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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:///\\uwfpcluster01.uw.lu.se\bygg-oej$\Documents\Checklistor%20-%20protokoll\Tillbudsblankett\anmalarbetsskada.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