

99006059261001, 99006059261001

Ensuring operational safety - Reporting an accident/incident involving the use of certain work equipment

Heruntergeladen am 01.07.2025

<https://fimportal.de/xzufi-services/213528501/L100038>

Modul	Sachverhalt
Leistungsschlüssel	99006059261001, 99006059261001
Leistungsbezeichnung I	Ensuring operational safety - Reporting an accident/incident involving the use of certain work equipment
Leistungsbezeichnung II	
Typisierung	2 - Bundesauftragsverwaltung: Regelung
Quellredaktion	Thüringen
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Arbeitsschutz (006)

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Verrichtungskennung	Entgegennahme (261)
SDG-Informationsbereich	
Lagen Portalverbund	Arbeitssicherheit (2030500)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	20.02.2025
Fachlich freigegeben durch	Thuringian Ministry of Social Affairs, Health, Labor and Family
Handlungsgrundlage	https://www.gesetze-im-internet.de/betrsv_2015/_19.html https://www.gesetze-im-internet.de/betrsv_2015/_19.html
Teaser	There has been an accident in your company involving certain work equipment or systems requiring monitoring in which a person was killed or seriously injured?? Then you must report this immediately.
Volltext	<p>If an accident occurs during the use of work equipment and a person is killed or seriously injured or if damage has occurred in which</p> <ul style="list-style-type: none"> • components or • safety equipment <p>have failed, you as the employer must report this to the relevant health and safety authority.</p>
Erforderliche Unterlagen	<p>Informal notification with the following details:</p> <ul style="list-style-type: none"> • Address of the company • Address of the business premises or construction/assembly site at the incident location • Date of the incident • Type of incident (e.g. explosion, media leak, crash) • Number of persons injured, number of persons killed • Work equipment involved • Approved monitoring body involved (for installations requiring monitoring in accordance with Annex 2 of the Ordinance on Industrial Safety and Health)

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	<ul style="list-style-type: none"> • involved body for determining the cause (for work equipment in accordance with Annex 3 of the Ordinance on Industrial Safety and Health) • Brief description of the incident and the damage that occurred (including photos and videos) Measures already initiated by the employer <p>The health and safety authority may also request the following information from you:</p> <ul style="list-style-type: none"> • Risk assessment • Proof that a competent person has prepared the risk assessment • Details of the persons responsible • Details of the protective measures taken • Proof of regular instruction of employees • Operating instructions
Voraussetzungen	<p>You are the employer and the following work equipment is involved in the accident or damage event:</p> <ul style="list-style-type: none"> • Elevator systems • pressurized systems • Installations in potentially explosive atmospheres • cranes • Liquid gas systems • Mechanical equipment for event technology
Kosten	Gebühr: Es fallen keine Kosten an
Verfahrensablauf	<ul style="list-style-type: none"> • Submit the notification of the incident to the competent authority immediately with all the necessary information. • The competent authority will inform you whether further documents (e.g. an assessment by an approved monitoring body) are required.
Bearbeitungsdauer	
Frist	You must report the accident immediately.
weiterführende Informationen	
Hinweise	This notification is not an accident report in accordance with the Fourth Social Security Code to the

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	accident insurance institution responsible for you.
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> • Notification of the use of work equipment in accordance with the Ordinance on Industrial Safety and Health, receipt in the event of an accident • Occupational accidents in which a person is injured or killed in connection with work equipment must be reported to the health and safety authority • Prerequisite: The following work equipment must be involved elevator systems pressurized systems Installations in potentially explosive atmospheres cranes Liquid gas systems Mechanical equipment for event technology • Notification must be made immediately • Responsible: Occupational health and safety authority or trade supervisory authority
Ansprechpunkt	Please contact the responsible occupational health and safety authority or trade supervisory authority.
Zuständige Stelle	
Formulare	
Ursprungsportal	Gewährleistung der Betriebssicherheit - Einen Unfall / ein Schadensfall bei der Verwendung von bestimmten Arbeitsmitteln anzeigen, Ensuring operational safety - Reporting an accident/incident involving the use of certain work equipment