

INFORMATION SHEET ON INJURY

Without inability to work or inability to work not longer than 3 calendar days)

1. Name and surname:	2. UČO ¹⁾ :
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Fill out the following data if the affected person is not the employee of Masaryk University

Company Identification No.: Name of the employer of the affected person and its registered office (address):	Address of the affected person:
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3. Date and time of accident:	4. Place of accident:
5. Type of injury ²⁾ :	6. Injured part of body ³⁾ :

7. Total number of injured persons:	8. Shift beginning:	9. Number of hours worked immediately prior to the accident:
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10. Activity during which the accident occurred:
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11. Description of an accident, detailed description of the place, the causes and the circumstances under which the accident occurred: <i>(If necessary, attach an additional sheet.)</i>

12. What was the cause (source) of injury?
<input type="checkbox"/> means of transport <input type="checkbox"/> portable or mobile machinery <input type="checkbox"/> material, loads, objects (falling, slamming, falling off, impact, burying) <input type="checkbox"/> fall on a plane, from a height, into the depth, fall through <input type="checkbox"/> instrument, apparatus, tools <input type="checkbox"/> electrical energy <input type="checkbox"/> industrial pollutants, chemicals, biological agents <input type="checkbox"/> hot substances and objects, fire and explosives <input type="checkbox"/> stable machinery <input type="checkbox"/> humans, animals or natural phenomena <input type="checkbox"/> other unspecified cause

13. Why did the accident happen?
<input type="checkbox"/> failure or faulty status of one of the sources of accident <input type="checkbox"/> poor or inadequate risk assessment by the employer <input type="checkbox"/> defects in the workplace <input type="checkbox"/> lack of employee's personal protection including <input type="checkbox"/> personal protective means <input type="checkbox"/> breach of regulations related to work or to the instructions of the injured employee's employer <input type="checkbox"/> the unpredictable risk at work or human error <input type="checkbox"/> other unspecified reason

	Date	Name and surname	Signature
Employee affected by the accident:			
Witnesses:			
On behalf of the employer recorded by:			
	Position:		

Notice: ¹⁾ in case of an employee of other employer give the date of birth
²⁾ a ³⁾ fill out according to the Table 1 given on the other side of this form.

The filled out form shall be given to the Industrial safety officer in the relevant part of MU or to other person responsible for record keeping of accidents at work.

Table 1: CLASSIFICATION FOR injured body part CLASSIFICATION FOR TYPE OF INJURY

CODE	TYPE OF INJURY	CODE	INJURED BODY PART
0	Unknown or unspecified type of injury	0	The injured body part, unspecified
10	Wounds and superficial injuries	10	Head without detailed distinction, further unspecified
11	Superficial injuries	11	Head, brain, cranial nerves and blood vessels
12	Open wounds	12	Face
19	Other types of wounds, and superficial wounds	13	Eye
20	bone fractures	14	Ear
21	Closed fractures	15	Teeth
22	Open fractures	18	Head - more affected areas
29	Other types of bone fractures	19	Head - other parts not mentioned above
30	Dislocations, sprains, strains	20	Neck and spine, including the cervical vertebrae
31	Dislocation or incomplete dislocation	21	Neck and spine, including the cervical vertebrae
32	Sprain or strain	29	Neck - other unspecified parts
39	Other types of dislocations, sprains, strains	30	Back including the spine and back vertebrae
40	Traumatic amputation (loss of body parts)	31	Back including the spine and back vertebrae
50	Concussion and internal injuries	39	Back – other unspecified parts
51	Concussion and intracranial injuries	40	Trunk and organs without detailed resolution
52	Internal injuries	41	Chest, ribs including joints and shoulder blades
59	Other types of concussion and internal injuries	42	Chest area including organs
60	Burns, scalds and frostbite	43	Pelvic and abdominal area including organs
61	Burns and scalds (thermal)	48	Trunk – more affected areas
62	Chemical burns (acid burns)	49	Trunk – other parts not given above
63	Frostbites	50	Upper limbs without detailed resolution
69	Other types of burns, scalds and frostbite	51	Arm and shoulder joints
70	Poisoning and infections	52	Arm including the elbow
71	Acute poisoning	53	Arm from the wrist down
72	Acute infections	54	Finger
79	Other types of poisoning and infections	55	Wrist
80	Drowning and suffocation	58	Upper limbs – more affected areas
81	Suffocation	59	Upper limbs – other parts unspecified above
82	Non-fatal drowning	60	Lower limbs without detailed distinction
89	Other types of drowning and suffocation	61	Hips, hip joints
90	Effects of sound, vibration and pressure	62	Foot including knee
91	Acute hearing loss	63	Ankle
92	Effects of pressure (barotrauma)	64	Foot from ankle down
99	Other effects of sound, vibration and pressure	65	Toe
100	Effects of extreme temperature, light and radiation	68	Lower limbs – more affected areas
101	Sunburn from heat and sunlight	69	Lower limbs – other parts unspecified above
102	Effects of radiation (non-thermal)	70	Whole body and more areas without detailed resolution
103	Effects of reduced temperature	71	The entire body (systemic effects)
109	Other effects of temperature extremes, light and radiation	78	Body – more affected areas
110	Shock	79	The body - other injured body part not listed above
111	Shocks after aggression and threats		
112	Traumatic shocks		
119	Other types of shock		
120	Multiple injury		
999	Other specific injuries not included in other categories		

Notice (completion):



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