山东省工伤事故（职业病）登记表

用人单位全称： 备案日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | | |  | |
| 提示 | 用人单位应当自事故伤害发生或者被诊断、鉴定为职业病之日起30日内提出工伤认定申请，参保单位未在规定时限提出工伤认定申请的，从发生之日到申请之日（不含申请当日）发生的符合《工伤保险条例》规定的工伤医疗费、住院伙食补助费、异地就医交通食宿费等由用人单位支付。 | | | | | | | | | | | | | | | | | | | | | |
| 受伤害经过简述 |  | | | | | | | | | | | | | | | | | | | | | |
| **受伤害职工基本情况** | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 身份证号码 | | | | | | | | | | | | | | | | | | | 受伤部位 | | 医疗机构初诊意见 |
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| **备案人基本情况** | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 身份证号码 | | | | | | | | | | | | | | | | | | | 备案人与受伤害职工关系 | | 移动电话 |
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