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TU Dresden, 01062 Dresden

Unit Safety at Work

Organizational unit at TU Dresden:

ACCIDENT REPORT

2 Company number of the accident insurance provider

		2	0	0	0	0	0	-	1	7

Unfallkasse Sachsen

Postfach 42

01651 Meißen, Germany

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	**8** Nationality	**9** Temporary worker: Yes / No
10 Apprentice: Yes / No	**11** Is the insured person: an entrepreneur / a relative of the entrepreneur / spouse of the entrepreneur / shareholder/managing director	
12 Entitlement to continued remuneration applies for ☐☐ 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)	

unofficial translation - do not fill in

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: I0I3I0I7I1I9I5I8I)

Question 7
Check the appropriate box.

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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, type, 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

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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 4 Facility Management; Institute of ..., Laboratory ....

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