99006059261002, 99006059261002

# Ensuring operational safety - Reporting a case of damage when using work equipment

Heruntergeladen am 01.07.2025
https://fimportal.de/xzufi-services/392166578/L100008

| Modul | Sachverhalt |
|---|---|
| **Leistungsschlüssel** | 99006059261002, 99006059261002 |
| **Leistungsbezeichnung I** | Ensuring operational safety - Reporting a case of damage when using work equipment |
| **Leistungsbezeichnung II** | Ensuring operational safety - Reporting a case of damage when using work equipment |
| **Typisierung** | 3 - Bundesaufsichtsverwaltung: Regelung |
| **Quellredaktion** | Sachsen-Anhalt |
| **Freigabestatus Katalog** | unbestimmter Freigabestatus |
| **Freigabestatus Bibliothek** | fachlich freigegeben (silber) |
| **Begriffe im Kontext** | |
| **Leistungstyp** | Leistungsobjekt mit Verrichtung |
| **Leistungsgruppierung** | Arbeitsschutz (006) |
| **Verrichtungskennung** | Entgegennahme (261) |
| **SDG-Informationsbereich** | Gesundheits- und Sicherheitsvorschriften im |

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| | Zusammenhang mit verschiedenen Arten von Tätigkeiten, einschließlich der Risikovermeidung, Information und Ausbildung |
| **Lagen Portalverbund** | |
| **Einheitlicher Ansprechpartner** | Nein |
| **Fachlich freigegeben am** | 29.03.2023 |
| **Fachlich freigegen durch** | Ministry of Labour, Social Affairs, Transformation and Digitalization Rhineland-Palatinate (MASTD) Ministry of Labor, Social Affairs, Health and Equality of the State of Saxony-Anhalt 02.11.2023 |
| **Handlungsgrundlage** | https://www.gesetze-im-internet.de/betrsichv_2015/__19.html<br>https://www.gesetze-im-internet.de/betrsichv_2015/__19.html |
| **Teaser** | You must immediately report any incidents involving certain work equipment or systems requiring monitoring in which components or safety equipment have failed. |
| **Volltext** | As an employer, you must report any case of damage in which components or safety equipment have failed to the health and safety authority.<br><br>The health and safety authority can request a safety assessment from an approved inspection body. |
| **Erforderliche Unterlagen** | Informal notification with the following details:<br><br>• Address of the company<br>• Address of the business premises or construction/assembly site at the incident location<br>• Date of the incident<br>• Type of incident (e.g. explosion, media leak, crash)<br>• Number of persons injured, number of persons killed<br>• Work equipment involved<br>• Approved monitoring body involved (for installations requiring monitoring in accordance with Annex 2 of the Ordinance on Industrial Safety and Health)<br>• Agency involved in determining the cause (for work |

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| | equipment in accordance with Annex 3 of the Ordinance on Industrial Safety and Health)<br>• Brief description of the incident and the damage that occurred (including photos and videos)<br>• Measures already initiated by the employer<br><br>The health and safety authority may also request the following information from you:<br><br>• Risk assessment<br>• Proof that the risk assessment was carried out by a competent person<br>• Details of responsible persons<br>• Information on protective measures taken<br>• Operating instructions |
| **Voraussetzungen** | • You are the employer<br>• The following work equipment is involved: Elevator systems pressurized systems Installations in potentially explosive atmospheres cranes Liquid gas systems mechanical equipment used in event technology<br>• it must be a case of damage in which components or safety equipment have failed |
| **Kosten** | Gebühr: Es fallen keine Kosten an |
| **Verfahrensablauf** | The notification can be made online. |
| **Bearbeitungsdauer** | |
| **Frist** | You must report the claim immediately. |
| **weiterführende Informationen** | |
| **Hinweise** | |
| **Rechtsbehelf** | |
| **Kurztext** | • Notification when using work equipment in accordance with the Ordinance on Industrial Safety and Health Receipt in the event of damage<br>• Damage in which components or safety equipment have failed must be reported to the health and safety authority<br>• Prerequisite: The following work equipment is involved elevator systems pressurized systems |

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| | Installations in potentially explosive atmospheres cranes Liquid gas systems Mechanical equipment for event technology<br>• Notification must be made immediately<br>• Responsible: Occupational health and safety authority or trade supervisory authority |
| **Ansprechpunkt** | Contact the State Office for Consumer Protection. |
| **Zuständige Stelle** | |
| **Formulare** | Forms available: No<br><br>Written form required: Yes<br><br>Informal application possible: Yes<br><br>Personal appearance necessary: No<br><br>Online services available: No |
| **Ursprungsportal** | Ensuring operational safety - Reporting a case of damage when using work equipment, Gewährleistung der Betriebssicherheit - Einen Schadensfall bei der Verwendung von Arbeitsmitteln anzeigen |