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**労働災害事故報告書**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 報　告　日 | | | | | 年 月 日 | | | | | | | | | 労働保険  番　　号 | | |  | | | | | | |
| 報告者の所属 | | | | |  | | | | | | | | | 報告者の氏名 | | |  | | | | | | |
| **・災害事故の内容** | | | | | | | | | | | | | | | | | | | | | | | |
| 発生日時 | | | |  | | | | | | | | | | | 発生場所 | | |  | | | | | |
| 被　災　者 | | | | 氏　名 | | |  | | | | 年　　月　　日生 | | | | | | | | | 勤続年数 | | 年 | |
| 住　所 | | |  | | | | | | | | | | | | | | 職種 | |  |
| 傷病名 | | |  | | | | | | | 部位 |  | | | | | | 休　　業  見込日数 | |  |
| 傷病の状況 | | | |  | | | | | | | | | | | | | | | |
| 工 事 件 名 | | | |  | | | | | | | | | | | | 工　期 | |  | | | | | |
| 現場責任者名 | | | |  | | | | | | | | | | | | 現認者職氏名 | | | | |  | | |
| 災害発生状況および原因（場所、作業状況、事故原因、詳しい状況など） | | | | | | | | | | | | | | | | | | | | | | | |
| （災害事故説明図） | | | | | | | | | | | | | | | | | | | | | | | |
| **・処 置** | | | | | | | | | | | | | | | | | | | | | | | |
| 処　置　者 | | 部　　　　　事業所　　　　　課 | | | | | | | | | | | | | | | 氏名 | |  | | | | |
| 処置の詳細 | |  | | | | | | | | | | | | | | | | | | | | | |
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| 病院名 |  | | | | | | | | 所在地 | | |  | | | | | | | | | | | |
| 所属長の対策 | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 安全管理者の意見 | | | | | |  | | | | | | | | | | | | | | | | | |
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| 届出警察署 | | | 署 | | | | | | | 参考 | | |  | | | | | | | | | | |