|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INCIDENTE: |  | ACCIDENTE: | LEVE |  | GRAVE |  | MORTAL |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EPS A LA QUE ESTÁ AFILIADO | | | | | | CÓDIGO EPS | ARL A LA QUE ESTA AFILIADO | | CÓDIGO ARL |
|  |  | |  |
| AFP A LA QUE ESTÁ AFILIADO: | | | | | | | | CÓDIGO AFP O SEGURO SOCIAL | |
| SEGURO SOCIAL | SI |  | NO |  | CUAL | | |  | |

I. IDENTIFICACIÓN GENERAL DEL EMPLEADOR, CONTRATANTE O COOPERATIVA

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TIPO DE VINCULADOR LABORAL: | (1) EMPLEADOR | |  | | (2) CONTRATANTE | | | | | | | |  | | (3) COOPERATIVA DE TRABAJO ASOCIADO | | | | | | | | | | | |  |
| SEDE PRINCIPAL:  NOMBRE DE LA ACTIVIDAD ECONÓMICA | | | | | | | | | | | | | | | | | | | | | | | CODIGO | | | | |
|  | | | | |
| NOMBRE O RAZÓN SOCIAL | | | | | | TIPO DE IDENTIFICACIÓN | | | | | | | | | | | | | | | | | | | | | |
| NIT |  | CC | | |  | CE | |  | | NU |  | PA |  | | | No. | | | | | |
| DIRECCIÓN | | | | | | | | | TELÉFONO | | | | | | | | | | | | FAX | | | | | | |
| CORREO ELECTRÓNICO | | DEPARTAMENTO | | | | | | | | MUNICIPIO | | | | | | | | | | | | | ZONA | | | | |
| U |  | R |  | |
| CENTRO DE TRABAJO DONDE LABORA EL TRABAJADOR | | | | | | | | | | | | | | | | | | | | | | | CODIGO | | | | |
|  | | | | |
| ¿SON LOS DATOS DEL CENTRO DE TRABAJO LOS MISMOS DEL CENTRO PRINCIPAL?  SOLO EN CASO NEGATIVO DILIGENCIAR LAS SIGUIENTES CASILLAS SOBRE CENTRO DE TRABAJO: | | | | | | | | | | | | | | | | | | | | | | | SI |  | NO |  | |
|  | | | | |
| NOMBRE DE LA ACTIVIDAD ECONÓMICA DEL CENTRO DE TRABAJO | | | | | | | | | | | | | | | | | | | | | | | CÓDIGO | | | | |
|  | | | | |
| DIRECCIÓN | | | | | | | | | TELÉFONO | | | | | | | | | | | FAX | | | | | | | |
| DEPARTAMENTO | | | | MUNICIPIO | | | | | | | | | | | | | | | | | | | ZONA | | | | |
| U |  | R |  | |

**II. INFORMACIÓN DE LA PERSONA QUE SE ACCIDENTÓ**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TIPO DE VINCULACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CÓDIGO | | | | | | | | | |
| (1) PLANTA | | | | |  | | (2) MISION | | | | | |  | | (3) COOPERADO | | | | | |  | (4) ESTUDIANTE O APRENDIZ | | | | | | | | | |  | | | (5) INDEPENDIENTE | | | | | |  | |  | | | | | | | | | |
| PRIMER APELLIDO | | | | | | | | | | | | | | | | | | | | | | | SEGUNDO APELLIDO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIMER NOMBRE | | | | | | | | | | | | | | | | | | | | | | | SEGUNDO NOMBRE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIPO DE IDENTIFICACIÓN | | | | | | | | | | | | | | | | | | | | | | | | | | FECHA DE NACIMIENTO | | | | | | | | | | | | | | | | SEXO | | | | | | | | | | |
| CC | |  | CE | | |  | | | UN | |  | TI | |  | | | | PA |  | No. | | | | | | DD | | | | MM | | | | | |  | AAAA | | | | | M | | | |  | | F | | |  | |
| DIRECCIÓN | | | | | | | | | | | | | | | | | | | | | | | | TELÉFONO | | | | | | | | | | | | | | FAX | | | | | | | | | | | | | | |
| DEPARTAMENTO | | | | | | | | | | | | | | | | MUNICIPIO | | | | | | | | ZONA | | | | | | CARGO | | | | | | | | | | | | | | | | | | | | | | |
| U |  | | | R |  |
| OCUPACIÓN HABITUAL | | | | | | | | | | | | | | | | | | | | | | | | CÓDIGO | | | | | | | TIEMPO OCUPACIÓN HABITUAL AL MOMENTO DEL | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | ACCIDENTE | | | | | | | | | | | | | | MM | | | |  | DD | | |
| FECHA DE INGRESO A LA EMPRESA | | | | | | | | | | | | | | | | | SALARIO U HONORARIOS (MENSUAL) | | | | | | | | | | JORNADA DE TRABAJO HABITUAL | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | DD | |  | MM | | | |  | | AAAA | | | | | |  |  | | | | | | | | | | (1) DIURNA | | | | | |  | (2) NOCTURNA | | | | |  | (3) MIXTO | | | |  | | | (4) TURNOS | | | | |  |

