|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (pieczęć adresowa pracodawcy) |  |  |  |  |  |

**AKTA**

**w sprawie wypadku**

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| --- | --- | --- | --- |
|  |  | przy pracy\* |  |
|  |  | zrównanego z wypadkiem przy pracy\* |
|  |  | w drodze do pracy lub z pracy\* |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Protokół powypadkowy/Karta Wypadku\* nr |  |  |  |  |

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|  |  |  |  |  |
|  |  | imię i nazwisko poszkodowanego |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. | Data i miejsce wypadku | |  |  |  | |  |
|  | 2. | Data zgłoszenia wypadku | |  |  | | |  |
|  | 3. | Data zakończenia postępowania | |  |  |  | |  |
|  | 4. | Skutki wypadku: | |  |  |  | |  |
|  | | |  | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 5. | Zwolnienie lekarskie: | od dnia |  | do dnia |  |  |
|  | 6. | Data wysłania dokumentacji do ZUS | |  |  |  |  |

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| --- | --- | --- | --- |
|  |  | Inspektorat ZUS: |  |
| (dokładny adres) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 7. | Data wysłania karty statystycznej wypadku przy pracy do WUS: | | | |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  | data podpis inspektora BHP | | |  |  |

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|  |  |  |  |  |
| \*) niewłaściwe skreślić. |  |  |  |  |