOYEE’S VERSION

Description of injury (part of body attained): _____

Witnesses at moment of incident: YES NO

Name: _____

Function: _____

Name: _____

Function: _____

Nature of relief assistance: _____

Name of relief assistant: _____

What do you suggest so that a similar incident does not occur in the future?

I confirm that the aforementioned is complete and truthfully relates what actually occurred.

YEAR

MONTH

DAY

Employee’s Signature

Date

PART II - DESCRIPTION OF CORRECTIVE OR PREVENTIVE MEASURES

(to be completed by immediate supervisor)

Have you visited the location of incident: YES NO

If yes, when? _____ / _____ / _____

Have you met the employee: YES NO

If yes, when? _____ / _____ / _____

Comments (protective equipment worn, witnesses’ versions, inappropriate work methods, etc.): _____

Description of corrective measures taken : _____

Name of Supervisor

Signature

() _____
Telephone

YEAR MONTH DAY
Date

INSTRUCTIONS

Administrative Framework

The present form is used exclusively for the declaration of a work-related accident with or without loss of time, including occupational disease.

Part I – To be completed by employee.

- The employee (member of staff, volunteer worker, trainee), victim of a work-related accident, completes Part I of the present form and signs it.

Part II – To be completed by immediate supervisor.

Procedures to Follow When Declaring a Work-Related Accident

1. Declaring a Work-Related Accident

- a) As soon as a worker is a victim of a work-related accident, he or she must signal the accident to his or her immediate supervisor, or at least to a representative of the employer, before leaving the building.
- b) The victim of a work-related accident or occupational disease completes Part I of the present form and signs it. He or she collaborates at all times in the collection and analysis of information related to the accident.
- c) Part II of the present form must be filled out by the immediate supervisor. Once completed, the form must be sent without delay to Marlene Walsh of the Human Resources Department.

2. Medical Assistance

If an injury forces a worker to leave the work premises for a medical consultation, he or she must first advise his or her immediate supervisor or representative.

3. Investigation and Analysis of Work-Related Accident

The victim of a work-related accident must supply the necessary information to his or her supervisor and to the administration in order to carry out the investigation and the analysis of the accident. This is aimed primarily at identifying the causes of the accident so as to prevent its repetition.

4. Preventive and Corrective Measures

The identification of the corrective and/or preventive measures by the immediate supervisor is aimed at maintaining a safe and secure workplace and ensuring that actions are taken in order to avoid the repetition of such accidents.

5. Medical Certificate and CNESST Forms

- a) In the event of an accident at work the worker is responsible for submitting, to Marlene Walsh of the Human Resources Department, a copy of the medical certificate given by the medical practitioner. A completed declaration form as well as the medical certificate are essential so that the Human Resources Department can authorize, pending approval of the request, the payment of indemnities intended for that purpose.
- b) The victim of a work-related accident must collaborate with medical evaluations or expertise required by the employer upon request of the latter.
- c) The victim of a work-related accident with loss of time must complete the CNESST form entitled *Worker's Claim* and send it directly to the CNESST offices. In addition, a copy of this completed form must be sent to the Human Resources Department.

Legal Framework

Laws Governing Work-Related Accidents and Occupational Disease

Definition (Article 2)

- a) *A work-related accident involves an unforeseen and sudden incident attributable to any cause, occurring to a person in the performance or occasion of his or her work and which brings about a professional injury.*
- b) *An occupational disease constitutes a sickness contracted in the performance or occasion of his or her work and which is characteristic of that work or is directly related to the particular risks of that work.*

Medical Certificate (Article 267)

The victim of a work-related accident that renders him or her incapable of executing his or her work beyond the day of the injury must submit a medical certificate to his or her employer as per Article 199.

Temporary Assignment (Article 179)

The employer can temporarily assign modified work to the victim of a work-related accident until he or she once again becomes capable of exercising his or her normal professional duties, even if the injury is not fully healed and if the doctor in charge of the worker's dossier believes that the worker is reasonably capable of accomplishing those temporary duties and that they do not present any danger to the health, security, and physical integrity of the worker given the injury, and that this temporary assignment is favorable to the worker's readaptation.

Work-Related Accident Without Loss of Time

This constitutes a work-related accident that does not lead to an absence beyond the day of the incident.

Work-Related Accident With Loss of Time

This constitutes a work-related accident that leads to a work stoppage beyond the day of the incident. It must be prescribed by a doctor and validated with a CSST medical certificate.