renewables	**INCIDENT COMMUNICATION- ACCIDENT**	Annex II TS/103 Ed. 1

GENERAL INFORMATION

Contractor:

EDPR Area/facility:

Hiring department:

Proyect or work:

INJURED WORKER DATA

Surname: Name:

ACCIDENT DATA

Accident: Individual ☐ Multy-party ☐

Date: / / Time: : Hour of Workday:

Place:

Witnessess: 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:

INMEDIATE CORRECTIVE ACTIONS TO AVOID RECURRENCE

FIRST AID

Name of sanitarian: Phone number:

Medical center: Address:

NOTIFIED BY	POSITION	DATE	SIGNATURE