

# TU Dresden, 01062 Dresden

# ACCIDENT REPORT

## Unit Safety at Work

2 Company number of the accident insurance provider

Organizational unit at TU Dresden:

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Unfallkasse Sachsen	
Postfach 42	
01651 Meißen, Germany	
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4 Last name, first name of the insured person				5 Date of birth		Day	Month	Year	
6 Street address				Postal code		Place			
7 Gender Male      Female diverse    PNS		8 Nationality				9 Temporary worker Yes      No			
10 Apprentice Yes      No		11 Is the insured person an entrepreneur      spouse of the entrepreneur a relative of the entrepreneur      shareholder/managing director							
12 Entitlement to continued remuneration applies for <input type="text"/> weeks			13 Health insurance fund of the insured person (name, postal code, place)						
14 Fatal accident? Yes      No		15 Time of accident Day    Month    Year    Hour    Minute				16 Place of accident (exact location and street incl. postal code)			
17 Detailed description of the accident (how it happened, name of the part of the company, involvement of machinery, equipment, hazardous substances if applicable)									
The information is based on the description given by      the insured person      other persons									
18 Injured body parts					19 Type of injury				
20 Who was the first to become aware of the accident? (Name, address of the witness)							Was this person an eyewitness? Yes      No		
21 Name and address of the first doctor/hospital providing treatment					22 Start and end of the insured person's working hours Start      Hour    Minute    End      Hour    Minute				
23 At the time of the accident, employed/working as					24 Since when at this job?			Month	Year
25 In which part of the company is the insured person regularly working?									
26 Did the injured person stop working?				No	Immediately	Later, on	Day	Month	Hour
27 Did the injured person resume work?				No	Yes, on	Day	Month	Year	
28 Date      Supervisor/authorized representative      Personnel Representation Council      Telephone no. for queries (contact person)									

## How to complete the major accident report

### I. General information

- **Who** must report the accident?  
At TUD, the injured person's supervisor or their authorized representative must report the accident. Authorized representatives are persons who have been instructed by the supervisor to report the accident.  
The injured person (the insured person) is obliged to report the accident to their superior immediately. The insured person should help fill out the form as far as possible.
- **When** must an accident be reported?  
A major accident report must be submitted if an accident at work or a commuting accident (e.g. an accident on the way between home and work) results in an **inability to work for more than 3 calendar days** or the **death** of an insured person.  
If the accident has minor consequences and a visit to the doctor, you only need to complete a "minor" accident report at TU Dresden (even for commuting accidents). The accident report must be received by the Unit Safety at Work no later than three working days after the accident.
- **Who** signs the accident report?  
The accident report is signed by the supervisor or their authorized representative. The Unit Safety at Work will obtain the signature of the Personnel Representation Council.
- **Where** do I have to send the accident report?  
You must send the accident report to the Unit Safety at Work.  
Upon request, the Unit Safety at Work will provide the insured person with a copy of the accident report.
- What must be observed in the case of **serious** accidents, **mass accidents** and **fatalities**?  
Fatal accidents, mass accidents and accidents involving serious damage to health must be reported **immediately, at first by telephone**, to the Unit Safety at Work (ext. 34470), outside working hours to the security service (ext. 20000).

### II. Explanations regarding the questions on the accident report

In the header of the accident report, below the text: "Fill in organizational unit of TU Dresden:" enter the name and address (stamp) of the organizational unit.

When filling in the rest of the form, write in the line that contains the corresponding number. There is no explanation provided for unambiguous questions.

#### Question 5

Fill in the day, month and year completely in the respective fields (e.g: IOI3IOI7I1I9I5I8I)

#### Question 7

Check the appropriate box.

**Question 9**

For TUD members, check the "No" box. A cross in the "Yes" box would only be required if there is a temporary employment contract (employees of a temporary employment agency/personnel service provider working at TUD).

**Question 11**

Does not apply to TUD members, do not check any box.

**Question 12**

Enter 6 weeks according to TV-L.

**Question 13**

In case of statutory health insurance with entitlement to sickness benefit, the name, zip code and location of the health insurance company is sufficient; in other cases, also state the type of insurance (e.g. private insurance, pensioner's health insurance, family insurance, voluntary insurance with statutory health insurance company).

**Question 15**

Fill in each field as for question 5.

**Question 17**

The description of the accident should contain detailed information about the accident and its circumstances (where, how, why, under what circumstances, equipment or machinery involved). The detailed description of the accident should address the following points in particular:

- Indicate the building and the exact room in which the accident occurred, e.g: Zeuner Building, workshop, room 132; or Transport Services, outdoor area; or Botanical Garden, greenhouse ...;
- Specify the activity that the insured person was carrying out, e.g: ... carried documents to the foreman's office, ... knocked out a bolt, ... unloaded a delivery van, ... repaired machine (type, manufacturer, year of manufacture).
- It is crucial to specify the detailed circumstances that characterize the accident (circumstances that caused the accident, what work equipment was being used or what machines and systems were being worked on), e.g: ... leaned too far to the side, causing the ladder to slip and fell down 3 m, ... jammed the wood and was caught by the circular saw (manufacturer, type, year of manufacture), ... slipped due to waste/dirt/oil spread on the floor. It is not enough to write ... tripped ..., but ... tripped over an unevenness in the floor ..., or ... tripped over the damaged floor covering.

Were there any working conditions such as heat, cold, noise, dust, radiation or inadequate lighting that could be linked to the accident?

Were hazardous substances being handled that could be related to the accident?

You may continue the accident description on the reverse or on a supplementary sheet.

**Question 18**

Examples: right forearm, left index finger, left foot and right side of head

**Question 19**

Examples: Bruise, broken bone, sprain, burn, laceration, cut

**Question 23**

Do **not** use here: "laborer", or "employee," but for example: research associate, clerk, lab technician, locksmith, gardener.

**Question 25**

Enter the organizational unit in which the insured person works.

Examples: Faculty of Mechanical Science and Engineering, Office of Prof. ...; Directorate ...; Institute of ..., Laboratory ....

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