



e-form



# Accident Notification Form

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**Form should reach OHSA (email: [ohsa@gov.me](mailto:ohsa@gov.me)) within seven (7) days after the accident in terms of LN 52/1986 Article 22.2(b)**

Employer's Name

ID Card No.

Company Name

Company Registration No.  
(MFA Reg. No.)

Postal Address

Type of Industry

Email

Telephone

Date of Accident

No. of Persons involved

Place /  
Address of Accident

Days out of Work  
(working days)

## Person filing the Accident Notification

Name and Surname

Position within the Company

Signature

## Details of Injured Person(s)

Name and Surname

ID Card No.

Gender

Address

Age

Job Title

Name and Surname

ID Card No.

Gender

Address

Age

Job Title

Name and Surname

ID Card No.

Gender

Address

Age

Job Title

Name and Surname

ID Card No.

Gender

Address

Age

Job Title

## Type of Accident

Use of Hand Tools	Hit by a moving, flying or falling object
Fall on Same Level	Injured while handling, lifting or carrying
Fall on Lower Level	Injured while using means of transport
Inhaling of fumes/gases	Physically injured after being assaulted by human or animal
Burn	Use of chemicals
Electrocuted	Striking against object

Other (*specify*)

## Type of Injury

Fracture	Laceration with wound
Sprain	Burn
Strain	Chemical Burn
Contusion	Amputation

Other (*specify*)

## Part of Body injured

Hand(s)	Back
Leg(s)	Face
Head	Eye(s)
Forearm(s)	Foot (Feet)

Other (*specify*)