

Declaration of a dangerous or at risk situation

Identification of the employee	
Last name, First name :	Employee number:
Job title :	Telephone number:
Establishment, department and location :	
Date of declaration :	
Employee's description of the dangerous or at risk situation (to be completed by the employee)	
Location and room number :	
Corrective measure suggested by the employee	
Temporary measure (if required) :	
Corrective measure :	
Worker's signature:	
Measures undertaken by the Workplace Health, Safety and Well-Being Office	
Description :	
Follow-up by the Workplace Health, Safety and Well-Being Office	
Follow-up to do :	
<input type="checkbox"/> Corrected date :	
Signature from the WHSW :	

Please send this form to the Workplace Health, Safety and Well-Being Directorate as soon as possible
CLSC de Côte-des-Neiges, 5700 ch. de la Côte-des-Neiges (5ème étage), Montréal (QC), H3T 2A8
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