

GENERAL INFORMATION

Contractor:

EDPR Area/facility:

Hiring department:

Project or work:

INJURED WORKER DATA

Surname:

Name:

ACCIDENT DATAAccident: Individual Multy-party

Date: / /

Time: :

Hour of Workday:

Place:

Witnesses: Name:

Phone number:

Was the activity usual? Yes No

Activity performed:

With lost days? Yes No

Accident description:

Element which caused the injury:

Injured body part:

Accident direct cause:

IMMEDIATE CORRECTIVE ACTIONS TO AVOID RECURRENCE**FIRST AID**

Name of sanitarian:

Phone number:

Medical center:

Address:

NOTIFIED BY	POSITION	DATE	SIGNATURE