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| 労災事故報告書 | | | | | | | | | | | | | | | | | | | | |
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| 発生日時 | | | |  | | 年 |  | 月 |  | 日 |  | AM・PM | |  |  | 時 |  | 分　頃 | |  |
| 被災者情報 | | | | フリガナ | |  | | | | | | | | | 性別 | | 男　　・　　女 | | | |
| 氏　　名 | |  | | | | | | | | |
| 生年月日 | |  | | 年 |  | 月 |  | 日 |  | | | | | | | |
| 現住所 | |  | | | | | | | | | | | | | | |
| 電話番号 | | （自宅） | |  | | | | | （携帯） | |  | | | | | |
| 対応処置機関 | | | | 名称 | |  | | | | | | | | | | | | | | |
| 所在地 | |  | | | | | | | | | | | | | | |
| 電話番号 | |  | | | | | | | | | | | | | | |
| 傷病の程度 | | | |  | | | | | | | | | | | | | | | | |
| （部位及び状態） | | | |  | | | | | | | | | | | | | | | | |
| 休業見込み期間 | | | |  |  | | 日間程度 | | |  | | | | | | | | | | |
| 事故発生状況 | | | | どのような場所で・どのような作業中・どのような事をして・どのような事が発生したかを詳細に記入してください | | | | | | | | | | | | | | | | |
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| 事故の現認者 | | | | 職名 | |  | | | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | | |
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