PRIJAVA NEZGODE IN POŠKODBE PRI DELU

A – SPLOŠNI DEL

I. PODATKI O PRIJAVITELJU

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

II. PODATKI O DELODAJALCU

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| 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

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| 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

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| 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: | | |  |  | | --- | --- | |  |  | |

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| PODPIS DELODAJALCA: |

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| DATUM IZPOLNITVE: |

B – ZDRAVSTVENI DEL

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| 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 |  | |  | |