

Reports of Worker asualities

		Labour insurance number (enter the labour insurance number of the principle contractor in case the victim is an employee of a subcontractor engaged in construction work).										Category of work													
8	1	0	0	1																					
		Prefecture	Office code	Area code	Basic number				Branch number		Number covering all workplaces														
Name of workplace (also indicate the name of work in the case of construction work)																									
Name																									
Name of work																									
Address of workplace										Name of workplace of the main subcontracting enterprise in the case of in-plant subcontracted work or name of workplace of principal employer in the case of construction work				If the victim is a dispatched worker, name of workplace to which the victim was dispatched				Employer submitting report							
Telephone number ()																		Employer submitting report							
Postal code						Number of workers				Date and time of occurrence (indicate time using a 24-hour clock)															
										Y		M		D		H		M							
Name of injured person (Enter one space between the first name and the family name)												Date of birth				Gender									
												Y		M		D		Age ()		Male		Female			
										Type of work				Length of work experience		Circle the appropriate item									
																Years		Months							
Expected length of absence from work or date and time of death (circle "Deceased" in case of fatality)										Name of injury or disease				Area of injury or disease				Location of accident							
Expected length of absence		Circle the appropriate item			Deceased		Date and time of death																		
		Months	Weeks	Days																					
Situation and cause of accident										Rough drawing (illustrate situation when the accident occurred)															
Describe the following items in detail: (1) where accident occurred, (2) what work the victim was doing, (3) what object or environment was involved, (4) what unsafe or harmful conditions were involved, and (5) what kind of accident occurred.																									
Name and title of person who prepared report										Sections completed by office personnel	Causal factor				Site code				Industry category						
											Type of accident, category of orderer, workplace classification, occupational disease										Any other relevant items can be written here. (1) (2) (3)				
																					1: Applicable 2: Not applicable				

Date

To: Chief of Labour Standards Inspection Office Seal

Name and title of employer

Acceptance stamp

(Back)

Notes:

1. Do not mark, punch or fold the form because entries in the framed sections (hereinafter referred to as “entry frames”) are read by an Optical Character and Image Reader (OCIR).
2. Leave the sections and filling in frames where there is nothing to enter and sections to be completed by office personnel blank.
3. Be sure to use a black ballpoint pen to write in the entry frames, and write the letters clearly and as large as possible inside the designated frame.
4. For “Gender,” “Length of work experience,” “Expected length of absence” and “Deceased,” circle the applicable item.
5. If the space for “Name of workplace” and “Name of work” is not sufficient, use the rows below.
6. If a dispatched worker is the victim, the employer at worksite and the dispatching employer must each submit a report to the competent Labour Standards Inspection Office and circle the applicable item in “Employer submitting report.”
7. For “Length of work experience,” fill in the number of years if the victim has experience of one year or more or fill in the number of months if the victim has experience of less than one year, and circle “Year” or “Month.”
8. A signature may be entered in lieu of entering a name and affixing a seal.