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| **Date du rapport**  **(JJ-MM-AAAA) :** | | | | | | | | |  | | | | | | **Date de l’incident/événement (DD-MM-AAAA) :** | | | | | | | | | |  | | | | | **Heure (24 h) :** | | | | | | | |  | | | | | |
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| **Exploitant :** | | | |  | | | | | | | | | | | | **No de référence interne de l’exploitant :** | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **Nom du représentant de l’exploitant :** | | | | | | | | | | | |  | | | | | | | | | | | **No de téléphone pour joindre l’exploitant :** | | | | | | | | | | | |  | | | | | | | |
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| **Emplacement (latitude et longitude) :** | | | | | | | | | | | | |  | | | | | | | | | | | **Puits/champ (le cas échéant) :** | | | | | | |  | | | | | | | | | | | |
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| **Nom de l’installation/navire/aéronef :** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **Type d’installation/navire/aéronef :** | | | | | | | | | |  | | | | | | | | | | | | | | | **Signalement révisé (oui/non) :** | | | | | | | | | | | |  | | | | | | | |
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| **AUTRES ORGANISMES AVISÉS :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CCCOS**  **GCC** | | **SMTC**  **TCAC** | | | | | **GRC**  **ECCC** | | | | | | **CSSSIAT/WCB**  **Autorité d’accréditation** | | | | | | | **Autre (veuillez préciser) :** | | | | | | | | |  | | | | | | | | | |  | | | |
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| **CLASSIFICATION DE L’INCIDENT OU DE L’ÉVÉNEMENT** (Voir les *Lignes directrices pour le signalement des incidents et les enquêtes subséquentes* pour les définitions et les détails)   1. Sélectionnez toutes les classifications réelles qui s’appliquaient en raison de l’incident ou de l’événement 2. Sélectionnez toutes les classifications potentielles qui auraient pu s’appliquer en raison de l’incident (conséquence identique ou supérieure) 3. Lors du signalement d’un quasi-accident, sélectionnez toutes les conséquences potentielles qui s’appliquent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Réel** | **Potentiel** | | | | | **Personnel** | | | | | | | | | | | **Réel** | | | | **Potentiel** | | | | **Dommage/Menace** | | | | | | | | | | | | | | | | | |
|  |  | | | | | Décès | | | | | | | | | | |  | | | |  | | | | Incendie/Explosion | | | | | | | | | | | | | | | | | |
|  |  | | | | | Personne disparue | | | | | | | | | | |  | | | |  | | | | Collision | | | | | | | | | | | | | | | | | |
|  |  | | | | | Maladie professionnelle | | | | | | | | | | |  | | | |  | | | | Perte de contrôle d’un puits | | | | | | | | | | | | | | | | | |
|  |  | | | | | Blessure majeure | | | | | | | | | | |  | | | |  | | | | Incident lié à la perte de contrôle d’un puits | | | | | | | | | | | | | | | | | |
|  |  | | | | | Blessure entraînant une perte de temps de travail | | | | | | | | | | |  | | | |  | | | | Déversement d’hydrocarbures majeur | | | | | | | | | | | | | | | | | |
|  | | | | | | Quasi-accident | | | | | | | | | | |  | | | |  | | | | Déversement d’hydrocarbures notable | | | | | | | | | | | | | | | | | |
|  | | | | | | MEDEVAC | | | | | | | | | | |  | | | |  | | | | Fuite d’une substance dangereuse | | | | | | | | | | | | | | | | | |
| **Réel** | **Potentiel** | | | | | **Environnemental** | | | | | | | | | | |  | | | |  | | | | Conditions environnementales défavorables | | | | | | | | | | | | | | | | | |
|  |  | | | | | Rejet non autorisé | | | | | | | | | | |  | | | |  | | | | Sécurité | | | | | | | | | | | | | | | | | |
|  |  | | | | | Déversement | | | | | | | | | | |  | | | |  | | | | Mise en œuvre des plans d’intervention d’urgence | | | | | | | | | | | | | | | | | |
|  | | | | | | Quasi-accident | | | | | | | | | | |  | | | |  | | | | Dégradation/endommagement de l’équipement essentiel | | | | | | | | | | | | | | | | | |
| Potentiel non encore déterminé | | | | | | | | | | | | | | | | |  | | | |  | | | | Contact avec des engins de pêche, des mammifères marins ou des tortues de mer | | | | | | | | | | | | | | | | | |
| Événement à déclaration non obligatoire  *(À n’utiliser que si les renseignements à ce jour montrent que l’incident ne répond pas aux critères de déclaration)* | | | | | | | | | | | | | | | | |  | | | |  | | | | Incident impliquant un hélicoptère | | | | | | | | | | | | | | | | | |
| Comité en milieu de travail avisé (oui/non) : | | | | | | | |  | | | | | | | | |  | | | |  | | | | Incident de plongée (*Si « oui », soumettre le rapport d’incident de plongée)* | | | | | | | | | | | | | | | | | |
| Autres commentaires : | | | | | | | |  | | | | | | | | |  | | | | | | | | Quasi-accident | | | | | | | | | | | | | | | | | |
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| **Description de l’incident/événement (y compris les événements ayant conduit à l’incident et toute autre information pertinente)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Description des travaux sur le site et des facteurs environnementaux pertinents au moment de l’incident/événement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mesure(s) d’intervention immédiate prise(s)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **Mesure(s) d’intervention planifiée à prendre** | | | | | | | | | | | | | | **Potentiel d’escalade :** | | | | | | | | | | | | | | | | | | | | | | **Oui  Non** | | | | | | | | |
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| **Pour les blessures/maladies et les évacuations sanitaires non professionnelles :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nom du travailleur affecté :** | | | | | | | | |  | | | | | | **Emploi :** | | | | | | |  | | | | | **Employeur :** | | | | |  | | | | | | | | | |  | | |
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| **Pays :** | | |  | | | | | | **Nature et gravité des blessures :** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **Pour les rejets d’hydrocarbures, les fuites de substances dangereuses, les rejets non autorisés et les déversements :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Matière rejetée :** | | | | |  | | | | | | **Volume (kg, L, etc.) :** | | | | | | |  | | | | | | | | **Concentration (%, mg/L, ppm, etc.) :** | | | | | | |  | | | | | | | |  | | | |  | |
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| **Pour les dommages :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Type d’équipement touché :** | | | | | | | | |  | | | | | | | | **Gravité des dommages :** | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |
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| **Les signalements d’incidents doivent être soumis à l’OCNEHE et au comité en milieu de travail dès que cela est raisonnablement possible, mais au plus tard 24 heures après que l’exploitant a eu connaissance d’un incident. Ce formulaire de signalement par écrit peut être soumis à l’OCNEHE par courriel à** [**incident@cnsopb.ns.ca**](mailto:incident@cnsopb.ns.ca) **accompagné d’un court titre descriptif et du numéro d’identification de l’incident de l’exploitant. Le rapport sommaire doit être soumis conformément aux lignes directrices sur le signalement des incidents.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |