

**MLC/IHA MISHAP INJURY/SICKNESS REPORT**

(英語で記入すること)

Page \_\_\_\_\_ of \_\_\_\_\_

1. Activity (Division/Code): \_\_\_\_\_

2. Name of Employee/Empl No.: Mr./ Ms. \_\_\_\_\_  
Employee No. ( \_\_\_\_\_ )

3. Type of Employment: MLC IHA HPT

4. Date/Time of Mishap: Date: \_\_\_\_\_ Time: \_\_\_\_\_

5. Place of Mishap (Bldg.#, Name of building, etc.):  
\_\_\_\_\_

6. Description of Mishap (Include detailed description of injuries.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Name of Hospital: a. \_\_\_\_\_ b. \_\_\_\_\_

Name of Pharmacy (if applicable): a. \_\_\_\_\_ b. \_\_\_\_\_

8. Name of Witness/ Supervisor: Mr./ Ms. \_\_\_\_\_

9. Estimated Lost Day(s): \_\_\_\_\_ days

10. Illustration of the Accident -- Only applicable when Item 9 (# of lost day(s) is  
four days or more (If more space is needed, please use an additional sheet of paper):

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Must be completed by the Activity Safety Office or Safety Representative.

Certified by:

\_\_\_\_\_  
Name and Title Signature Date

\_\_\_\_\_  
Activity/Code Phone No.

▷ Fax to HRO ASAP and forward the original signed copy to HRO within 3 workdays  
from the accident.