



## YAŞAR UNIVERSITY OCCUPATIONAL ACCIDENT NOTIFICATION FORM

*To be filled out by the Department/Directorate Head of the person involved in the accident.*

### WORKPLACE INFO

Name:	SSI Registration No:	Address:
Yaşar University	285420101128335703504-88 ( )	Kazımdirik Mah. Üniversite Cad. No:37-39A Bornova/İzmir
Yaşar Üniversitesi (İBOTİM*)	241200101134780303504-29 ( )	Kazımdirik Mah. Üniversite Cad. No:37-39A Bornova/İzmir
Yaşar Üniversitesi Student Residence	255900101139056403504-13 ( )	Sanayi Cad. 367/2 Sk. Dış Kapı No:9 Bornova/İzmir
Yaşar Üniversitesi Intern	285420101157420503504-33 ( )	Kazımdirik Mah. Üniversite Cad. No:37-39A Bornova/İzmir

### ACCIDENT VICTIM INFO

Name and Surname:	Work occupied at the time of the accident:
ID No:	
Position, Title:	
Phone:	

### ACCIDENT INFO

Date/Time of the Accident:	Department/Area Where the Accident Happened:
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### ACCIDENT VICTIM'S RELATIVE INFO

Name and Surname:	Phone:
ID Number:	Degree of the Relative:

### WITNESS INFO -1

Name and Surname:	Name and Surname:
Position/Title:	Position/Title:
ID Number:	ID Number:

### WHAT CAUSED THE ACCIDENT AND HOW IT OCCURRED (Please elaborate)

Report Date/Time:	Report prepared by (Name and Surname/Signature):
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*To be filled out the Workplace Physician/Nurse.*

### INJURY SITE AND TYPE OF THE INJURY

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### INTERVENTION PERFORMED AT THE INFIRMARY

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### REFERRAL TO HOSPITAL

Not needed ( )
Hospital where the accident victim has been referred:

### INFIRMARY INFO

Name and Surname of the Workplace Nurse:	Signature:
Name and Surname of the Workplace Physician:	Signature:
Report issued by (Name and Surname):	Signature:

\* Construction Maintenance & Repair and Technical Affairs Directorate

\*\* Department/Directorate Heads are obliged to report any occupational accident by using this form within one (1) working day following the accident. As per the Labor Law No. 4857 Article 105, employers who do not act in accordance with this notification period are charged with administrative fine. Individuals causing the relevant delay will guarantee payment of Administrative Fines.