



# Accident/Incident Report

EMPLOYEE INFORMATION		
NAME OF WORKER Steve Brascoupe	TELEPHONE NUMBER 819-441-0649	SOCIAL INSURANCE NUMBER 283-605-996
ADDRESS 36 Makwa Mikan Maniwaki, Quebec J9E 3B1		QC HEALTH INSURANCE # Bras80032014
		DATE OF BIRTH March 20, 1980
DATE OF HIRING October 29, 2007	SENIORITY	GROSS SALARY
FAMILY SITUATION Family		

**Note:** For reporting purposes, some sections below require numerical codes rather than descriptions. Code numbers for each of these sections can be found on the reverse sides of this page and page 2.

GENERAL INFORMATION			
SECTOR Education	EMPLOYMENT TITLE INSERT CODE NUMBER	EMPLOYMENT POSITION INSERT CODE NUMBER	SUPERVISOR Andrew Commanda
WORK SCHEDULE <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F		STATUS OF EMPLOYMENT <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> ON CALL <input type="checkbox"/> SUB-CONTRACTOR <input type="checkbox"/> PART-TIME <input type="checkbox"/> TERM-CONTRACT <input type="checkbox"/> OTHER	

ACCIDENT / INCIDENT INFORMATION		
DATE & TIME OF INCIDENT Dec 19, 2016	DATE & TIME OF LAST DAY OF WORK December 19, 2016	DATE/TIME OF RETURN TO REGULAR WORK
LOCATION OF INJURY (ON BODY) Right Arm INSERT CODE NUMBER	NATURE OF THE Injury Reaggravation	TYPE OF CONTACT INSERT CODE NUMBER
CAUSAL AGENT INSERT CODE NUMBER	IMMEDIATE CAUSES INSERT CODE NUMBER	FUNDAMENTAL CAUSES INSERT CODE NUMBER
DESCRIPTION OF THE EVENT BY THE WORKER (attach extra paper if required):  Taking out garbage bags and felt a pain on my arm. Went to the emergency.		

Signatures: I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer (Representative)

\_\_\_\_\_  
Date

**LOCATION OF INJURY**

00000 not specified  
 01200 scalp  
 01300 skull  
 02000 ear, not specified  
 02001 external ear  
 02002 internal or middle ear (incl. hearing)  
 03000 face, not specified  
 03100 forehead (eyebrows, eyebrow arch)  
 03200 eye (incl. optic nerves and vision)  
 03201 right eye  
 03202 left eye  
 03300 nose  
 03400 cheek(s), including cheek bones  
 03401 right cheek  
 03402 left cheek  
 03500 jaw/chin (including lower jaw)  
 03600 mouth, not specified  
 03610 lip(s)  
 03620 tongue  
 03630 teeth  
 03680 multiple mouth injuries  
 03800 multiple facial injuries  
 08000 multiple head injuries  
 09000 unknown (forehead)  
 10000 neck, except internal problem  
 11000 internal neck injury, not specified  
 11001 cervical region (cerv. vertebrae)  
 20000 trunk, not specified  
 21000 shoulders, inc. clavicle & scapula  
 21001 right shoulder  
 21002 left shoulder  
 22000 thorax, except internal disease  
 22001 right rib  
 22002 left rib  
 22300 heart  
 22400 bronchial tube or lung (e.g. asthma)  
 22800 multiple internal thorax injuries  
 22900 internal thorax unknown  
 23000 back incl. spinal column (not cervical)  
 23100 lumbar region  
 23200 dorsal region  
 23201 cervical dorsal region  
 23202 dorsal lumbar region  
 23300 sacroiliac  
 23301 lumbar-sacroiliac region  
 23400 coccygeal region  
 23800 multiple dorsal injuries  
 24000 abdomen, except internal disease or troubles  
 24100 internal abdominal injuries  
 24800 multiple internal abdominal injuries  
 24900 internal abdominal injuries unknown  
 25100 hip(s)  
 25101 right hip, pelvis, buttock  
 25102 left hip, pelvis, buttock  
 25200 pelvis, pelvic organs  
 25201 right posterior  
 25202 left posterior  
 25300 buttock(s)  
 25400 groin and inguinal injuries  
 25401 right groin  
 25402 left groin  
 25500 external structures of reproductive organs  
 25600 internal structures of reproductive organs,  
 28000 multiple injuries on trunk  
 29000 trunk, unknown

