*The victim completes page 1 and submits it to the responsible manager.*

*The manager and safety representative fill in page 2 and submit the documentation to the HR department.*

**Reporting of incidents at Jönköping University**

**Name:……………………………………………………………… Date and time of the event:………………**

**Company:……………………………………………………………Department/workplace:…………………..**

**1.** **Description of the event/situation**

|  |
| --- |
|  |

**2. At what stage of work (specific task, on the way to or from work, other, etc.)?**

|  |
| --- |
|  |

**3. Date, time and place?**

|  |
| --- |
|  |

**Investigation of incidents at Jönköping University**

1. **Does any action need to be taken immediately?**

|  |  |  |  |
| --- | --- | --- | --- |
| Actions | Who is responsible? | When ready? | Follow-up |
|  |  |  |  |
|  |  |  |  |

1. **Do any measures need to be taken to prevent the incident from happening again (more long-term measures)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Actions | Who is responsible? | When ready? | Follow-up |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| The responsible manager has taken note of the above information, signature: | Date |
| Name clarification: |
| Safety representative has taken note of the above information, signature: | Date |
| Name clarification: |