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| **AK** |  |  |  |  |  |  |  |  |  |  |  |  | **Forma N-1** |

**NELAIMINGO ATSITIKIMO DARBE**

**AKTAS**

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|  | Nr. |  |
| (data) |  |  |
|  | | |
| (dokumento sudarymo vieta) | | |
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| ↑ | ↑ |
| Pakenkimas  sveikatai:  Lengvas – 1  Sunkus – 2  Mirtinas – 3 | Nukentėjusių asmenų skaičius |

1. Įmonės, kurios darbuotojas nukentėjo nelaimingo atsitikimo darbe (toliau – n. ats.) metu, pavadinimas ir duomenys: \_\_\_\_\_\_\_\_

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|  |
| (įmonės pavadinimas) |

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| 1.1. buveinės adresas |  | , pašto indeksas LT - |  |  |  |  |  |

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| 1.2. telefonas |  | , faksas |  | , el. paštas |  | , įm. kodas |  |  |  |  |  |  |  |  |  |

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| 1.3. ekonominė veikla |  | 1 |  |  |  |  |  |  | 2 |  |
| (įrašyti) | | | | | | | | | | |

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| 1.4. darbuotojų skaičius įmonėje |  |  |  |  |  |  |
| (įrašyti) | | | | | | |

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| 1.5. įmonės atskiro padalinio, kuriame įvyko n. ats., pavadinimas |  | | | | | | | | | |
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|  | |  |  |  |  |  |  |  |  |  |
| (įrašyti) | | | | | | | | | | |

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| 2. Darbdaviui atstovaujantis asmuo |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | (pareigos, vardas, pavardė) |  | (asmens kodas) | | | | | | | | | | |

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| 3. Nukentėjęs darbuotojas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (vardas) | (pavardė) |  | (asmens kodas) | | | | | | | | | | |

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| 3.1. namų adresas, telefonas |  |
| (įrašyti) | |

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| 3.2. pilietybė |  |  |  |
| (įrašyti) | | | |

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| 3.3. užimtumas | |  |  |  |  | |  |
| (įrašyti) | | | | | | | |
| 3.4. amžius | |  |  |  |  | |  |
| (įrašyti) | | | | | | | |
| 3.5. lytis |  | | | | |  |  |
| (įrašyti) | | | | | | | |

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| 3.6. profesija, pareigos pagal darbo sutartį |  |  |  |  |  |  |  |  |
|  | | | | | | | | |
| (įrašyti) | | | | | | | | |

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| 3.7. darbo sutarties sudarymo data ir darbo trukmė įmonėje (mėnesiais) |  | m. |  |  |  | d. |  |  |  |  |  |
|  |  |  | (įrašyti) | | |  |  | | | | |
|  | | | | | | | | | | | |
| (įrašyti trukmę) | | | | | | | | | | | |

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| 4. Nelaimingas atsitikimas įvyko | | | | | | | | | | | | | | | | | | | | | | | |
|  | m. |  |  |  | d. |  | val. |  | min. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | (metai) | | | |  | (mėnuo) | |  | (diena) | |  | (val.) | |

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| metų savaitė |  |  |  |  |
| (įrašyti einamųjų metų savaitės numerį) | | | | |

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| 4.1. nuo darbo, kurį atliekant įvyko n. ats., pradžios |  | val. |  | min. |  |  |  |  |  |  |

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| 4.2 savaitės diena |  | , pamainos trukmė: nuo |  | val. |  | min. iki |  | val. |  | min. | 1 |  | 2 |  |  |

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| 4.3. sveikatos pakenkimo diagnozė |  |
|  | |
| (įrašyti) | |

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| 4.4. sužalota kūno dalis |  | | |  |  |  |
| (įrašyti) | | | | | | |
| 4.5. sveikatos pakenkimo pobūdis | |  |  |  |  |  |
| (įrašyti) | | | | | | |

