



bei Unfällen ohne bzw. bis 3 Tage Arbeitsunfähigkeit

.....
Stempel der Dienststelle/Telefon

Geburtsdatum

Postleitzahl Ort, Straße

Beschäftigt als

Unfallort (Gebäude, Raum)

Unfallzeitpunkt: Datum Std./Minute

Verletzte Körperteile Art der Verletzung

Wurde ein Arzt aufgesucht?

ja nein

Hat der Verletzte die Arbeit eingestellt?

nein sofort später, am: (Datum):

Wer hat vom Unfall zuerst Kenntnis genommen?

Name / Anschrift

Unfallhergang (bei Verkehrsunfällen auch Angabe der aufnehmenden Polizeidienststelle)

Bei Bedarf - zur weiteren Schilderung unteren Teil der Seite benutzen!

Datum

verantw. Leiter / Name, Telefon

Sicherheitsbeauftragter / Name, Telefon

Ausführliche Schilderung des Unfallherganges

1. General Information	
Name: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____	
Email: _____	
Date: _____	
Time: _____	
Location: _____	
Weather: _____	
Other: _____	
Remarks: _____	
Signature: _____	
Print Name: _____	
Title: _____	
Organization: _____	
Department: _____	
Division: _____	
Branch: _____	
District: _____	
Region: _____	
Country: _____	
Continent: _____	
Latitude: _____	
Longitude: _____	
Altitude: _____	
Population: _____	
Area: _____	
Density: _____	
GDP: _____	
Unemployment: _____	
Inflation: _____	
Interest Rate: _____	
Exchange Rate: _____	
Currency: _____	
Language: _____	
Religion: _____	
Culture: _____	
History: _____	
Geography: _____	
Climate: _____	
Vegetation: _____	
Animals: _____	
Plants: _____	
Minerals: _____	
Fossils: _____	
Archaeology: _____	
Anthropology: _____	
Sociology: _____	
Psychology: _____	
Education: _____	
Health: _____	
Law: _____	
Politics: _____	
Economics: _____	
Science: _____	
Technology: _____	
Art: _____	
Music: _____	
Sports: _____	
Games: _____	
Hobbies: _____	
Interests: _____	
Skills: _____	
Talents: _____	
Strengths: _____	
Weaknesses: _____	
Opportunities: _____	
Threats: _____	
Challenges: _____	
Goals: _____	
Dreams: _____	
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