

## Záznam o registrovanom pracovnom úraze

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| Údaje sa vyplňujú veľkými tlačiteľnými písmenami čiernej alebo tmavomodrej farby                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                                  |
| Zamestnávateľ, adresa <b>TATRY MOUNTAIN RESORTS, A.S.</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                                  |
| IČO <sup>1)</sup> <b>31560636</b>                                                                  | Právna forma zamestnávateľa <sup>2)</sup> <b>AKCIOVÁ SPOLOČNOSŤ</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                  |
| Útvar, ktorý vedie evidenciu miezd zamestnávateľa, adresa <b>MZDOVÉ ODDELENIE - TMR, A. S.</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Organizačná zložka, <sup>3)</sup> adresa <b>HOTEL TRI STUDNIČKY, DEMÄNOVSKÁ DOLINA 5, LIPT. MIKULÁŠ 1, 031 01</b> |                                                                                                                                                                  |
| Rozsah zodpovednosti zamestnávateľa <sup>4)</sup> za registrovaný pracovný úraz (ďalej len "úraz") |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>070</b> % <sup>5)</sup>                                                                                        |                                                                                                                                                                  |
| 1                                                                                                  | Meno, priezvisko, titul zamestnanca<br><b>IVETA LAZOŇOVÁ</b><br>Trvalý - prechodný pobyt <sup>6)</sup><br><b>PAVCINA LEHOTA 39, 031 01 LIPT. MIKULÁŠ</b><br>Denný vymeriavací základ zamestnanca <sup>7)</sup> <b>38,8161</b><br>Je nemocensky poistený <b>ÁNO - NIE <sup>8)</sup></b>                                                                                                                                                                                                       |                                                                                                                   | Dátum narodenia <b>03031973</b><br>Štátna príslušnosť <b>SLOVENSKÁ</b><br>Počet nezaopatrených detí <sup>9)</sup><br>IČSZ <sup>6)</sup> <b>7353037791</b><br>EUR |
| 2                                                                                                  | Pracovisko <sup>8)</sup><br><b>HOTEL TRI STUDNIČKY****, DEMÄNOVSKÁ DOLINA 5, LIPT. MIKULÁŠ 1, 031 01</b><br>Druh vykonávanej práce (funkcie), pri ktorej zamestnanec utrpel úraz<br><b>CHYŽNÁ</b><br>Túto prácu (funkciu) vykonáva u zamestnávateľa <b>17</b> rokov <sup>9)</sup> <b>6</b> mesiacov <sup>9)</sup> <b>3</b> dní <sup>9)</sup>                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                  |
| 3                                                                                                  | Má odbornú spôsobilosť na výkon práce, pri ktorej utrpel úraz <b>ÁNO - NIE <sup>10)</sup></b><br>Má zdravotnú spôsobilosť na výkon tejto práce <b>ÁNO - NIE <sup>10)</sup></b><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><b>141112022</b><br>Po vykonanom oboznámení boli znalosti zamestnanca overené <b>ÁNO - NIE <sup>10)</sup></b> |                                                                                                                   |                                                                                                                                                                  |
| 4                                                                                                  | Od začiatku zmeny odpracoval <b>7</b> hodín Pracovná zmena trvá od <b>6:30</b> do <b>15:00</b><br>Miesto, kde došlo k úrazu <b>HOTEL TRI STUDNIČKY**** SKLAD PRE CHYŽNÉ</b>                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                  |
| 5                                                                                                  | Ide o úraz: smrteľný <b>ÁNO - NIE <sup>11)</sup></b> Dátum úmrtia <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table><br>s ťažkou ujmom na zdraví <sup>9)</sup> <b>ÁNO - NIE <sup>11)</sup></b>                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                  |
| 6                                                                                                  | Opis priebehu úrazu <sup>10)</sup><br><b>PRI VYKLADANÍ PRÁDLA (ŽUPANOV) Z VOZÍKA NA HORNÚ POLÍČKU SA ZAMESTNANKYŇA POSTAVILA NA STOLČEK, KTORÝ SA JEJ PREVRÁTIL A NÁSLEDNE SPADLA NA CHRÁT, PRÁVY LAKEŤ A RUKU. Z POČIATKU SA CÍTLA DOBRE A NEPOTREBOVALA OŠETRENIE, NESKÔR V PRIEBEHU DŇA IŠLA NA POHOTOVOŤ DIAGNÓZA VYVRTNUTIE A NATIAHNUTIE KRČNEJ CHRBTICE. PRIDELENÉ OOPP POUŽÍVALA.</b>                                                                                                |                                                                                                                   |                                                                                                                                                                  |
| 7                                                                                                  | Zdroj úrazu <sup>11)</sup><br><b>OSTATNÉ ZVÝŠENÉ PRACOVISKÁ - PÁDY ZAMESTNANCOV Z VÝŠKY</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                  |