**III. INFORMACIÓN SOBRE EL ACCIDENTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FECHA DEL ACCIDENTE | | | | | | | | | | | | | | HORA DEL ACCIDENTE | | | | | | | | | | | | | | | | | | | DIA DE LA SEMANA EN QUE OCURRIÓ EL ACCIDENTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | JORNADA EN QUE SUCEDE | | | | | | | | | | | |
|  | DD |  | MM | | |  | | | AAAA | | | |  |  | | HH | | | | | |  | | | | | MM | | |  | | | LU | | |  | | MA | |  | | MI | |  | JU |  | | VI |  | SA | | |  | | | DO | |  | |  | (1) NORMAL | | |  | (2) EXTRA | | | |  | | |  |
| ESTABA REALIZANDO SU LABOR | | | | | | | | | | | | | | | | | | | | | DILIGENCIAR SOLO EN CASO NEGATIVO | | | | | | | | | | | | | | | | | | | | | | | | | | CÓDIGO | | | | | TOTAL TIEMPO LABORADO PREVIO | | | | | | | | | | | | | | | | | | | | |
| HABITUAL? | | | | (1) SI | | | | | | |  | (2) NO | | | | |  |  | | | CUAL: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | AL ACCIDENTE | | | | | | | | | |  | HH | | |  | MM | | |  | | |
| TIPO DE ACCIDENTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) VIOLENCIA | | | | | | |  | | | (2) TRÁNSITO | | | | | | | | |  | | | | | (3) DEPORTIVO | | | | | | | | | | | | | | |  | (4) RECREATIVO O CULTURAL | | | | | | | | | | | | | |  | | | (5) PROPIOS DEL TRABAJO | | | | | | | | | | | |  | | |  |
| CAUSÓ LA MUERTE AL TRABAJADOR? | | | | | | | | | | | | | | | | | | | | | | | FECHA DE LA MUERTE | | | | | | | | | | | | | | | | | | | | DEPARTAMENTO DEL ACCIDENTE | | | | | | | | | | | | | | | | MUNICIPIO DEL ACCIDENTE | | | | | | | | | | | | | |
|  | | | (1) SI | | | | |  | | | (2) NO | | | |  | | |  | | | | |  | | | DD | |  | | | MM | | | |  | | AAAA | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| ZONA DONDE OCURRIÓ EL ACCIDENTE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | LUGAR DONDE OCURRIÓ EL ACCIDENTE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | U | | | | | | | | | | | | | | |  | | | | | R | | | |  | | |  | | (1) DENTRO DE LA EMPRESA | | | | | | | | | | | | | | | | |  | | | | (2) FUERA DE LA EMPRESA | | | | | | | | | | | | |  | | |  | |

