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organizational unit

REPORTONG AN EMPLOYEE ACCIDENT WHEN WORKING REMOTELY

1. Name/surname of the injured student/doctoral student
2. Date and place of birth
3. Place of residence
4. Occupation by education and position held
5. Number of hours completed on three consecutive days of work before the accident.....
6. Start and end of work time on the day of the accident
7. Date and time of the accident
8. Place of the accident
9. Brief description of the accident
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10. Health and safety training (date of the training)
11. Length of service at the University.....
12. Periodic medical tests validity date
13. Accident witnesses: (name, surname and contact telephone number)
 - 1)
 - 2)
14. Name and surname of the person reporting the accident
15. Name of the person responsible for the supervision of the victim
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16. Type of contract.....
17. PESEL number of an employee (for foreigners passport series and number)
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18. Contact telephone number of an employee.....

Date of accident report acceptance
by the OHS Section:

Signature of the
immediate superior:

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L.dz. RAH.