



To: Unit Safety at Work
From:

.....
Office stamp/telephone

Last name, first name

Date of birth

Postal code

Place, street

Employed as

Place of accident (building, room)

Time of accident:

Date

Hours/minutes

Injured body parts

Type of injury

Was a doctor consulted?

Yes

No

Did the injured person stop working?

No

Immediately

Later, on: (Date):

Who was the first to become aware of the accident?

Name/address

Description of the accident (in the case of traffic accidents, also state the police office that recorded the accident)
If necessary - use the lower part of the page for detailed description!

.....
Date

.....
Responsible leader / name, telephone

.....
Safety officer / name, telephone

Detailed description of the accident

Large empty rectangular box for detailed description of the accident.