災害報告書

令和　　　　年　　　　月　　　　日

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| 1 | 会社名 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 担当者 |  | | | | | | | | | | | | | ＴＥＬ | | | |  | | | | | | | |
| 3 | 業務通災区分 | 1.業務上2.通勤災害 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | どなたですか | 職種 | | | | | | | | | 住所 | | | |  | | | | | | | | | | | |
| 名前 | | | | | | | | |  | | | | | | | | | | | |
| 生年月日 |  | | | | | | | | | | | | | ＴＥＬ | | | |  | | | | | | | |
| 採用年月日 |  | | | | | | | | | | | | |
| 5 | いつですか | 令和　　年　　月　　日 | | | | | | | | | | | 午前 | | | | 時　　分頃 | | | | | | | | | |
| 午後 | | | |
| 6 | ※どのような場所で |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ※どのような作業をしていて |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 | ※どのような状態で |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | ※どこを負傷したのか |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | 受診（病院）先 |  | | | | | | | | | | | | | ＴＥＬ | | | |  | | | | | | | |
| 受診先（　　　）科 | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 受診（薬局）先 |  | | | | | | | | | | | | | ＴＥＬ | | | |  | | | | | | | |
|  | 住所 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 11 | 受診日 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 休業しますか | する　しない　（休業見込　　日位） | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 現認者はだれですか | 職名　　　　　　　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | けがをした際の略図  （機械の略図、状態等) |  |  |  | |  |  |  |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  |
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※は詳しく記入してください。