PRIJAVA NEZGODE IN POŠKODBE PRI DELU

A – SPLOŠNI DEL

I. PODATKI O PRIJAVITELJU

|  |  |
| --- | --- |
| 1. | IME IN PRIIMEK:  |
| 1a. | IME PODJETJA PRIJAVITELJA: |
| 2. | DELOVNO MESTO: |
| 3. | TELEFON: | 4. | NASLOV E-POŠTE PRIJAVITELJA: |

II. PODATKI O DELODAJALCU

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | MATIČNA ŠTEVILKA ENOTE DELODAJALCA |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 |
| 5a. | EMŠO DELODAJALCA |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
| 6. | NAZIV DELODAJALCA: |
| 7. | SEDEŽ/NASLOV DELODAJALCA (ulica, hišna številka, poštna številka, kraj): |
| 8. | ŠIFRA DEJAVNOSTI DELODAJALCA: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | • |  |  |  |

 |
| 9. | ŠTEVILO ZAPOSLENIH DELAVCEV PRI DELODAJALCU (vpiše se šifra iz šifranta): |

|  |
| --- |
|  |

 |

III. PODATKI O NEZGODI

|  |  |
| --- | --- |
| 10. | EVIDENČNA ŠTEVILKA PRIJAVE PRI DELODAJALCU: |
| 11. | SKUPNO ŠTEVILO POŠKODOVANIH V NEZGODI: |

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |
| 12. | DATUM NEZGODE (dan, mesec, leto): |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 |
| 13. | URA NEZGODE (vpišite uro od 00 do 23 brez minut, 99 - čas neznan): |

|  |  |
| --- | --- |
|  |  |

 |
| 14. | KJE SE JE NEZGODA PRIPETILA: Če je izbrana šifra 9–drugo, vpišite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  |

 |
| 15. | KRAJ NEZGODE (ulica, hišna številka, poštna številka, kraj ali cestni odsek, država): |
| 16. | DELOVNO OKOLJE: |

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |
| 17. | DELOVNI PROCES:  |

|  |  |
| --- | --- |
|  |  |

 |
| 18. | VZROK NEZGODE:  |

|  |  |
| --- | --- |
|  |  |

 |
| 19. | PROMETNA NEZGODA (1 – da, 2 – ne): |

|  |
| --- |
|  |

 |
| 20. | KRATEK OPIS NEZGODE: |
| 21. | OSEBE, PRISOTNE NA KRAJU NEZGODE (šifrant 24): Če je izbrana šifra 9 – drugo, vpišite osebe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

 |

IV. PODATKI O POŠKODOVANCU

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 22. | EMŠO:  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

 |
|  23 | IME IN PRIIMEK POŠKODOVANCA: |
| 24. | NASLOV PREBIVALIŠČA:  |
| 25. | OBČINA PREBIVALIŠČA:  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |
| 26. | SPOL (1 – moški, 2 – ženski, 9 – ni podatka):  |

|  |
| --- |
|  |

 |
| 27. | DRŽAVLJANSTVO (0 – neznano, 1 – slovensko, 2 – neslovensko iz EU, 3 – neslovensko zunaj EU):Če je izbrana šifra 2 ali 3, vpiši državljanstvo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
|  |

 |
| 28. | ZAPOSLITVENI STATUS: |

|  |  |
| --- | --- |
|  |  |

 |
| 29. | VRSTA ZAPOSLITVE: |

|  |
| --- |
|  |

 |
| 30. | DELOVNI ČAS: |

|  |
| --- |
|  |

 |
| 31. | POKLIC, KI GA OPRAVLJA: |

|  |  |
| --- | --- |
|  |  |

 |
| 32. | SPECIFIČNA AKTIVNOST V ČASU NEZGODE: |

|  |  |
| --- | --- |
|  |  |

 |
| 33. | KOLIKO UR JE DELAL TA DAN PRED NEZGODO: |

|  |  |
| --- | --- |
|  |  |

 |
| 34. | VRSTA POŠKODBE (1 – lažja, 2 – težja, 3 – smrtna): |

|  |
| --- |
|  |

 |
| 35. | MATERIALNI POVZROČITELJ: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | • |  |  |

 |
| 36. | OBLIKA POŠKODBE: |

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |
| 37. | NAČIN POŠKODBE: |

|  |  |
| --- | --- |
|  |  |

 |
| 38. | POŠKODOVANI DEL TELESA: |

|  |  |
| --- | --- |
|  |  |

 |

|  |
| --- |
| PODPIS DELODAJALCA: |

|  |
| --- |
| DATUM IZPOLNITVE: |

B – ZDRAVSTVENI DEL

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 39. | ZZZS ŠTEVILKA POŠKODOVANCA: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

 |
| 40. | DIAGNOZA POŠKODBE: |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| 41. | ZUNANJI VZROK POŠKODBE: |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| 42. | OPOMBE ZDRAVNIKA: |
| 43. | ŠIFRA ZDRAVNIKA: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 |
| 44. | IME IN PRIIMEK ZDRAVNIKA: |
| 45. | ŠIFRA IZVAJALCA ZDRAVSTVENE DEJAVNOSTI: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

 |
| 46. | DATUM IZPOLNITVE  |  |  |