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| **Injured person**  |
| **Full name** | *Enter text* |
| **Danish civil registration number (CPR)** | *Enter text* |
| **E-mail (private)** | *Enter text* |
| **Phone number (private)** | *Enter text* |
| **Start date of employment***For students: the date of the commencement of your studies* | *Click to select a date.* |
| **Job title** | *Enter text* |
| **Department/unit and its address** | *Enter text* |
| **Annual income** *Open ‘select an item’ and select an item from the list by clicking the arrow on the right.* | *Select an item.* |

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| **Accident**  |
| **Time and place** |
| **Where did the accident happen?***If possible, please specify the address* | *Enter text* |
| **Date of the accident**  | *Click to select a date.* |
| **Time of the accident** | *Enter time* |
| **Detailed description of the accident** |
| **What was the injured person doing just before the accident happened?** | *Enter text* |
| **What went wrong?** | *Enter text* |
| **How was the injury sustained?** | *Enter text* |

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| **Personal injury** |
| **Please describe the injury as accurately as possible** |
| **Which part of the body was injured?***Please provide details in the text box, such as right/left hand side, several injuries etc.*  | *Select an item.**Enter text* |
| **What type of injury was sustained?***Please provide details in the text box, such as several injuries, extensive injuries etc.* | *Select an item.**Enter text* |
| **Additional information** |
| **Absence after the day of the accident** *Please note: the day of the accident is not included in the total period of absence.* | *Select an item.* |
| **Medical treatment**  |
| **Has the injured person been treated by a doctor or hospital in connection with this injury?** | [ ]  Doctor [ ]  HospitalWhen? Click to select a date. |
| **Documentation attached** |   *In the text box, please provide a description of any documentation, which you wish to attach to this report, such as reports from emergency room, photos etc. You must attach this documentation to the email in which you send this report.**Don’t attach expenses, this will be handled later in the process.* |
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| **Prevention of similar accident** |
| **What type of preventive actions must be taken to avoid similar accidents?** | *Enter text* |
| **Who is responsible for these actions?** | *Enter text* |
| **Deadline for completion of the preventive actions? When do we follow up on whether they work?** | *Enter text* |

Date: Date: Date:

**The injured person** **Occupational health and safety representative** **Manager**

**Please send the report and any appendices to** **ulykke@adm.aau.dk**