



Incident or Accident Report Form – HS1

To be completed by worker **immediately** following an incident or an accident and by immediate supervisor below

Worker Information

Last Name	First Name	Employee Number
School or Service	Occupation	Employee Telephone Number

➔ WITHDRAWAL FROM WORK: YES NO ←

Incident Information (to be completed by employee)

Date of Event (yyyy/mm/dd)	<input type="text"/>	Time of Event (hh/mm)	<input type="text"/>
Location of Event:		a.m. <input type="checkbox"/>	p.m. <input type="checkbox"/>
What part of the body was injured?	Indicate Left, Right, Centre if applicable Left <input type="checkbox"/> Right <input type="checkbox"/> Centre <input type="checkbox"/> N/A <input type="checkbox"/>		
Describe, in detail, how the event/injury occurred (use other side of form if necessary):			
Were there any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of witnesses if applicable (excluding students):		
Worker's Signature	X	Date:	(yyyy/mm/dd)

School/Service Information (to be completed by immediate supervisor)

On what date and to whom employee reported the event	Date ((yyyy/mm/dd):	Name:
Environment at the time of the accident -cause of the accident: (use other side of form if necessary)		
Nature of the injury (include left, right, centre if applicable):		
Did the employee receive first aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of person who administered first aid:
Describe first aid measures (if applicable):		
Did the employee seek medical attention (hospital, clinic, or visit a physician) on the day of the event? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was HS3 form given to employee: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor's (or replacement) Signature	X	Date (yyyy/mm/dd):

Once form is signed and completed, please keep copy at the school, email a copy to Nora Salibian, H&S Human Resources, nsalibian@emsb.qc.ca or by fax 514-483-7487 Original copy should follow.