# Annex IV Form Detailed Report Serious Occupational Accidents

Annex IV

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Send this report as soon as possible (but within 10 days) after immediately reporting the accident to the IGM (Inspector-General of Mines).

**Information victim(s)**

Is the victim an employee of the operator? *For the definition of ‘employee’, see point 2 of this Standard!*

If no: the report of the occupational accident has to made by the employer of the victim

If yes: fill in the Form and send

**Reference** *(referring to immediate report)*

Concerns the incident on …… [*location and name mining installation/ location*]

Reported by phone and fax on ….. [*day and date*]

**1. Employer**

Name:

Address:

(PO Box nr)

Zip code and city:

**2. Victim(s)**

Name:

Address:

Zip code and City:

Date of Birth and Gender:

Nationality:

The victim is: employee/ trainee/ temporary worker/ other \*

First working date:

Type of injury:

Place of injury:

Hospitalisation: yes/no\*

Fatality: yes/no\*

Expected duration of absence:

*\* Blot out what is not applicable*

**3. Circumstances of the occupational accident**

Activities done by the victim directly before the occupational accident:

Nature of the occupational accident:

Possible occupational means (tools) or goods involved:

**Detailed report made by**

Name:

Position:

Employer:

Phone: