

CSST FORM APPLICATION FOR REVIEW

Γ	Reference No.		Reserved Date form sent	for CSST use	Regional Office	\Box
1. Type of application						
Application for review of a compensation	or rehabilitation matter	CS	SST file number			
Date of contested decision	Y Y Y Y M M D		ate of the recurrence, aggravation	relapse	Y Y Y M M D D	
Date of initial event	Y Y Y Y M M D	D Na	ame of the CSST office	cer who made the decis	ion	
Application for review of an inspection ma	atter	Re	eport No RAP			
Date of inspection report	Y Y Y Y M M D	D				
,		Na	ame of inspector			-
2. Reasons for application						
State your reasons for disagreeing with the d	ecision. (Enclose document if r	required.)				
						_
						_
						_
						-
3. Processing of your application						
The administrative review board will review			the documents on fi	ile. Yes	No	
Do you wish to provide comments to the men		epnone?				
4. Identification of the person applying Worker Other I de	eclare that the information provi	ided in this Ar	onlication for Review	is true and complete		
5. Worker	onaro arac aro imormadori provi	1404 111 11107 1	Spiloulion 1 to view	io trao ana complete.		
Surname		First name				
Number, street			Health I	nsurance Number		
City, town or municipality					Postal code	Ħ
Telephone Extension	on Telephone (other)		Extension	E-mail		_
Information concerning the employer Legal name of employer	r					
Logar name of employer						
Surname		First name			Title	
Number, street						
City, town or municipality					5	\neg
					Postal code	
Telephone Extension	on Telephone (other)	1	Extension	E-mail		
6. Other (In accordance with the CSST's	language policy, employers r	must use the	French form)			
Surname		First name			Title	
Number, street						
Number, street						
City, town or municipality			Province		Postal code	\neg
Telephone Extension	on Tolonhono (othor)		Extension	E-mail		
Telephone Extension	on Telephone (other)	1	Literision	L-maii		
7. Representative						
Name of enterprise, firm or union						
Surname		First name			Title	
Camano		, not name				
Number, street					1	
07			D			
City, town or municipality			Province		Postal code	
Telephone Extension	on Telephone (other)		Extension	E-mail		
I hereby authorize the above-mentioned persoreview and may discuss any matter relating the					ess to any information concerning my application ide in this matter to my representative.	on for
8. Signature		555			Date	

Information concerning your application for review

1. Type of application

· Application for review of a compensation or rehabilitation matter

Enter the date of the decision you are contesting and the CSST file number identified by the 9-figure number indicated in the decision letter, under the worker's name, on the line entitled: «File number». Enter the name of the CSST officer who signed the letter. Enter the date of the initial event indicated in the CSST decision letter. If applicable, enter the date of the recurrence, relapse or aggravation indicated in the CSST decision letter.

Review of an inspection

Enter the date of the contested inspection report. Enter the report number indicated on the report and beginning with the letters RAP. Enter the name of the inspector.

2. Reasons for application

Briefly explain why you are applying for review of the decision.

3. Processing the application

Indicate by checking Yes or No if you want the member of the review board to contact you before making the decision or if you prefer that the decision be made based on the documents on file.

4. Identification of the person applying for review

Check if the person applying for review is the worker or some other party (for example, an heir). By checking one of the boxes, you are declaring that the information provided in this application for review is true and complete, and you are acknowledging that you signed this application for review to the Commission de la santé et de la sécurité du travail.

5. Worker

Section that must always be completed in the case of an application for review of compensation and rehabilitation and, if applicable, an application for review of an inspection.

To be completed if you checked Other in the section entitled «Identification of the person applying for review». In accordance with the CSST's language policy, employers must use the French form.

7. Representative

If applicable, enter the contact information of the representative of the person applying for review (Worker or Other).

If the application for review is submitted on the paper version, you must sign it.

Commission de la santé et de la sécurité du travail List of régional offices Dial a single number to contact any CSST regional office: 1 866 302-CSST (2778)

Abitibi-Témiscamingue 33, rue Gamble Ouest Rouyn-Noranda (Québec) J9X 2R3 Fax: 819 762-9325

2º étage 1185, rue Germain Val-d'Or (Québec) J9P 6B1 Fax: 819 874-2522

Bas-Saint-Laurent

180. rue des Gouverneurs Case postale 2180 Rimouski (Québec) G5L 7P3 Fax: 418 725-6237

Capitale-Nationale 425, rue du Pont Case postale 4900 Succursale Terminus

(Québec) G1K 7S6 Fax: 418 266-4015

Chaudière-Appalaches 835. rue de la Concorde Saint-Romuald (Québec) G6W 7P7 Fax: 418 839-2498

Côte-Nord

Bureau 236 700, boulevard Laure Sept-Îles (Québec) G4R 1Y1 Fax: 418 964-3959

235. boulevard La Salle Baie-Comeau (Québec) G4Z 2Z4 Fax: 418 294-7325

Estrie

Place-Jacques-Cartier Bureau 204 1650, rue King Ouest Sherbrooke (Québec) J1J 2C3 Fax: 819 821-6116

Gaspésie-Îles-de-la-Madeleine 163. boulevard de Gaspé Gaspé

(Québec) G4X 2V1 Fax: 418 368-7855

200, boulevard Perron Ouest New Richmond (Québec) G0C 2B0 Fax: 418 392-5406

Île-de-Montréal

1, complexe Desjardins Tour Sud, 31° étage Case postale 3 Succursale Place-Desjardins Montréal

(Québec) H5B 1H1 Fax: 514 906-3200

Lanaudière

432, rue De Lanaudière Case postale 550 Joliette (Québec) J6E 7N2

Fax: 450 756-6832

Laurentides

6° étage 85, rue De Martigny Ouest Saint-Jérôme (Québec) J7Y 3R8 Fax: 450 432-1765

Laval

1700, boulevard Laval Laval (Québec) H7S 2G6

Fax: 450 668-1174

Longueuil

25, boulevard La Fayette Longueuil (Québec) J4K 5B7 Fax: 450 442-6373

Mauricie et Centre-du-Québec Bureau 200

1055, boulevard des Forges Trois-Rivières (Québec) G8Z 4J9 Fax: 819 372-3286

Outaouais 15, rue Gamelin

Case postale 1454 Gatineau (Québec) J8X 3Y3 Fax: 819 778-8699

Saguenay-Lac-Saint-Jean

Place-du-Fjord 901, boulevard Talbot Case postale 5400 Chicoutimi (Québec) G7H 6P8 Fax: 418 545-3543

Complexe du Parc 6e étage 1209, boulevard du Sacré-Cœur Case postale 47 Saint-Félicien (Québec) G8K 2P8 Fax: 418 679-5931

Saint-Jean-sur-Richelieu 145, boulevard Saint-Joseph Case postale 100 Saint-Jean-sur-Richelieu

(Québec) J3B 6Z1 Fax: 450 359-1307

Valleyfield 9, rue Nicholson Salaberry-de-Valleyfield (Québec) J6T 4M4 Fax: 450 377-8228

Yamaska 2710, rue Bachand Saint-Hyacinthe (Québec) J2S 8B6 Fax: 450 773-8126

Bureau 102 26, place Charles-De Montmagny **Sorel-Tracy** (Québec) J3P 7E3 Fax: 450 746-1036