支部様式第１号

災　害　（　現　認　・　事　実　確　認　）　書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | |  | | |  | | 年 | |  | | 月 | |  | | 日 |  | |
| 地方公務員災害補償基金千葉県支部長　様 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 勤 務 先 | | | |  |  | | | | | | | | | | | | | | | | |  |
|  | 報告者 | | 職・氏名 | | | |  |  | | | | | | | | | | | | | | | | |  |
|  |  | | 居 住 所 | | | |  |  | | | | | | | | | | | | | | | | |  |
| 下記被災職員に関する災害について、下記のとおり災害発生を（　現認　・　事実確認　）したので報告します。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記 | | | | | | | | | | | | | | | | | | | | | | | | | |
| １　被災職員の所属及び職・氏名 | | （所　　属） | | | | | | | | | | | | | | | | | | | | | | |  |
| （職・氏名） | | | | | | | | | | | | | | | | | | | | | | |
| ２　災害発生日時 | |  | |  | 年 |  | | | 月 | |  | 日 | | 午前  午後 | |  | | 時 | |  | | 分ごろ | | |  |
| ３　災害発生場所 | |  | | | | | | | | | | | | | | | | | | | | | | |  |
| ４　災害発生状況（いつ、どこで、どこを、どのように負傷したか等具体的に） | | | | | | | | | | | | | | | | | | | | | | | | | |
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（注1）この用紙は、災害の直接の目撃者又は災害発生を最初に確認した者が作成すること。

その際、（）内の現認又は事実確認に印をつけること。

（注2）現認とは、災害発生を間近で直接目撃したことをいい、それ以外は事実確認となる。

（注3）報告者として有効な者は、基金の補償対象者に限る。