



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
- Immediately send the form/forms to tillbudarbetsskada@kth.se

Occupational injuries:

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

The information you provide on this form in connection with a report being filed will be handled in accordance with GDPR and the work environment act. The data are used to further report and prevent the occurrence of new incidents. The data can also be used as information in insurance matters. The information is processed until the case is closed where after it is filed subsequently on a yearly basis. If you have any further queries regarding the handling of personal data you provide on this form, please contact dataskydd@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: _____		