



## Reporting incidents, risks and occupational injuries

### ***Incidents and risks:***

- Fill out this entire form
- **Serious incidents** must be reported within 48 h to the Work Environment Authority, [www.anmalarbetsskada.se](http://www.anmalarbetsskada.se)
- Immediately send the form/forms to [tillbudarbetsskada@kth.se](mailto:tillbudarbetsskada@kth.se)

### ***Occupational injuries:***

- Fill out this entire form
- Report the injury to Försäkringskassan, [www.anmalarbetsskada.se](http://www.anmalarbetsskada.se)
- The injured can also report the injury to AFA insurance, [www.afaforsakring.se](http://www.afaforsakring.se)
- **Serious occupational injuries** must be reported within 48 h to the Work Environment Authority, [www.anmalarbetsskada.se](http://www.anmalarbetsskada.se)
- Immediately send the two/three forms to [tillbudarbetsskada@kth.se](mailto:tillbudarbetsskada@kth.se)

### ***Attached reports:***

- The Work Environment
- Authority Försäkringskassan

### **In emergency situations and in need of immediate assistance:**

1. The emergency number 112
2. KTH's emergency number 08-790 77 00
3. Report to the Work Environment Authority, [www.anmalarbetsskada.se](http://www.anmalarbetsskada.se) or by telephone, 010-730 90 00 (within 48 h)

All cases of threats and violence must be reported to the Work Environment Authority

If you have any questions, please contact [tillbudarbetsskada@kth.se](mailto:tillbudarbetsskada@kth.se)

More information under [Reporting incidents, risks and occupational injuries](#)

## 1. The report relates to

Risk

Incident

Occupational injury

Location/Address:

Time and date of the event:

If the report relates to a person, what role does he/she have at KTH?

Employee

Student

Other function

## 2. The incident

Description and reason for the incident (only if this has not been described in another report):



#### 4. Signature

Employer's representative and date  _____ Print name: _____	Phone number	School/Department
Employee/student (taken note of the report) and date  _____ Print name: _____		
Safety representative and date  _____ Print name: _____		