30000 superior limbs, not specified  
 31100 upper arms (elbow to shoulder)  
 31101 right arm  
 31102 left arm  
 31200 elbow  
 31201 right elbow  
 31202 left elbow  
 31300 lower arm (from wrist to elbow)  
 31301 lower arm, right  
 31302 lower arm, left  
 31800 multiple injuries, one/both arms  
 32000 wrist(s)  
 32001 right wrist  
 32002 left wrist  
 33000 hand(s)  
 33001 right hand  
 33002 left hand  
 340 fingers, nails, not specified  
 34001 thumb/ thumb and other fingers  
 34002 fingers, except thumb  
 38900 multiple injuries, upper limbs, unknown  
 40000 lower limbs, not specified  
 41000 leg(s), not specified  
 41100 thigh(s), (femur, quadriceps)  
 41101 right thigh  
 41102 left thigh  
 41200 knee(s)  
 41201 right knee  
 41202 left knee  
 41300 lower leg(s)  
 41301 right leg  
 41302 left leg  
 41800 multiple injuries, one/both legs  
 42000 ankle(s)  
 42001 right ankle  
 42002 left ankle  
 43000 foot or feet, except for toes, not specified  
 43001 right foot  
 43002 left foot  
 43100 instep  
 43230 heel(s)  
 43231 right heel  
 43232 left heel  
 43290 sole(s) of one or both feet, unknown  
 43800 multiple injuries one or both feet  
 44000 toe(s), toenail(s)  
 44001 toes, right foot  
 44002 toes, left foot  
 48000 multiple injuries, lower limbs  
 48100 foot (feet) and leg(s)  
 48200 foot (feet) and ankle(s)  
 48300 foot (feet) and toe(s)  
 50001 circulatory system  
 50002 digestive system  
 50003 gastro-intestinal system  
 50004 genital-urinary system  
 50005 locomotor system  
 50006 nervous system  
 50007 respiratory system  
 50009 systems, unknown  
 91003 dental prosthesis (ses)  
 91004 auditory prosthesis(ses)  
 91005 glasses or corrective lenses  
 91009 other prostheses and systems  
 80000 multiple injuries  
 98000 other injury locations, unknown  
 99990 cannot be classified