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| 4.6. neblaivumas, apsvaigimas nuo narkotinių ar kitų medžiagų: pagal | |  | | | | | | 1 |  |
|  | | | | | | | | | |
|  | pažymą Nr. | |  | , išduotą |  | , rasta |  | 2 |  |
| (įrašyti įstaigos, pateikusios pažymą, pavadinimą, buveinės adresą, telefoną) (data) | | | | | | | | | |
|  | | | | | | | | | |
| (medžiagų pavadinimas, kiekis kraujyje, biologinėse terpėse, matavimo vienetas) | | | | | | | | | |

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| 5. Nelaimingo atsitikimo aplinkybės |  | 1 |  |  |  |
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(tęsinys nepateikiamas/pateikiamas (nereikalinga išbraukti) akto \_\_\_\_\_ priede)

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| 6. Darbo aplinka |  | \* |  |  |  |
| (įrašyti) | | | | | |

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| 7. Nukrypimas nuo įprastos būklės |  | | | | | | | | | \* |  |  |
| (įrašyti) | | | | | | | | | | | | |
| 8. Kontaktas ir sužeidimo pobūdis |  | | | | | | | | | \* |  |  |
| (įrašyti) | | | | | | | | | | | | |
| 9. Sveikatos pakenkimo pobūdžio materialusis veiksnys | |  | \* |  |  |  |  |  |  | |  |  |
| (įrašyti) | | | | | | | | | | | | |
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| 10. Veiksniai, lėmę sužalojimą |  | 1\* |  |  | 2\* |  |  |
| (įrašyti) | | | | | | | |

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| 11. Nelaimingo atsitikimo priežastys |  | 1 |  |  |  |  |  |  |  |  |  |
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| (pagal svarbą išvardijamos priežastys, nurodant pažeidimo ryšį su atsitikimu ir nesilaikytų norminių teisės aktų pavadinimus, juos priėmusias ar tvirtinusias institucijas, pasirašymo datas, straipsnius, punktus ir pateikiant reikalavimų tekstą ar nuorodą į priedą su tekstu) | | | | |

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| 12. Nelaimingo atsitikimo tyrimas: |  | pradėtas |  |  | m. |  |  |  | d. |  | val. |
|  |  | baigtas |  |  | m. |  |  |  | d. |  | val. |
|  |  |  |  |  | | | | | | | |

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|  | \*a |  |  | \*b |  |  | \*c |  |  |

Nelaimingą atsitikimą tyrė (nuostatuose numatytais atvejais):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | \*d |  |  |  |  |  |
| (Valstybinės darbo inspekcijos inspektoriaus pareigos, parašas, vardinis spaudas, vardas, pavardė, telefonas) |  | | | | | |

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| darbdavio atstovas |  | \*e |  |  |  |
| (pareigos, parašas, vardas, pavardė, telefonas) | | | | | |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| darbuotojų atstovas |  | \*f |  |  |  |
| (pareigos, parašas, vardas, pavardė, telefonas) | | | | | |
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Dalyvavo:

|  |
| --- |
|  |
| (įmonė, pareigos, parašas, vardas, pavardė, telefonas) |
|  |
| (įmonė, pareigos, parašas, vardas, pavardė, telefonas) |
|  |
| (įmonė, pareigos, parašas, vardas, pavardė, telefonas) |
|  |
| (įmonė, pareigos, parašas, vardas, pavardė, telefonas) |

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| Nelaimingo atsitikimo tyrimo dokumentus sudaro |  | | | | |
|  | | | | | |
|  | | (lapų sk.) |  |  |  |
| (dokumentų arba jų grupių pavadinimai, priedų numeriai, lapų skaičius) | | | | | |

Su tyrimo dokumentais susipažinau:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Įmonės vadovas (darbdaviui atstovaujantis asmuo) |  | \*g |  |  |
| (pareigos, parašas, vardas, pavardė, data) | | | | |

1. V.

Dokumentus gavau:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nukentėjęs darbuotojas  (nukentėjusiojo darbuotojo  įgaliotas asmuo arba jo  šeimos atstovas) |  | \*h |  |  |
| (giminystė, parašas, vardas, pavardė, namų adresas, telefonas, gavimo data arba akto (dokumentų)  išsiuntimo data ir registravimo numeris) | | | | |

\_\_\_\_\_\_\_\_\_\_

\*Koduojama Valstybinėje darbo inspekcijoje