

Statistical Notification Form: Workplace Accidents



For fulfilment of the obligation to report workplace accidents sustained by civil servants in North Rhine-Westphalia pursuant to EC Regulation 1338/2008 of 16/12/2008; not to be used as an accident report on workplace accidents or suspected occupational diseases sustained by employees pursuant to the Collective Agreement for the Public Sector (TVöD) or Collective Agreement for the Public Sector of the German Federal States (TV-L) for North Rhine-Westphalia for the Unfallkasse NRW

Recipient

1. Workplace details					
1.1 The accident report is completed by:					
Surname		First name			
1.2 Workplace address					
2. Personal details (anonymised)					
Gender		Date of birth		Day	Month
<input type="checkbox"/> Male <input type="checkbox"/> Female					
3. Work details					
3.1 Unable to work from					
3.2 Unable to work <input type="checkbox"/> to					
<input type="checkbox"/> probably permanently					
3.3 At time of accident, employed as					
4. Details of accident					
4.1 Circumstances of accident and injuries					
4.2 Date/time of accident				Time	
4.3 Place of accident (postcode)				4.4 Road traffic accident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Details of injury					
5.1 Fatal accident <input type="checkbox"/> Yes <input type="checkbox"/> No					
5.2 Parts of body injured			5.3 Type of injury		

Date

Signature of authorised person

Tel. no. for enquiries