**NATURE OF INJURIES**

00000 injury or trauma, not specified  
 01100 dislocation  
 01200 fracture (incl. broken not lost teeth)  
 01800 multiple trauma (nerves, bones, etc)  
 01900 trauma, bones, nerves, marrow  
 02100 sprain, tear  
 02900 injury to muscles, tendons, ligaments, unknown  
 02901 inflammation of ligaments  
 03110 amputation, end of finger only  
 03190 amputation, but not end of finger  
 03200 animal bite  
 03300 avulsion, tear, detachment  
 03400 cut, laceration (loss of fluid)  
 03700 perforation, jab, not animal/ insect  
 03800 multiple open injuries  
 03900 open wound, unknown  
 04000 superficial contusion  
 04100 graze, scratch  
 04200 blister  
 04300 bruise, contusion  
 04400 foreign bodies (splinter, sliver)  
 04500 friction burn  
 04800 multiple wounds or superficial contusions  
 04900 wound or superficial contusion, unknown  
 05100 chemical burn  
 05200 electrical burn  
 05300 scalding fr. heat or boiling water  
 06100 cerebral hemorrhage  
 06200 concussion  
 07000 effect of environmental conditions, not specified  
 07110 chilblain  
 07120 hypothermia  
 07190 effect of lowering of temperature, unknown  
 07200 effect of heat or light, not specified  
 08000 multiple injuries or trauma, not specified  
 08901 multiple injuries with fractures  
 08902 multiple injuries without fractures  
 09100 asphyxia, strangulation, suffocation  
 09200 drowning  
 09300 electrocution, electric shock  
 09400 internal injury to organs or blood vessels  
 09520 radiation sickness (heat stroke, x-rays)  
 09590 poisoning, insect bite, wasp  
 09710 injury from crushing  
 09720 backache, not specified (see back pain, 17201)  
 09731 brachialgia  
 09732 myalgia, fibromyalgia  
 09739 pain, except back pain, unknown  
 12100 disease of the nervous system, not specified  
 12410 carpal tunnel syndrome  
 12520 erosion of cornea, non-viral conjunctivitis  
 12560 welder's conjunctivitis (flash)  
 12610 deafness, hearing loss or defective hearing  
 13310 myocardial infarctus (heart attack)  
 13320 angina  
 13690 cerebrovascular disease  
 13710 raynaud's synd.(white fingers)

13830 phlebitis  
 13900 disease of the circulatory system, unknown  
 14000 disease of the respiratory system, not specified  
 14210 allergic rhinitis  
 14430 asthma  
 14440 extrinsic or pneumonic allergic alveolitis  
 15310 inguinal hernia  
 15390 hernia  
 15391 umbilical hernia  
 17000 disease of the musculo-skeletal system, not specified  
 17100 arthropathy or related problems (arthritis)  
 17201 back pain  
 17202 neck pain  
 17210 sciatica, lumbo-sciatica  
 17220 lumbago  
 17231 herniated disc  
 17232 ligaments press on vertebral discs  
 17233 discarthrosis  
 17239 disc problems, except dislocation unknown  
 17250 radiculitis  
 17290 spinal cord disease unknown  
 17291 minor intervertebral disorder  
 17292 facet syndrome  
 17310 bursitis  
 17320 synovitis  
 17330 tendonitis  
 17340 tenosynovitis (including de quervain)  
 17350 synovial cyst  
 17360 myositis  
 17370 epicondylitis, inflammation of the epitrochlea  
 17380 capsulitis  
 17390 rheumatism, except in spinal cord unknown  
 17391 rotator cuff syndrome  
 17392 dupuytren's contractor  
 17410 deviation in spinal column  
 17490 osteopathy, chondropathy, acquired deformity  
 17900 disease of the musculo-skeletal system, unknown  
 18120 cellulitis or abscess  
 18190 infection of skin or subcutaneous tissue, unknown  
 18230 allergic dermatitis  
 18250 other contact dermatitis  
 26500 other bacterial food poisoning  
 41110 fainting, not related to heat  
 41120 convulsions, crises  
 41130 malaise or fatigue  
 41140 dizziness  
 41150 allergic reaction, not specified  
 48100 multiple sensitivities to chemical products  
 51000 damage to prostheses  
 52100 anxiety, stress, nervous problems, anguish  
 52110 nervous shock (post-traumatic stress)  
 52191 depressive state, depression, anxio-depres. syn.  
 52192 professional burn-out  
 59000 other diseases, conditions or problems, unknown  
 80000 diseases, conditions or multiple problems  
 99990 cannot be classified



# Accident/Incident Report

INVESTIGATION AND EVALUATION											
NAME OF PERSON ADVISED	ACTIVITY AT THE TIME OF THE INCIDENT INSERT CODE NUMBER										
SITE OF THE INCIDENT	TIME THAT PASSED IN RELATION TO THE BEGINNING OF THE WORK WEEK:										
STATE NAME(S) OF ANY WITNESSES TO THE INCIDENT											
NAME EMPLOYEE CLOSEST TO INCIDENT	INTERVIEW WITH EMPLOYEE										
MATERIAL OR PROPERTY DAMAGED	NATURE OF THE DAMAGES										
GEOGRAPHIC LOCATION											
<b>INDIRECT COSTS</b> (check all that apply) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> ADMI administrative (supervision incl)</td> <td><input type="checkbox"/> MATE materials (PPE &amp; collective safety gear)</td> </tr> <tr> <td><input type="checkbox"/> OTHR other costs</td> <td><input type="checkbox"/> PROD increased production costs</td> </tr> <tr> <td><input type="checkbox"/> VARS various (inspection, CSST, etc.)</td> <td><input type="checkbox"/> SALA salary of victim and other workers</td> </tr> <tr> <td><input type="checkbox"/> EVAL medical evaluation and contestation</td> <td><input type="checkbox"/> VEH vehicle (repair, rental, towing, etc.)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TRAV cost of transport and travelling</td> </tr> </table>		<input type="checkbox"/> ADMI administrative (supervision incl)	<input type="checkbox"/> MATE materials (PPE & collective safety gear)	<input type="checkbox"/> OTHR other costs	<input type="checkbox"/> PROD increased production costs	<input type="checkbox"/> VARS various (inspection, CSST, etc.)	<input type="checkbox"/> SALA salary of victim and other workers	<input type="checkbox"/> EVAL medical evaluation and contestation	<input type="checkbox"/> VEH vehicle (repair, rental, towing, etc.)		<input type="checkbox"/> TRAV cost of transport and travelling
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Signatures: *I certify that the above information is correct to the best of my knowledge.*

Investigated by (sign and print name)	Date
Evaluated by (sign and print name)	Date

OTHER INFORMATION		
STATE OF PERSONAL PROTECTIVE EQUIPMENT (NAME OBJECTS/EQUIPMENT)		
THE INCIDENT NESSECITATED:		
NAME OF HEALTH FACILITY		NAME OF TREATING PHYSICIAN
MODE OF TRANSPORTATION	DISTANCE COVERED FROM WORKSITE TO HEALTH FACILITY	TIME FOR TRANSPORTATION (HOURS/MINUTES)
TEMPORARY ASSIGNMENT		
COMMENTS AND/OR RECOMMENDATIONS:		

**EMPLOYMENT TITLE**

FELLOG felling and logging  
 SYLVAST silviculture assistant  
 FORMN foreman  
 COORD coordinator  
 STUDNT student  
 MNGR manager  
 ASSTMNGR assistant manager  
 WRKR worker  
 FORWRKR forestry worker  
 REFORST reforestation worker  
 RCPN receptionist  
 PRHD project head  
 SCTRY secretary  
 SPVSR supervisor  
 FORTECH forestry technician

**POSITION**

OPOST other positions  
 RDWRK roadside worker  
 OFFC office  
 TRCK truck  
 TBJK timberjack  
 PLCLR plantation clearing  
 CNR clearing natural regeneration  
 PRETH precommercial thinning  
 PEP pruning estab. plantation  
 BORDCT border cutting  
 BRCLV bridges and culverts  
 RFRST reforestation site  
 INVSIT inventory site  
 AUTOV automobile vehicle

**TYPES OF CONTACT**

001 violent acts  
 002 major fires  
 003 explosions  
 004 construction defects  
 009 other types of contact  
 012 collision with a moving object  
 013 step on an immobile object  
 016 projected against an immobile object (not explosion)  
 017 projected against an immobile object after explosion  
 018 collision with a moving object, unknown  
 023 hit by a falling object which was manipulated  
 024 hit by a falling object, not manipulated  
 026 hit by an object thrown by a machine  
 028 hit and cut by a manipulated object  
 029 hit by other objects, unknown  
 030 fall down several stories  
 040 fall from an immobile vehicle  
 041 fall from a mobile vehicle  
 046 in a water course (lake, river, etc)  
 047 fall from a building, roof, bridge, trestle  
 048 fall from a pile of logs, stump, log  
 052 fall on or against an object  
 053 fall on the same level  
 055 slip on the same level  
 069 jammed in/under/ between objects  
 082 abrasion from objects, manipulated or not  
 084 foreign bodies in the eyes  
 086 foreign bodies  
 089 other injuries from rubbing or abrasions  
 101 involuntary repetitive movements  
 102 voluntary repetitive movements  
 121 effort in lifting objects  
 122 effort in pulling or pushing objects