**INDIQUE CUAL SITIO:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1) ALMACENES O DEPÓSITOS |  | (4) CORREDORES O PASILLOS |  | (7) OFICINAS |
|  |  |  |  |  |  |
|  | (2) AREAS DE PRODUCCIÓN |  | (5) ESCALERAS |  | (8) OTRAS AREAS COMUNES |
|  |  |  |  |  |  |
|  | (3) AREAS RECREATIVAS O DEPORTIVAS |  | (6) PARQUEADEROS O AREAS DE CIRCULACIÓN VEHICULAR |  | (9) OTRO; ESPECIFICAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

DESCRIPCIÓN DETALLADA DEL LUGAR DEL ACCIDENTE:

TIPO DE LESIÓN:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (10) FRACTURA |  | (20) LUXACIÓN |  | (25) TORCEDURA, ESGUINCE, DESGARRO |
|  |  |  |  |  | MUSCULAR, HERNIA O LACERACIÓN DE  MÚSCULO O TENDÓN SIN HERIDA. |
|  |  |  |  |  |  |
|  | (30) CONMOCIÓN O TRAUMA INTERNO |  | (40) AMPUTACIÓN O ENUCLEACIÓN (Exclusión |  | (41) HERIDA ABIERTA |
|  |  |  | o pérdida del ojo) |  |  |
|  |  |  |  |  |  |
|  | (50) TRAUMA SUPERFICIAL |  | (55) GOLPE O CONTUSIÓN O APLASTAMIENTO |  | (61) QUEMADURA CALÓRICA |
|  |  |  |  |  |  |
|  | (62) QUEMADURA QUÍMICA) |  | (70) ENVENENAMIENTO O INTOXICACIÓN |  | (80) EFECTO DEL TIEMPO, DEL CLIMA U OTRO |
|  |  |  | AGUDA O ALERGIA. |  | RELACIONADO CON EL AMBIENTE. |
|  |  |  |  |  |  |
|  | (81) ASFIXIA |  | (82) EFECTO DE LA ELECTRICIDAD |  | (83) EFECTO NOCIVO DE LA RADIACIÓN |
|  |  |  |  |  |  |
|  | (90) LESIONES MÚLTIPLES |  | (99) OTRO. Especifique\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PARTE DEL CUERPO AFECTADA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | * 1. REGIÓN CRANEANA |  | * 1. OJO |  | * 1. OREJA |
|  |  |  |  |  |  |
|  | * 1. BOCA (Labios, dientes, lengua) |  | * 1. NARIZ |  | * 1. CARA (no clasificado en otros) |
|  |  |  |  |  |  |
|  | (1.8) CABEZA (Ubicaciones múltiples) |  | (1.9) CABEZA (Ubicación no precisada) |  | (2) CUELLO |
|  |  |  |  |  |  |
|  | (3.1) ESPALDA |  | (3.2) TÓRAX |  | (3.3) ABDOMEN |
|  |  |  |  |  |  |
|  | (3.4) PELVIS |  | (3.8) TRONCO (Ubicaciones múltiples) |  | (3.9) TRONCO (Ubicación no precisada) |
|  |  |  |  |  |  |
|  | (4.1) HOMBRO |  | (4.2) BRAZO |  | (4.3) CODO |
|  |  |  |  |  |  |
|  | (4.4) ANTEBRAZO |  | (4.5) MUÑECA |  | (4.6) MANO |
|  |  |  |  |  |  |
|  | (4.7) DEDOS |  | (4.8) MIEMBRO SUPERIOR Ubicaciones múltiples |  | (4.9) MIEMBRO SUPERIOR Ubicación no precisada |
|  |  |  |  |  |  |
|  | (5.1) CADERA |  | (5.2) MUSLO |  | (5.3) RODILLA |
|  |  |  |  |  |  |
|  | (5.4) PIERNA |  | (5.5) TOBILLO |  | (5.6) PIE |
|  |  |  |  |  |  |
|  | (5.7) DEDOS DE LOS PIES |  | (5.8) MIEMBRO INFERIOR Ubicaciones múltiples |  | (5.9) MIEMBRO INFERIOR Ubicación no precisada |
|  |  |  |  |  |  |
|  | (6.1) CABEZA Y TRONCO, CABEZA Y UNO O |  | (6.2) TRONCO Y UNO O VARIOS MIEMBROS |  | (6.3) UN MIEMBRO SUPERIOR Y UN MIEMBRO |
|  | VARIOS MIEMBROS |  |  |  | INFERIOR O MÁS DE DOS MIEMBROS |
|  |  |  |  |  |  |
|  | (6.8) OTRAS UBICACIONES MÚLTIPLES |  | (6.9) UBICACIONES MÚLTIPLES NO PRECISADA |  |  |
|  |  |  |  |  |  |
|  | (7.1) APARATO CIRCULATORIO GENERAL. |  | (7.2) APARATO RESPIRATORIO GENERAL |  | (7.3) APARATO DIGESTIVO GENERAL |
|  |  |  |  |  |  |
|  | (7.4) SISTEMA NERVIOSO GENERAL |  | (7.8) OTRAS LESIONES GENERALES |  | (7.9) LESIONES GENERALES NO PRECISADAS |

