

## Záznam o registrovanom pracovnom úraze

|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Údaje sa vyplňujú veľkými tlačnými písmenami čiernej alebo tmavomodrej farby                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Zamestnávateľ, adresa <b>DELTECH, A.S.</b>                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| IČO <sup>1)</sup> <b>30225582</b>                                                                                                                    | Právna forma zamestnávateľa <sup>2)</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Útvár, ktorý vedie evidenciu miezd zamestnávateľa, adresa                                                                                            | Organizačná zložka, <sup>3)</sup> adresa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rozsah zodpovednosti zamestnávateľa <sup>4)</sup> za registrovaný pracovný úraz (ďalej len "úraz") <span style="float: right;">%<sup>*)</sup></span> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1                                                                                                                                                    | <div style="display: flex; justify-content: space-between;"> <div> Meno, priezvisko, titul zamestnanca<br/> Trvalý - prechodný pobyt<sup>*)</sup><br/> Denný vymeriavací základ zamestnanca<sup>7)</sup><br/> Je nemocensky poistený <b>ÁNO - NIE<sup>*)</sup></b> </div> <div> Dátum narodenia <span style="border: 1px solid black; padding: 0 5px;">  </span><br/> Štátna príslušnosť<br/> Počet nezaopatrených detí<sup>5)</sup><br/> IČSZ<sup>6)</sup> <span style="border: 1px solid black; padding: 0 5px;">  </span><br/> EUR </div> </div>                                                                                                                                                                         |
| 2                                                                                                                                                    | Pracovisko <sup>8)</sup><br>Druh vykonávanej práce (funkcie), pri ktorej zamestnanec utrpel úraz<br>Túto prácu (funkciu) vykonáva u zamestnávateľa <span style="margin: 0 10px;">0</span> rokov <sup>*)</sup> <span style="margin: 0 10px;">6</span> mesiacov <sup>*)</sup> <span style="margin: 0 10px;">20</span> dní <sup>*)</sup>                                                                                                                                                                                                                                                                                                                                                                                       |
| 3                                                                                                                                                    | Má odbornú spôsobilosť na výkon práce, pri ktorej utrpel úraz <span style="float: right;"><b>ÁNO - NIE<sup>**)</sup></b></span><br>Má zdravotnú spôsobilosť na výkon tejto práce <span style="float: right;"><b>ÁNO - NIE<sup>**)</sup></b></span><br>Dátum posledného oboznámenia s predpismi na zaistenie bezpečnosti a ochrany zdravia pri práci, so zásadami bezpečnej práce a ochrany zdravia pri práci a s bezpečnými pracovnými postupmi<br><span style="border: 1px solid black; padding: 0 5px; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span><br>Po vykonanom oboznámení boli znalosti zamestnanca overené <span style="float: right;"><b>ÁNO - NIE<sup>*)</sup></b></span> |
| 4                                                                                                                                                    | Od začiatku zmeny odpracoval <span style="margin: 0 10px;">  </span> hodín Pracovná zmena trvá od <span style="margin: 0 10px;">  </span> do <span style="margin: 0 10px;">  </span><br>Miesto, kde došlo k úrazu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5                                                                                                                                                    | <div style="display: flex; justify-content: space-between;"> <div> Ide o úraz: smrteľný <span style="float: right;"><b>ÁNO - NIE<sup>*)</sup></b></span><br/> s ťažkou ujmom na zdraví<sup>9)</sup> <span style="float: right;"><b>ÁNO - NIE<sup>*)</sup></b></span> </div> <div> Dátum úmrtia <span style="border: 1px solid black; padding: 0 5px; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> </div> </div>                                                                                                                                                                                                                                                                     |
| 6                                                                                                                                                    | Opis priebehu úrazu <sup>10)</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 7                                                                                                                                                    | Zdroj úrazu <sup>11)</sup><br><div style="text-align: right; margin-top: 20px;">Kód zdroja úrazu</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 8                                                                                                                                                    | Príčina úrazu <sup>12)</sup><br><b>NEPOUŽÍVANIE ALEBO NESPRÁVNE POUŽÍVANIE PREDPÍSANÝCH A PRIDELENÝCH OSOBNÝCH OCHRANNÝCH PRACOVNÝCH PROSTRIEDKOV</b><br><div style="text-align: right; margin-top: 20px;">Kód príčiny úrazu<br/><b>10</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Vyjadrenie zamestnanca k úrazu <sup>13)</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |                                                                            |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                    |  |  |  |  |  |                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Na odstránenie príčin úrazu zamestnávateľ vykoná nasledujúce termínované opatrenia*)<br>a) technické<br><br>Dátum vykonania <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br>b) organizačné<br><br>Dátum vykonania <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br>c) výchovné a iné<br><br>Dátum vykonania <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |                                                                            |   |   |   |  |  |  |  |  |  |  |  |  |  |  | .....<br>Meno, priezvisko a podpis zástupcu zamestnávateľa <sup>14)</sup><br>..... |  |  |  |  |  |                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vyjadrenie k úrazu<br>a) zástupcu zamestnancov pre bezpečnosť a ochranu zdravia pri práci<br><br><br><br><br><br><br><br><br><br>.....<br>Meno, priezvisko a podpis<br>.....<br>b) zástupcu odborového orgánu alebo zamestnaneckej rady alebo zamestnaneckého dôverníka*)<br><br><br><br><br><br><br><br><br><br>.....<br>Meno, priezvisko a podpis                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |                                                                            |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                    |  |  |  |  |  |                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| OKEČ <sup>16)</sup> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Povolanie zamestnanca <sup>17)</sup> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Vek zamestnanca <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>Pohlavie zamestnanca <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> Druh poranenia <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Poranená časť tela <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>Územie, na ktorom vznikol úraz <sup>18)</sup> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Dátum úrazu <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Čas úrazu <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>Veľkosť organizácie <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> Príslušnosť zamestnanca k štátom <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> Pracovný vzťah zamestnanca <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table><br>Celkový počet dní PN <sup>19)</sup> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> Špecifikácia pracoviska <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> Pracovisko <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td></tr></table> Pracovný proces <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table><br>Špecifická pracovná činnosť <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Materiálový činiteľ špecifickej pracovnej činnosti <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>5</td><td>0</td><td>2</td><td>0</td><td>4</td><td>0</td><td>0</td></tr></table><br>Odchýlka <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Materiálový činiteľ odchýlky <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br>Dotyk (kontakt) - spôsob poranenia <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> Materiálový činiteľ dotyku (kontaktu) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                               |   |   |   |   |   |   |   |   |   |   |   |                                                                            |   |   |   |  |  |  |  |  |  |  |  |  |  |  |                                                                                    |  |  |  |  |  |                                                                                                                                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 5 | 0 | 2 | 0 | 4 | 0 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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