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Consumer Product Safety

Consumer Product Incident Report: Form for Consumers

This HTML document is not a form. Its purpose is to display the information as found on the form for viewing purposes only. If you wish to use the form, you must use the alternate format below.

Help on accessing alternative formats, such as Portable Document Format (PDF), Microsoft Word and PowerPoint (PPT) files, can be obtained in the [alternate format help section](#).

 (PDF Version - 479 K)

- Office use only:
 - Date Received
 - Form Identifier xxxx.xx

1 Information about this report

Protected when completed and received by Health Canada
Treasury Board Secretariat Government Security Policy

- Report Type:
 - New
 - Update

2 Information about who is reporting

- Relationship to injured / involved person:
 - Self
 - Parent / Legal Guardian
 - Family - Other
 - Friend
 - Health Care Professional
 - Care Giver
 - Teacher
 - Police
 - Fire
 - Coroner
 - Trade
 - Other
- Name:
- Email:
- Telephone:
- Fax:
- Address:
- City:
- Province / Region:
 - British Columbia
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - New Brunswick

- Prince Edward Island
- Nova Scotia
- Newfoundland
- Northwest Territories
- Yukon
- Nunavut
- Country: Canada
- Postal Code:

Privacy Notice

I authorize Health Canada to release the contents of this report and refer my incident and product details to another organization so that they may evaluate my complaint.

- Yes
- No

Provision of the information requested on this form is voluntary.

The information is being collected for the purpose of addressing consumer product safety issues.

Failure to provide the personal information requested on this form may prevent Health Canada from fully assessing product safety concerns.

Personal information that you provide is protected under the provisions of the *Privacy Act*.

Your personal information will be stored in Personal Information Bank "Incidents, Complaints and Adverse Effects" (HCan PPU 088). The Act provides you with a right of access and to change incorrect information. Should you require clarification about this statement, contact our [Privacy Coordinator](#).



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3 Information about the incident

If more than one person was affected, please report on the worst case

- Date of the incident:
- Incident Type: Pick worst case
 - Death
 - Serious Injury
 - Injury
 - Product Defect
 - Incorrect/Insufficient Information
 - Recall
 - Other
- Number of people affected:
- Injury Type: Pick worst case
 - Not Applicable
 - Bruise
 - Burn - Chemical
 - Burn - Flame
 - Choking
 - Concussion
 - Cut
 - Fracture
 - Poisoning
 - Strangulation
 - Suffocation
 - Other
- Treatment:

- None
- First Aid
- Provincial Health Care Info Service
- Poison Control Centre
- Family Doctor
- Hospital-Emergency Room
- Hospital-Other
- Other Medical Professional
- Other
- Unknown
- Sex:
 - Female
 - Male
- Age (years)
- Describe the incident / defect / problem:

If you would like to provide more information - go to the end of the form and click "Attach pictures or documents"

4 Information about the product

- Product Brand and Name:
- Please include any of the information below that you can find on the product or packaging:
 - Model Number:
 - Serial Numbers:
 - Date Codes:
 - Universal Product Code / UPC / Bar Code: Enter all numbers
 - Certification / Standards: (e.g. CSA, ULC stickers)
- Product Description: (for example: colour, packaging, warnings on the label)

If you would like to provide more information - go to the end of the form and click "Attach pictures or documents"

5 Information from the product label or package

- Business Name (Full legal name - no abbreviations):
- Address:
- City:
- Province / Region:
 - British Columbia
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - New Brunswick
 - Prince Edward Island
 - Nova Scotia
 - Newfoundland
 - Northwest Territories
 - Yukon
 - Nunavut
- Country:
- Postal Code:
- Postal Code:
- Website:
- Email:
- Telephone:
- Fax:

6 Information about where you got the product

- When did you get the product? (May be approximate)
- From whom did you get the product?
 - Retailer
 - Distributor
 - Manufacturer
 - Importer
 - Purchased New
 - Purchased Used From Retailer
 - Purchased Used From Person (e.g. yard Sale)
 - Promotional Item
 - Gift
 - Other
- Business Name (Full legal name - no abbreviations):
- Address:
- City:
- Province / Region:
 - British Columbia
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - New Brunswick
 - Prince Edward Island
 - Nova Scotia
 - Newfoundland
 - Northwest Territories
 - Yukon
 - Nunavut
- Country:
- Postal Code:
- Website:
- Email:
- Telephone:
- Fax:

7 Administrative Information

- How do you intend to submit this report?
 - Email
 - Website
 - CD/DVD-ROM
 - Paper
- How did you become aware of Consumer Product Incident Reports?
 - Health Canada Website
 - Other Web Search
 - Health Care Professional
 - Public Promotion (e.g. Teddybear Picnic)
 - Other
- Have you reported this incident to the manufacturer or retail store?
 - No
 - Yes - Manufacturer
 - Yes - Retailer

How to submit your incident report:

1. Save the report and burn it on CD/DVD (or print to paper) and mail/courier it to:

Incident Report - Consumer Product Safety Directorate

Health Canada
123 Slater Street
Ottawa, ON, Canada, K1A 0K9

2. Save the report and email the report as an attachment to this email address:
CPSR-RSPC@hc-sc.gc.ca with the subject line "Incident Report".

If you choose to email this report, **Health Canada does not guarantee the security of your information while it is travelling over the Internet.**

Date Modified: 2010-03-11