AGENTE DEL ACCIDENTE (CON QUÉ SE LESIONÓ EL TRABAJADOR)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1) MÁQUINAS Y/O EQUIPOS |  | (2) MEDIOS DE TRANSPORTE |  | (3) APARATOS |
|  |  |  |  |  |  |
|  | (3.36) HERRAMIENTAS, IMPLEMENTOS O |  | (4) MATERIALES O SUSTANCIAS |  | (4.4) RADIACIONES |
|  | UTENSILIOS |  |  |  |  |
|  |  |  |  |  |  |
|  | (5) AMBIENTE DE TRABAJO (Incluye superficies |  | (6) OTROS AGENTES NO CLASIFICADOS |  | (6.61) ANIMALES (Vivos o productos animales) |
|  | de tránsito y de trabajo, muebles, tejados, en el exterior, interior o subterráneos) |  |  |
|  |  |  |  |  |  |
|  | (7) AGENTES NO CLASIFICADOS POR FALTA DE DATOS | | |  |  |

MECANISMO O FORMA DEL ACCIDENTE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1.1) CAIDAS DE ALTURA O EN PROFUNDIDADES |  | * 1. CAIDAS DE PERSONAS AL MISMO NIVEL |  | (2.1) DERRUMBE |
|  |  |  |  |  |  |
|  | (2.2) DESPLOME |  | (2.3) CAÍDAS DE OBJETOS |  | (2.4) OTRAS CAÍDAS DE OBJETOS |
|  |  |  |  |  |  |
|  | (3.1) PISADAS SOBRE OBJETOS |  | (3.2) CHOQUES CONTRA OBJETOS INMÓVILES |  | (3.3) CHOQUE CONTRA OBJETOS MÓVILES |
|  |  |  |  |  |  |
|  | (3.4) GOLPES POR OBJETOS MÓVILES |  | (4.1) ATRAPAMIENTO POR UN OBJETO |  | (4.2) ATRAPAMIENTO ENTRE UN OBJETO |
|  |  |  |  |  | INMÓVIL Y UN OBJETO MÓVIL |
|  |  |  |  |  |  |
|  | (4.3) ATRAPAMIENTO ENTRE DOS OBJETOS |  | (5.1) ESFUERZOS FÍSICOS EXCESIVOS AL |  | (5.2) ESFUERZOS FÍSICOS EXCESIVOS AL |
|  | MÓVILES |  | LEVANTAR OBJETOS |  | EMPUJAR OBJETOS O TIRAR DE ELLOS |
|  |  |  |  |  |  |
|  | (5.3) ESFUERZOS FÍSICOS EXCESIVOS AL |  | (5.4) FALSOS MOVIMIENTOS |  | (6.1) EXPOSICÓN AL CALOR |
|  | MANEJAR O LANZAR OBJETOS |  |  |  |  |
|  |  |  |  |  |  |
|  | (6.2) EXPOSICIÓN AL FRIO |  | (6.3) CONTACTO CON SUSTANCIAS U |  | (6.4) CONTACTO CON SUSTANCIAS U |
|  |  |  | OBJETOS ARDIENTES |  | OBJETOS MUY FRÍOS |
|  |  |  |  |  |  |
|  | (7) EXPOSICIÓN A, O CONTACTO CON LA |  | (8.1) CONTACTO POR INHALACIÓN POR |  | (8.2) EXPOSICIÓN POR RADIACIONES |
|  | CORRIENTE ELÉCTRICA |  | INGESTIÓN O POR ABSORCIÓN DE |  | IONIZANTES |
|  |  |  |  |  |  |
|  | (8.3) EXPOSICIÓN A OTRAS RADIACIONES |  | (9.1) OTRAS FORMAS DE ACCIDENTES NO |  | (9.2) NO CLASIFGICADO POR FALTA DE |
|  |  |  | CLASIFICADAS |  | DATOS |

