

You should report to the Régie du bâtiment du Québec (RBQ) any accident:

- that occurs in a **building** intended for use by the public
- that is connected with any of the following **facilities**: elevators or other elevating devices, amusement park rides, passengers ropeways or public baths
- that is connected with any of the following **installations**: petroleum equipment, electricity, gas, plumbing or pressure vessels.

The information that you forward to the RBQ will be used to ensure that the building, facility or installation does not present a risk for the safety of users or persons present in the building.

Confidentiality

The RBQ will respect the confidentiality of all the personal information you provide. Your identity will not be disclosed.

Sending the form

Please send your form to the Centre de relation clientèle of the RBQ :

By mail:

Direction des relations avec la clientèle (DRC)
545, boul. Crémazie Est, 4^e étage
Montréal (Québec) H2M 2V2

By fax:

514 864-2903 ou 1 866 315-0106

Par email¹:

drc@rbq.gouv.qc.ca

To complete this form online, please go to the online services at www.rbq.gouv.qc.ca.

Acknowledgement of receipt

If you wish to receive an acknowledgement of receipt after filing a report, please include your contact information on the form.

1. Transmission by email

The transmission of information via e-mail is not completely secure. E-mail can be intercepted by unauthorized persons. This is why the RBQ recommend to disclose certain personal information by email, such as social insurance numbers or credit card. Similarly, the RBQ will not answer questions by email when the answer requires the transmission of confidential data.

1. Scene of the accident

At what location did the accident happen?

Civic number:	*Street:	
Apartment:	*City:	Postal code:
Telephone:	Extension:	

Do you have any complementary indications to help us in finding the location where this accident happened?

For instance, the number of the local and/or the device.

*This accident would involve which type of facility or equipment/device among the following?

- Elevator-type device (elevator, lift, escalator)
- Gas (propane, natural gas)
- Pressure vessel (high-pressure boiler)
- Water facility (water slide, reception tank, etc.)
- Public baths (public swimming pool, wading pool or public beach)
- Amusement park rides
- Building
- Plumbing
- Electricity
- Passenger ropeways (ski lift)
- Petroleum equipment
- Other; please specify:

2. Date of the accident observed

Indicate, to the best of your knowledge, the date and time where the accident occurred.

Date (yyyy-mm-dd):	Hour (hh:mm):
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**The fields preceded by an asterisk (*) are mandatory.*

3. Description of the accident

***Is the danger still present?**

- Yes
 No
 I don't know

***Describe in a few words the facts you wish to report.**

4. Your details

Last name:	First name:
Name of the organization you represent (if any):	
Telephone number:	Extension:
Other telephone number:	Extension:
Email address:	

5. Authorization

Do you authorize the Régie du bâtiment du Québec (RBQ) to communicate with you? Yes No

If you check "No", please make sure that you have provided a complete set of information, in order that your reporting may be processed.

Print

**The fields preceded by an asterisk (*) are mandatory.*