123 effort in throwing objects  
 125 effort in transporting objects  
 129 other excessive efforts, unknown  
 130 contact with electrical current  
 151 exposure to gen. atmospheric heat  
 152 exposure to gen. atmospheric cold  
 153 contact w/ hot substances/objects  
 154 contact w/ cold substances/objects  
 182 by ingesting (except water) (mouth)  
 183 by absorption (skin)  
 184 by ingesting water (drowning)  
 185 by inhalation (smoke, steam, etc)  
 189 effects of radiation, sun, wasp sting  
 338 vehicle accident, road collision  
 431 vehicle overturned  
 439 vehicle accident, collision off road  
 702 sudden noise (not explosion)  
 705 repeated noise  
 899 other kinds of accidents  
 999 unknown, not identified

**CAUSAL AGENTS**

0201 mammals (excluding people)  
 0280 people  
 0320 fur, hair, wool (allergy)  
 0401 operation of vehicle, machine or industry  
 0402 running, walking, climbing, bending, turning  
 0403 repetitive movements  
 0405 tripping, stepping on an object  
 0406 slipping while manipulating/ carrying material  
 0407 slippery surfaces  
 0499 body movements, unknown  
 0699 receptors, unknown  
 0701 immovable buildings/structures  
 0705 doors, barriers  
 0710 bridges  
 0740 platforms, scaffolding, etc  
 0900 chemical products  
 0980 pesticides, insecticides, herbicides  
 0995 gas and welding vapors  
 1001 boots, shoes  
 1010 gloves  
 1020 hair, hairstyles  
 1030 outer clothing, raingear  
 1040 shirts, blouses, sweaters, jackets  
 1050 suits, pants, overalls, dresses  
 1160 lubricants, oils and grease  
 1170 manufactured gas (fuel)  
 1501 motors  
 1550 heating system  
 1701 flames and fire  
 1702 smoke  
 1703 lightning  
 1890 food products, oil, grease  
 1910 chairs, benches  
 1950 floor covering, rugs, carpeting  
 1960 lighting system, lamps, bulbs  
 2201 axe  
 2205 blowtorch  
 2215 lever, pulp hook, crowbar  
 2220 file  
 2230 hammer, sledgehammer, crowbar  
 2235 hatchet  
 2245 knife, blade  
 2250 pick, peavey, pulp hook  
 2270 cable, chain  
 2290 shovel, spade  
 2299 non-mechanical hand tools  
 2330 knives, shears  
 2356 chainsaw, clearing saw  
 2400 atmospheric heat or environmental heat  
 2500 heating material

2630 shovels, dredger, lift  
 2642 chain block hoist and pulley  
 2643 electrical hoist and winch  
 2644 cargo boom, sawhorse  
 2645 jack (mechanical, hydraulic, pneumatic)  
 2646 forestry winch  
 2699 lifting mechanisms  
 2830 mobile ladders, not specified  
 2833 stepladders  
 2835 simple, straight ladders  
 2910 water (not ice or snow)  
 3400 office machines  
 3450 packing machines  
 4400 noise  
 4600 particles (unidentified), dust  
 4701 trees, young growth  
 4702 trunks with branches  
 4703 stumps  
 4704 branches  
 4705 snags (chicots)  
 4799 plants, trees, vegetation  
 5620 all-terrain vehicle  
 5622 automobile  
 5624 truck  
 5670 all-terrain vehicle, timberjack  
 5701 block of wood, log  
 5708 splinters, shivers  
 5709 wood chips, shavings  
 5825 passages, platforms, body shields  
 5830 sidewalks, paths, corridors  
 5840 staircases, steps  
 5845 road, highway  
 5899 work surface  
 6500 ice  
 6550 snow  
 8800 divers, unknown  
 8801 manipulated object  
 8802 material one is working with  
 9800 unknown, not identified (except particles)

