

REGROUPEMENT DES TECHNICIENS
DE LA SCÈNE DU QUÉBEC, inc.
1, rue de Castelnau est, bureau 104
Montréal, QC, H2R 1P1



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Accident Report

Name of the injured person : _____

Date of the accident (DD-MM-YYYY) : _____

Time of the accident : _____

Immediate work interruption : YES NO

If no, explain : _____

Task(s) performed at the time of the accident :

Description of the accident :

Cause of the accident :

Action(s) to be taken to avoid the risk of an accident:

Signature of supervisor : _____ Date (DD-MM-YYYY) _____

Signature of injured person : _____ Date (DD-MM-YYYY) _____