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| 專業分類號碼 1-10 | |  |  |  |  |  | |  |  |  |  |  | 勞工保險證字號 | | | | | |  | | | | | | 日期 | | | | 起  年 月 日  止 | | | | | | |
| 災害件數 11-16 | |  | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | | | |
| 17-18  受傷部位  19-20  21-22 | |  |  |  | | | | | |  |  |  | | | |  |  |  | | | | |  |  | |  | | | | |  |  |  | | |
|  |  |  | | | | | |  |  |  | | | |  |  |  | | | | |  |  | |  | | | | |  |  |  | | |
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| 災 害 類 型  23-24 | |  |  |  | | | | | |  |  |  | | | |  |  |  | | | | |  |  | |  | | | | |  |  |  | | |
| 媒 介 物 25-27 | |  |  |  |  | | | | |  |  |  |  | | |  |  |  | |  | | |  |  | |  |  | | | |  |  |  |  | |
| 失能傷害種類  28-29 | |  |  |  | | | | | |  |  |  | | | |  |  |  | | | | |  |  | |  | | | | |  |  |  | | |
| 失能傷害損失日數 30-33  結案年月日  34-35 | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 年 月 | | | | | 日 | | | 年 月 | | | | 日 | | 年 月 | | | | | 日 | | 年 月 | | | | | 日 | | | 年 月 | | | | 日 |
| 罹災 年 月 日 時 | | 年 月 日 午時 | | | | | | | | 年 月 日 午時 | | | | | | 年 月 日 午時 | | | | | | | 年 月 日 午時 | | | | | | | | 年 月 日 午時 | | | | |
| 罹 災 者 | 姓 名 |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 身分證字號 |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 出生年月日 | 年 月 日 午時 | | | | | | | | 年 月 日 午時 | | | | | | 年 月 日 午時 | | | | | | | 年 月 日 午時 | | | | | | | | 年 月 日 午時 | | | | |
| 職 種 |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 作業經歷年月 | 年 月 日 午時 | | | | | | | | 年 月 日 午時 | | | | | | 年 月 日 午時 | | | | | | | 年 月 日 午時 | | | | | | | | 年 月 日 午時 | | | | |
| 罹 災 場 所 | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 工 作 名 稱 | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 災害發生經過 | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 災害發生原因 | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |

科 職業災害個案登記表(統計表)

學務主任：

(校安通報中心)

實習主任：

填表人： 科主任:

實習組長：

校長：