**IMMEDIATE CAUSES**

110 inadequate arrangements (availability of equipment)  
 112 inadequate lighting  
 114 inadequate ventilation  
 116 environmental conditions (gas, dust, smoke, noise)  
 118 unclean, disorderly  
 120 weather condition (rain/snow/cold)  
 121 topography, condition of terrain, slope  
 122 high-risk material  
 123 slippery road surface/terrain due to rain  
 124 inadequate or no identification  
 126 inadequate personal safety gear  
 128 inadequate or no protective mechanisms  
 130 did not use personal safety gear  
 132 defective tools, equipment  
 134 inadequate tools, equipment  
 136 pace of work  
 138 dangerous movement  
 140 dangerous movement, 3rd person  
 142 improper posture  
 144 did not observe methods of work  
 146 did not observe work procedures  
 148 did not observe safety regulations  
 150 instructions not followed  
 152 toxic products  
 154 allergy, wasp sting  
 156 restrictive space  
 199 other immediate causes

**FUNDAMENTAL CAUSES**

F05 allergy problems, wasp  
 F10 inadequate or no work methods  
 F15 inadequate or no work procedures  
 F20 inadequate or no regulations  
 F25 supervision (monitoring, control, instructions)  
 F30 poor purchase policy  
 F35 inadequate appointment (appointed tasks)  
 F40 inadequate engineering concept  
 F45 inadequate maintenance  
 F50 inadequate or no inspection  
 F55 inadequate planning  
 F60 capacity, aptitude  
 F61 co-activity (interference between 2 acts)  
 F65 conduct (poor attitude or in bad faith)  
 F70 physical condition (shape, fatigue, handicap)  
 F75 mental condition (fatigue, handicap, problems)  
 F80 inadequate or no knowledge  
 F85 poor communication  
 F90 inadequate or no verbal/written info  
 F91 lack of attention to work  
 F92 weather  
 F93 topography or condition of terrain  
 F95 lack of continuing education, training  
 F99 other fundamental cause

**ACTIVITY AT TIME OF INCIDENT**

10 walking on foot  
 11 operating snowmobile  
 12 passenger on snowmobile  
 13 operating automobile  
 14 passenger in automobile  
 15 travelling on all-terrain vehicle  
 16 travelling, other motorized equipment  
 20 traffic flow and parking  
 21 traffic flow and parking outside the establishment  
 30 authorized travel outside establishment  
 32 supervision and control  
 34 while shredding  
 35 while planting (reforestation)  
 36 sample parcel  
 37 while clearing, loading and piling  
 38 flagging  
 39 flagging sector  
 40 while felling  
 41 while sharpening  
 42 while clearing  
 43 while delimiting  
 44 while maintaining equipment  
 45 while spreading herbicide  
 46 while doing inventory  
 47 while repairing equipment  
 48 while scarifying trees  
 49 while cutting into logs  
 50 while getting into/onto vehicle  
 51 while manipulating light objects  
 52 while manipulating heavy objects  
 53 while manipulating a jammed object  
 54 while getting into motorized vehicle  
 55 while getting out of motorized vehicle  
 59 regular work  
 60 authorized work other than reg. work  
 70 authorized work outside of reg. hours  
 80 non-authorized work  
 90 during lunchtime  
 91 during rest time  
 92 during recreation time, games, teasing  
 99 other activities at time of incident