

銘傳大學 重大職業災害案件資料通報單 Notification Form for Major Occupational Accident Cases	
災害發生時間 Time of Accident Occurrence	年Year 月Month 日Day 時Hour 分Minute
災害發生地點 Location of Accident Occurrence	
災害類型 Type of Accident	<input type="checkbox"/> 墜落、滾落Fall, tumble <input type="checkbox"/> 跌倒Slip, trip <input type="checkbox"/> 衝撞Collision, impact <input type="checkbox"/> 物體飛落Object falling <input type="checkbox"/> 物體倒塌、崩塌Collapse, collapse of object <input type="checkbox"/> 被撞Struck by <input type="checkbox"/> 被夾,被捲Crushed, rolled over <input type="checkbox"/> 被切,割,擦傷Cut, laceration, abrasion <input type="checkbox"/> 踩踏Trampled <input type="checkbox"/> 溺斃Drowning <input type="checkbox"/> 與高溫,低溫接觸Contact with high temperature, low temperature <input type="checkbox"/> 與有害物等之接觸Contact with hazardous substances <input type="checkbox"/> 感電Electric shock <input type="checkbox"/> 爆炸Explosion <input type="checkbox"/> 物體破裂Object rupture <input type="checkbox"/> 火災Fire <input type="checkbox"/> 不當動作Improper action <input type="checkbox"/> 其他Other <input type="checkbox"/> 不能歸類Unable to classify <input type="checkbox"/> 公路交通事故Road traffic accident <input type="checkbox"/> 鐵路交通事故Railway traffic accident <input type="checkbox"/> 船舶飛機交通事故Ship, aircraft traffic accident <input type="checkbox"/> 其他交通事故Other traffic accidents
災害發生經過 Details of Accident Occurrence	
通報者姓名 Name of Reporter	
通報者連絡電話 Contact Phone Number of Reporter	
罹災者單位 Unit of the Accident Victim	
罹災者姓名 Name of the Accident Victim	
罹災者身份證號 ID Number of the Accident Victim	
罹災程度 Severity of Accident	<input type="checkbox"/> 死亡Death <input type="checkbox"/> 重傷Serious injury <input type="checkbox"/> 輕傷Slight injury
投保情形 Insurance Coverage	<input type="checkbox"/> 公保Civil Servant Insurance <input type="checkbox"/> 勞保Labor Insurance
罹災者本人及家屬電話 Phone Numbers of the Accident Victim and Family Members	

備註: 此表請於事故發生後, 即時向環安衛中心通報。