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| Identification de l’employé | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : | |  | | | | | | | | | | | | Prénom : | | | | | |  | | | | | | | | Sexe : | | | | | | H | | | F | |
| No d’employé : | | | | | |  | | | | | | | | | | | | | | | | Titre d’emploi : | | | | | | |  | | | | | | | | | |
| Service : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quart de travail : | | | | | | | | J | | | | | S | | | | | N | | | | Statut : | | | TC | | | | | | | TP | | | | TPO | | |
| Depuis combien de temps occupez-vous ce poste ? (année/mois) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Information de l’événement accidentel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de l’événement : | | | | | | | | | |  | | | | | | | | | | | | Heure de l’événement : | | | | | | | | |  | | | | | | | |
| Installation : | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lieu précis de l’événement : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de la déclaration : | | | | | | | | | | |  | | | | | | | | | | | Heure de la déclaration : | | | | | | | | | | |  | | | | | |
| Personne avisée : | | | | | | |  | | | | | | | | | | | | | | | Titre de la personne : | | | | | | | |  | | | | | | | | |
| Nom et prénom du ou des témoin(s) : | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Description de l’événement accidentel par l’employé | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veuillez décrire comment s’est produit l’événement accidentel : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Dommage(s) matériel(s) (précisez) : | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Site de lésions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Membres supérieurs* | | | | | | | | | *Main* | | | | | | | | | | *Membres inférieurs* | | | | | | | *Tête* | | | | | | | | | *Colonne/tronc* | | | | |
| Épaule | | | | G | | | | | Pouce | | | | | | G | | | | Cuisse | | | | | G | | Tête | | | | | | | | | Cervicale | | | | |
| Bras | | | | D | | | | | Index | | | | | | D | | | | Jambe | | | | | D | | Visage | | | | | | | | | Dorsale | | | | |
| Avant-bras | | | | | | | | | Majeur | | | | | | | | | | Hanche | | | | | | | Bouche | | | | | | | | | Lombaire | | | | |
| Coude | | | | | | | | | Annulaire | | | | | | | | | | Genou/cheville | | | | | | | Dents | | | | | | | | | Bassin/coccyx | | | | |
| Poignet | | | | | | | | | Auriculaire | | | | | | | | | | Mollet/pied | | | | | | | Nez | | | | | | | | | Thorax/côtes | | | | |
| Autre : | | | | | | | | |  | | | | | | | | | | Orteil | | | | | | | Œil | | | | G | | | | | Système pulmonaire | | | | |
|  | | | | | | | | | |  | | | | | | | D | | | | |
| Mesures correctives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suggestions de mesures correctives : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signatures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Travailleur | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | |
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| Représentant de l’employeur | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | |

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| Identification de l’employé | | | | | | | | | | | | | |
| Nom : | |  | | Prénom : |  | | | | Sexe : | | H | F | |
| No d’employé : | | |  | | | | Titre d’emploi : | |  | | | | |
| Séquence des faits | | | | | | | | | | | | | |
| Veuillez décrire la séquence des faits : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Analyse | | | | | | | | | | | | | |
| *Quels sont les éléments de la situation de travail qui ont contribué à l’événement accidentel ?* | | | | | | | | | | | | | |
| Personne (âge de l’enfant, comportement de l’enfant, expérience de l’éducatrice, etc.) : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Organisation (communication, rotation, climat de travail) : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Équipement (marchepied, chaise, table à langer, banc à roulettes, etc.) : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Tâche (posture, méthodes de travail) : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Environnement (tablette haute, encombrement, jouet sur le sol, eau sur le plancher) : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Temps (moment de la journée, saison, etc.) : | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Causes de l’événement accidentel | | | | | | | | | | | | | |
| *Causes immédiates* | | | | | | | *Causes fondamentales* | | | | | | |
|  | | | | | | |  | | | | | | |
| Mesures correctives ou préventives | | | | | | | | | | | | | |
|  | | | | | | | *Échéancier* | | | | *Responsable* | | |
|  | | |  | | | |
|  |  | | | | |  |  |  | | | | |  |
| Signature du représentant de l’employeur | | | | | | | Date | | | | | | |