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|  | 事故（速報第　　回 ・ 報告） | | | | | | | | | | | | | | | |  | |  | | |  | | | |  | | |  | | | | |  | |
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| 発注担当課 | | | |  | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |
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| 件名 | | | |  | | | | | | | | | | | | | | | 受注者 | | | | 住所 | |  | | | | | | | | | | |
| 契約期間 | | | |  | | | | | | | | | | | | | | | 代表者名 | | | |  |  | |  | |  | ㊞ | | |
| 契約額 | | | |  | | | | | | | | | | | | | | | 連絡先 | | | | |  | | | | | | | | | | | |
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| いつ | | | | 年　　　月　　　日（　　）　　　時　　　分頃 | | | | | | | | | | | | | | | | | | | | | | | | 天候 | | | | |  | | |
| どこで | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【原因】　　　だれ　　　　　（何が） | | | | １．作業者及び現場関係者　 　２．通行人・住民等 　　３．その他（落石等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | 住所 | | | |  | | | | | | | | | | | | | | | | |
| 勤務先 | | | | 下請けの場合　　　次 | | | | | | | | | | | 連絡先 | | | |  | | | | | | | | 年齢 | | | | 才 |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【発生状況】  どうした時に | | | | １．現場作業中　　　 　　２．通行中　　 　　　３．その他　※詳細は内容欄へ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内容 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【被災者】　　だれ　　　　（何が） | | | | １．作業者及び現場関係者　　２．通行人・住民等　　３．その他（備考欄へ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | 住所 | | | |  | | | | | | | | | | | | | | | | |
| 勤務先 | | | | 下請けの場合　次 | | | | | | | | | | | 連絡先 | | | |  | | | | | | | | | 年齢 | | | 才 |
| 備考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| どうなった | | | | １．物損　　　　　２．負傷　　　　　３．死亡　　　※詳細は内容欄へ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病の程度 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病院名 | | | |  | | | | | | | | | | | 搬送手段 | | | | 救急車・通勤用車両・その他の車輌 | | | | | | | | | | | | |
| 周囲への　　　　影響 | | | | １．多い　　 　　２．少ない　　　　３．なし　　　※詳細は内容欄へ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内容 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 関係機関への連絡の  有無 | | | | 警察署 | | | |  | | | | | | 水道 | | |  | | | | | | | NTT | | | |  | | | | | | | |
| 消防署 | | | |  | |  |  |  |  | ガス | | |  | |  |  |  | |  | その他 | | | |  | | | | | | | |
|  | | | |  | |  |  |  |  | 電気 | | |  | |  |  |  | |  |  | | | |  | | | | | | | |
| 添付資料 | | | | ・現場案内図　　　　　・事故状況図　　　　・現場写真　　　・その他（　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | ※添付資料の該当に○印 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 事故後の対応  （応急処置等） | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事故原因 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

※第１報は、概要のみを記入し、速やかに監督職員へ報告すること。