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| **Protokół nr** | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | **/** | |  |  |  | |  | | | **r.** | | | | | | | | | | | |  | | | | | |
| **ustalenia okoliczności i przyczyn wypadku przy pracy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Dane pracodawcy: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ............................................................................................................................................................................  nazwa lub imię i nazwisko pracodawcy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NIP1) PESEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ............................................................................................................................................................................  numer dowodu osobistego albo inny dokument potwierdzający tożsamość pracodawcy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. Zespół powypadkowy w składzie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) .................................................................................................................... ..................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| imię i nazwisko funkcja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) .................................................................................................................... ..................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| imię i nazwisko funkcja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dokonał w dniach od ............................................................ do ....................................................... ustaleń dotyczących okoliczności i przyczyn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| wypadku przy pracy, jakiemu w dniu ...................................................................... o godz. .................................................... uległ(a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pan(i) .................................................................................................................................. urodzony(-na) ................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| zamieszkały(-ła) | | | | | | | | | | | | | | ...................... | | | | | | | | | .................................................. | | | | | | | ........................................................... | | | | | | | | | | | | ............... | | | | | | | ..................... | | | | | | |
|  | | | | | | | | | | | | | | kod pocztowy | | | | | | | | | miejscowość | | | | | | | ulica | | | | | | | | | | | | numer domu | | | | | | | numer lokalu | | | | | | |
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| PESEL2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | numer dowodu osobistego albo innego dokumentu potwierdzającego tożsamość | | | | | | | | | | | | | | | | | | | | | | | | |
| zatrudniony(-na) w ................................................................................... na stanowisku ............................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | h | | |  | | |  |  | | | |  | |  | |
| nazwa stanowiska kod zawodu3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Wypadek zgłosił(a) ....................................................................................................................... w dniu ............................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 4. | Ustalono następujące okoliczności wypadku:4) | | | | |  |
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| 5. | Ustalono następujące przyczyny wypadku:4) | | | | |  |
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| – | stwierdzono nieprzestrzeganie przez pracodawcę następujących przepisów prawa pracy, w szczególności przepisów i zasad bezpieczeństwa i higieny pracy lub innych przepisów dotyczących ochrony życia i zdrowia *(wskazać dowody)*:4), 5) | | | | |  |
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| – | stwierdzono, że wyłączną przyczyną wypadku było naruszenie przez poszkodowanego pracownika przepisów dotyczących ochrony życia i zdrowia, spowodowane przez niego umyślnie lub wskutek rażącego niedbalstwa *(wskazać dowody)*:4) | | | | |  |
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| – | stwierdzono stan nietrzeźwości albo użycie przez poszkodowanego pracownika środków odurzających lub substancji psychotropowych przyczyniające się w znacznym stopniu do powstania wypadku przy pracy *(wskazać dowody, a w przypadku odmowy przez poszkodowanego poddania się badaniom na zawartość tych substancji w organizmie – zamieścić informację o tym fakcie)*:4) | | | | |  |
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| 6. Skutki wypadku dla poszkodowanego *(rodzaj i umiejscowienie urazu)* | | | | | | |
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| 7. Stwierdza się, że wypadek: | | JEST | 6) | NIE JEST | 6) | |
| – wypadkiem przy pracy,6) | | | | | | |
| – traktowany na równi z wypadkiem przy pracy6), | | | | | | |
| co uzasadnia się następująco:4) | | | | | | |
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| 8. Rodzaj wypadku:6) | indywidualny |  | zbiorowy |  | śmiertelny |  | ciężki |  | powodujący czasową niezdolność do pracy |

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| 9. | Wnioski i zalecane środki profilaktyczne:4) |  |
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| 10. Podpisy członków zespołu powypadkowego uczestniczących w ustalaniu okoliczności i przyczyn wypadku: | | |
| 1) ...................................................................................................................... 2) ................................................................................................................................. | | |
| czytelny podpis czytelny podpis | | |
| 11. Protokół sporządzono dnia: .............................................................................................. | | |
| data | | |
| 12. Przeszkody lub trudności, które uniemożliwiły sporządzenie protokołu w wymaganym terminie 14 dni: | | |
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| 13. Poszkodowany / członek rodziny:6) | | |
| – zapoznany został z niniejszym protokołem oraz pouczony o prawie zgłoszenia do protokołu uwag i zastrzeżeń, | | |
| – zgłasza uwagi i zastrzeżenia do protokołu: TAK/NIE6) | | |
| *(zgłoszone uwagi i zastrzeżenia należy dołączyć do protokołu).* | | |
| ............................................................................................................................... .............................................. ................................................. | | |
| imię i nazwisko poszkodowanego pracownika lub uprawnionego członka rodziny data podpis | | |
| 14. Protokół zatwierdzono dnia: ................................................................................... ................................................................................................. | | |
| data podpis pracodawcy | | |
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| 15. Potwierdzenie odbioru protokołu ...................................................................................................................................................................................... | | |
| imię i nazwisko poszkodowanego pracownika lub uprawnionego członka rodziny | | |
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| Data: doręczenia / przesłania protokołu:6) .................................................................... ......................................................................................... | | |
| podpis / nr przesyłki poleconej | | |
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| 16. Wykaz załączników do protokołu: | | |
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**POUCZENIE**

I. Przed zatwierdzeniem protokołu zespół powypadkowy jest obowiązany zapoznać z treścią protokołu poszkodowanego pracownika, a w razie wypadku  
śmiertelnego – uprawnionego członka rodziny pracownika, który ma prawo zgłoszenia uwag i zastrzeżeń do ustaleń zawartych w protokole.

II. Poszkodowany pracownik, a w razie wypadku śmiertelnego – uprawniony członek rodziny zmarłego pracownika, może wystąpić do sądu rejonowego  
– sądu pracy w ....................................................................................................................... z powództwem o ustalenie i sprostowanie protokołu na podstawie  
art. 189 ustawy z dnia 17 listopada 1964 r. – Kodeks postępowania cywilnego (Dz. U. z 2018 r. poz. 1360, z późn. zm.). Z powództwem takim, w interesie  
poszkodowanego pracownika, może wystąpić również organizacja związkowa działająca u pracodawcy zatrudniającego poszkodowanego pracownika.

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1) Jeżeli nie został nadany NIP, podać PESEL lub numer dowodu osobistego albo innego dokumentu potwierdzającego tożsamość.

2) Jeżeli nie został nadany numer PESEL, podać numer dowodu osobistego albo innego dokumentu potwierdzającego tożsamość.

3) Podać pełny kod zawodu (specjalności), tj. sześciocyfrowy symbol zgodny z obowiązującą klasyfikacją zawodów i specjalności na potrzeby rynku pracy.

4) Jeżeli zabraknie miejsca na druku, należy go uzupełnić kolejną stroną podpisaną przez członków zespołu powypadkowego.

5) Przez inne przepisy dotyczące ochrony życia i zdrowia rozumie się np. przepisy o ochronie przeciwpożarowej, o dozorze technicznym, przepisy prawa  
geologicznego i górniczego, budowlanego, o ruchu drogowym.

6) Niepotrzebne skreślić.