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Copy the completed incident form and distribute to the nearest manager, head of department, safety representative (skyddsombud) and local work environment coordinator (arbetsmiljösamordnare)

Copy is saved locally by the manager with personnel responsibility

Original registration to be sent to:

Registrator, hämtställe 62, Box 117, 221 00 Lund

|  |  |  |
| --- | --- | --- |
|  Report serious personal injuries, serious incidents and deaths at once to Swedish work environment authority (Arbetsmiljöverket). [anmalarbetsskada.se](file:///%5C%5Cuwfpcluster01.uw.lu.se%5Cbygg-oej%24%5CDocuments%5CChecklistor%20-%20protokoll%5CTillbudsblankett%5Canmalarbetsskada.se)

|  |
| --- |
| *This form can be filled in anonymously.Use an appendix if necessary.* |

 |  [ ]  Teacher/researcher [ ]  Administrator [ ]  Student ☐ Doctoral student [ ]  Service/cleaning [ ]  Technical staff |
|  Reported by (name)  |
|  Date  |  Time  |  Faculty, Institution, Department  |  Location (house, floor, room, outdoors by...)  |

**1 Risk of personal injury - mark an alternative for the main risk situation**

 [ ]  Musculoskeletal disorder [ ]  Electrical hazard [ ]  Mental ill-health [ ]  Eye damage

 [ ]  Fire, explosion [ ]  Fall injury [ ]  Cutting, stab damage [ ]  Hypersensitivity

 [ ]  Burning, freezing [ ]  Crushing damage [ ]  Hitting an object [ ]  Hearing impairment

 [ ]  Hearing impairment [ ]  Influence of chemical substance [ ]  Other

**2 What caused or may have caused the incident? (several answer options can be filled in)**

[ ]  Deficiencies in work organization [ ]  Deficiencies in maintenance / service [ ]  Climate, temperature humidity

[ ]  Bullying [ ]  Deficiencies in work instructions [ ]  Lack of competence

[ ]  Air pollution - odor [ ]  Stress [ ]  Deficiencies in communication

[ ]  Overload of work [ ]  Victimization [ ]  Other

**3 Brief description of the event / incident** [ ]  Appendix available

## **4 Emergency action** [ ]  Does not apply

## **5 Mitigation actions**  [ ]  Does not apply

Reported by (if not anonymous) Responsible manager Safety representative /
 Student safety representative

Signature Signature Signature