江苏省事故伤害（职业病）备案登记表

用人单位全称： 备案日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 发生事故（职业病诊断、鉴定）时间 | 年 月 日 时 分 | | | | | | | | | | | | | | | 伤害发生地点 | | | | | 省 市 县  （市区） | |
| 急救医院 |  | | | | | | | | | | | | | | | 急救科室 | | | | |  | |
| 受伤害经过简述 |  | | | | | | | | | | | | | | | | | | | | | |
| **受伤害职工基本情况** | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 公民身份号码 | | | | | | | | | | | | | | | | | | | 受伤部位 | | 医疗机构初诊意见 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |
| **备案人基本情况** | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 公民身份号码 | | | | | | | | | | | | | | | | | | | 备案人与受伤害职工关系 | | 手机号码 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |