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| **工伤事故调查及处理报告** | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | | | |  | | 年龄 |  | 文化程度 | |  | |
| 工作部门 |  | | | 工种 | | | |  | | 进厂时间 |  | 事故时间 | |  | |
| 事故发生地点 | | | |  | | | | | | 受过何种安全教育、特种作业持证情况 | |  | | | |
| 受伤部位 | | | |  | | | | | | | | | | | |
| 事故性质： | | | |  | |  | | | |  |  | |  | |  |
|  | | □未遂事故 | |  | | □轻度伤害 | | | | | □重度伤害 | |  | | □死亡事故 |
| 事故经过描述： | | | |  | |  | | | |  |  | |  | |  |
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| 事故原因分析： | | | |  | |  | | | |  |  | |  | |  |
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| 事故责任认定及惩处意见： | | | | | |  | | | |  |  | |  | |  |
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| 事故主要责任人签字： | | |  | | | | | | | | 事故次要责任人签字： | |  | | |
| 事故防范措施： | | | | |  | |  | | |  |  | |  | |  |
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|  | | |  | |  | |  | | |  |  | |  | |  |
| 完成整改责任人签字： | | |  | |  | | | | | | 完成整改时间： | |  | | |
| 主管领导处理意见： | | | | |  | | | |  |  |  | |  | |  |
|  | | |  | |  | | | |  |  |  | |  | |  |
|  | | |  | |  | | | |  |  | 签字： | |  | | 日期： |
| 主管部门处理意见： | | | | |  | | | |  |  |  | |  | |  |
|  | | |  | |  | | | |  |  | 签字： | |  | | 日期： |
| 整改情况验证人签字： | | |  | |  | | | | | | 验证时间： | |  | | |