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| 8                                                                                                  | Príčina úrazu <sup>12)</sup><br><b>POUŽÍVANIE NEBEZPEČNÝCH POSTUPOV ALEBO SPÔSOBOV PRÁCE VRÁTANE KONANIA BEZ OPRÁVNENIA, PROTI PRÍKAZU, ZÁKAZU A POKYNOM, ZOTRVÁVANIE V OHROZENOM PRIESTORE</b>                                                                                                                                                                                                                                                                                              |                                                                                                                   |                                                                                                                                                                  |
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| 9                                                                                                                                                                                                      | Vyjadrenie zamestnanca k úrazu <sup>13)</sup><br><br><div style="text-align: right;"> <b>IVETA LAZOŇOVÁ</b><br/>         .....<br/>         Meno, priezvisko a podpis zamestnanca<sup>13)</sup> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|                                                                                                                                                                                                        | Dátum vyšetrenia úrazu*) <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>1</td><td>0</td><td>0</td><td>4</td><td>2</td><td>0</td><td>2</td><td>4</td></tr> <tr><td>1</td><td>0</td><td>0</td><td>4</td><td>2</td><td>0</td><td>2</td><td>4</td></tr> </table><br>Dátum spísania záznamu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|                                                                                                                                                                                                        | <div style="text-align: right;"> <b>ING. MICHAELA ĎURIANOVÁ, BT</b><br/>         .....<br/>         Meno, priezvisko a podpis zástupcu zamestnávateľa<sup>14)</sup> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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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; text-align: center; width: 100px;"> <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; text-align: center; width: 100px;"> <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><b>DBAŤ NA ZVÝŠENÚ OPATRNOŠŤ PRI PRÁCI</b><br><b>TERMÍN: ÚLOHA STÁLA</b><br>Dátum vykonania <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <div style="text-align: right;"> <b>MARTIN ŠTRKOLEC, HOTEL MANAGER</b><br/>         .....<br/>         Meno, priezvisko a podpis zástupcu zamestnávateľa<sup>14)</sup> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 11                                                                                                                                                                                                     | Vyjadrenie k úrazu<br>a) zástupcu zamestnancov pre bezpečnosť a ochranu zdravia pri práci<br><b>BEZ PRIPOMIENOK</b><br><br><div style="text-align: right;"> <b>IVAN OŠKO</b><br/>         .....<br/>         Meno, priezvisko a podpis<br/> </div> b) zástupcu odborového orgánu alebo zamestnaneckej rady alebo zamestnaneckého dôverníka*)<br><br><div style="text-align: right;">         .....<br/>         Meno, priezvisko a podpis       </div>                                                                                                                                                                                                                                                                                                                                                                        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| 12                                                                                                                                                                                                     | Záznam o kontrole vykonaných opatrení <sup>15)</sup><br><br>Dátum kontroly <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <div style="text-align: right;">         .....<br/>         Meno, priezvisko a podpis osoby, ktorá vykonala kontrolu       </div>                                                                                                                                                                                                                                                                                                                                                                                                                           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| 13                                                                                                                                                                                                     | Údaje podľa metodiky Európskej štatistiky pracovných úrazov<br>Číslo úrazu <table border="1" style="display: inline-table; text-align: center; width: 200px;"> <tr><td>2</td><td>0</td><td>2</td><td>4</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>3</td></tr> </table><br><table style="width: 100%;"> <tr> <td>OKEČ<sup>16)</sup> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>4</td><td>9</td><td>3</td><td>9</td><td>0</td></tr> </table></td> <td>Povolanie zamestnanca<sup>17)</sup> <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>9</td><td>1</td><td>1</td><td>2</td><td>0</td><td>0</td><td>1</td></tr> </table></td> <td>Vek zamestnanca <table border="1" style="display: inline-table; text-align: center; 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