

CÉGEP HERITAGE COLLEGE ACCIDENT/INCIDENT REPORT FORM

This form is to be used for any accident that occurs on Heritage College premises and for off campus activities organized by the College.

TO BE COMPLETED BY THE PERSON CONCERNED

I IDENTIFICATION

Name _____ Employee/Student # _____

Address _____ Telephone _____ Ext. _____

Job title\Program of studies _____ Department _____

II ACCIDENT INFORMATION

Date of accident _____ Time of accident _____

Location where accident occurred (building, floor, grounds) _____

Nature of injury/illness _____

First aid received? Yes ☐ No ☐ Name of person administering first aid _____

Type of first aid received _____

Description of event. (describe in details): _____

Reason for the activity leading to the accident/incident: _____

Nature and description of damages (only if applicable) _____

III POSSIBLE CAUSES

Briefly state the reasons why you think this accident occurred _____

Do you think this accident could have been prevented? If so, how? _____

IV POLICE /AMBULANCE (911) INVOLVEMENT

Was ambulance/police (911) called? Yes ☐ No ☐ **Sign below if person refuses to go or be transported to the hospital.**

Transported to which hospital, clinic, doctor? _____

Ambulance/Police Case Number _____ Name of Police officer or person you spoke with _____

I _____ refuse to be transported to the hospital using an ambulance.

I _____ refuse to go to the hospital.

V WITNESS(ES)

Name _____ Telephone _____

Name _____ Telephone _____

Comments _____

VI MEDICAL CERTIFICATE - only in the case of an employee

Name of doctor consulted _____

Time and Date of consultation _____

Doctor's address _____

Telephone _____

Did you submit a medical
certificate to your employer Yes ☐ No ☐

Was a CSST form
completed by your doctor Yes ☐ No ☐

I hereby confirm that, to the best of my knowledge, the above information is accurate.

Signature: _____ **Date** _____

This form **must** be given to:

(original) Building Services ☐

(copy) Health and Safety ☐

(copy) Human Resources ☐

(copy) must also be given to Student Services ☐ **only** if a student was involved

(copy) must also be given to the Biosafety Officer (BSO) ☐ **only** if this is a biosafety accident/incident

For International students: ☐ Please fax this form to (819)778-7364 **OR**

☐ scan and email to hr@cegep-heritage.qc.ca to the attention of Human Resources, Cégep Heritage College
(if calling from outside Canada, please add the country code 001 before dialing the phone or fax number)

(Please check the appropriate boxes before photocopying.)