IV. DESCRIPCIÓN DEL ACCIDENTE

DESCRIBA DETALLADAMENTE EL ACCIDENTE, QUÉ LO ORIGINÓ O CAUSÓ Y LOS DEMÁS ASPECTOS RELACIONADOS CON EL MISMO:

DATOS COMPLEMENTARIOS:

DIAGRAMAS, DIBUJOS O FOTOGRAFÍAS

VERSIÓN TRABAJADOR ACCIDENTADO:

PERSONAS QUE PRESENCIARON EL ACCIDENTE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hubo personas que presenciaron el accidente? | SI | |  | NO |  | En caso afirmativo, diligenciar la siguiente información y anexar las versiones: | | | | | | | | | | | |
|  |  | |  |  |  |  | | | | | | | | | | | |
| APELLIDOS Y NOMBRES | | | | | | | TIPO DE IDENTIFICACIÓN | | | | | | | | | | |
| CARGO | | FIRMA | | | | | CC |  | TI |  | CE |  | NU |  | PA |  | No. |
| Versión del testigo: | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APELLIDOS Y NOMBRES | | TIPO DE IDENTIFICACIÓN | | | | | | | | | | |
| CARGO | FIRMA | CC |  | TI |  | CE |  | NU |  | PA |  | No. |
| Versión del testigo: | | | | | | | | | | | | |

V. CAUSAS DEL ACCIDENTE

* CAUSAS INMEDIATAS

ACTOS INSEGUROS

CONDICIONES INSEGURAS

* CAUSAS BÁSICAS

FACTORES PERSONALES

FACTORES DEL TRABAJO

VI. MEDIDAS DE INTERVENCIÓN NECESARIAS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Aplica en | | | Implementación | | Verificación | | |
| Recomendación | F | M | T | Fecha | Responsable | Fecha | Efectividad | Responsable |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

### VII. DATOS DE LA INVESTIGACIÓN

|  |  |  |
| --- | --- | --- |
| DEPARTAMENTO | MUNICIPIO | |
| DIRECCIÓN | FECHA | HORA |

**EQUIPO INVESTIGADOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NOMBRE | CARGO | | DOCUMENTO IDENTIDAD | | FIRMA |
| EN LA EMPRESA | EN EL P.S.O. | TIPO\* | NÚMERO |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* **CC**: Cédula de ciudadanía; **TI**: Tarjeta e identidad; **CE**: Cédula de extranjería; **NU**: Nuip; **PA**: Pasaporte

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROFESIONAL EN SALUD OCUPACIONAL | | | | |  | REPRESENTANTE LEGAL | | | | |
| Firma |  | | | |  | Firma | [onshow.m; ope=changepic] | | | |
| Nombre |  | | | |  | Nombre | [datos.nombre\_representante] | | | |
| Doc. identidad | Tipo:\* |  | Número |  |  | Doc. Identidad | Tipo:\* |  | Número | [datos.cedula\_representante] |
| Licencia S.O. |  | | | |  |  |  | | | |

\* **CC**: Cédula de ciudadanía; **TI**: Tarjeta e identidad; **CE**: Cédula de extranjería; **NU**: Nuip; **PA**: Pasaporte

**FECHAS DE REMISIÓN**

|  |  |
| --- | --- |
| Envío de la investigación de la Empresa a la ARL |  |
| Envío de recomendaciones de la ARL a la Empresa |  |
| Envío de la investigación a la Dirección Territorial del Ministerio de Protección Social |  |