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| --- | --- | --- | --- | --- | --- |
| nazwa pracodawcy |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| adres pracodawcy |  |  |  |  |  |

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|  |  |  |  |  | , dnia |  | r. |

ZAPIS WYJAŚNIEŃ PRACOWNIKA

POSZKODOWANEGO W WYPADKU

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| na okoliczność zdarzenia zaistniałego w dniu | | | | | | | | | |  | | r. | o godz: | |  | |  | | |
| jakiemu uległ(a): | | | |  | | | | | | | | | | | | | | |  | |
| zatrudniony(a) w | | |  | | | | | | | | | | | | | | |  | |
| na stanowisku | | | |  | | | | | | | | | | | | | |  | |
| 1. Dane personalne poszkodowanego : | | | | | | | | |  | |  | | |  | |  | |  | |
|  | Imię i nazwisko | | | | | | |  | | | | | | | | | |  | |
|  | | Data i miejsce urodzenia | | | | | |  | | | | | | | | | |  | |
|  | Numer, seria dowodu osobistego | | | | | | |  | | | | | | | | | |  | |
|  | PESEL | | | | |  | |  | | | | | | | | | |  | |
|  | NIP | | | | |  | |  | | | | | | | | | |  | |
|  | Imię ojca | | | | |  | |  | | | | | | | | | |  | |
|  | | Adres domowy | | |  | |  | | | | | | | | | | | | |

2. Wyjaśnienia poszkodowanego:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Skład zespołu powypadkowego: | |  | | Podpis: | |  |
| 1) |  | |  |  |  | |
| 2) |  | |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | | | | |  | (podpis poszkodowanego) |  |