

Report of Worker Casualties

From: MMY to MMY

Type of undertaking		Name of workplace		In the case of construction industry, also indicate the name of work		Address of workplace		Telephone number	Number of workers
Name of victim	Gender	Age	Type of work	Fill in "O" in the case of a dispatched worker	Date of occurrence	Name of injury/disease and part of injury/disease	Number of days of absence	Accident situation (if the victim is a dispatched worker, also indicate the name of the dispatched workplace where the worker was dispatched)	
	Male / Female								
	Male / Female								
	Male / Female								
	Male / Female								
	Male / Female								
	Male / Female								
	Male / Female								
	Male / Female								
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. If a dispatched worker is the victims, the employer of the worksite and the dispatching employer shall submit a report to each of the competent Labour Standards Inspection Office.
2. A signature may be filled in lieu of filling a name and affixing a seal.