

Dangerous Occurrence Report

| | | | | | | | | | | | |
|--|--|--|----------|---------------------------|-----------------------|--|-------------------|-----------------|-------------------------|------------------|-------------------|
| Type of undertaking | | Name of workplace (also fill in the name of work in the case of construction industry) | | | | | Number of workers | | | | |
| | | | | | | | | | | | |
| Address of workplace: | | | | | | Place where accident occurred: | | | | | |
| | | | | | | (Telephone number) | | | | | |
| Time and date of occurrence | | | | | | Type, etc. of machine, etc. that caused accident | | | | | |
| | | | | | | | | | | | |
| Name of parent workplace in the case of in-plant subcontractor | | | | | | | | | | | |
| Name of workplace of principal employer in the case of construction industry | | | | | | | | | | | |
| Type of accident | | | | | | | | | | | |
| Human casualty | Classification | | Fatality | Absence of 4 days or more | Absence of 1 ~ 3 days | No absence | Total | Physical damage | Classification | Name, size, etc. | Damage amount (¥) |
| | Number of victims at workplace where accident occurred | Male | | | | | | | Buildings | m ² | |
| | | Female | | | | | | | Other structures | | |
| | | | | | | | | | Machinery and equipment | | |
| | | | | | | | | | Raw material | | |
| | | | | | | | | | Products | | |
| | | | | | | | Other | | | | |
| Number of other victims | | | | | | | () | Total | | | |
| Accident description | | | | | | | | | | | |
| Cause of accident | | | | | | | | | | | |
| Preventive measures | | | | | | | | | | | |
| Reference | | | | | | | | | | | |
| Name and title of person who prepared the report | | | | | | | | | | | |

Date:

Name and title of employer

Seal

To: Chief of Labour Standards Inspection Office

Notes:

1. For "Type of undertaking," select the type from the major groups of the Japan Standard Industrial Classification.
2. For "Type, etc. of machine, etc. that caused accident," fill in the following matters as regards the following machine, etc. that caused the accident:
 - (1) As regards an accident pertaining to a boiler or a pressure vessel, fill in "boiler," "class-1 pressure vessel," "class-2 pressure vessel," "small sized boiler" or "small sized pressure vessel," whichever is applicable.
 - (2) As regards an accident pertaining to a crane, etc., fill in the type of crane, etc., model, lifting capacity or leading capacity.
 - (3) As regards an accident pertaining to a gondola, fill in the type of gondola, model and leading capacity.
3. For "Type of accident," fill in the specific situation such as fire, cutting of chains, rupture of boiler, runaway of crane or fall of gondola.
4. For "Number of other victims," fill in the number of victims other than those at the workplace of the reporting employer; fill in the number of fatalities in the parentheses.
56. For "Buildings," fill in the structure and area; for "Machinery and equipment," fill in the number of units; for "Raw material" and "Products," fill in the name and quantity.
6. For "Preventive measures," fill in the measures to be implemented in the future to prevent the occurrence of a similar type of accident.
7. For "Reference," fill in the reference materials for the relevant accident.
8. For any item for which the allocated space is not sufficient, use an attachment and attach it to the form.
9. A signature may be filled in in lieu of filling a name and affixing a seal.