



**MATAGALUEGA O PISINISI, ALAMANUIA MA LEIPA**  
 Ministry of Commerce, Industry & Labour  
**TULAFONO FAATONUTONU O LEIPA MA GALUEGA 1973**  
 Labour & Employment Regulations 1973  
**TULAFONO FAATONUTONU 19**  
 Regulations 19  
**FAAALIGA TUSIA A LĒ E ONA LE GALUEGA E UIGA**  
**I SE FAALAVELAVE FAAFUASEI**  
 Employer's Written Notice of Accident

**I le:** Ofisa Sili o Pulega  
**To:** The Chief Executive Officer  
APIA

**Igoa:**  
 Name: .....  
 (o lē e ona le galuega, lē e nofoia poo le e ona le nofoaga o le galuega)  
 (of employer, occupier or owner of place of employment)

**Tuatusi:**  
 Address: .....

1. Ou te faasilasila atu nei e faapea o le faalavelave faafuasei ua taua i lalo na tupu i:  
 I hereby notify you that the following accident took place at:

.....  
 (igoa ma le tuatusi o le nofoaga na tupu ai le faalavelave faafuasei)  
 (full name and address of place of accident)

**i le:**  
**on :** .....  
 (aso ma le taimi na tupu ai le faalavelave faafuasei)  
 (date and time when the accident took place)

**ia:**  
**to:** .....  
 (igoa atoa, tausaga o le soifuaga ma le tuatusi o le tagata ua manu'a)  
 (full name, age and address of person injured)

2. **Galuega:**  
**Occupation:** .....

3. **Faamatalaga o le faalavelave:**  
**Description of what happened:**.....  
 .....  
 .....

4. **Uiga o le Manu'a:**  
**Nature of the injury:** .....  
 .....  
 .....  
 (Faamatalaga atoa o le uiga moni o le manua faatasi ai ma se pepa faamaoni a le fomai sana togafitia lē ua manu'a)  
 (Full description of the injury accompanied by a certificate of the doctor who treated the victim)

5. O tagata ua tāua i lalo na latou molimauina le faalavelave faafuasei (Igoa atoa ma tuatusi):  
The following persons witnessed the accident (full names and address):

.....  
.....  
.....

**Saini**  
**Signature:** .....  
**Tulaga:**  
**Status:** .....  
**Aso:**  
**Date:** .....

**Distribution:**  
**ORIGINAL:** To Chief Executive Officer  
**DUPLICATE:** To be retained by Employer

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**FOR MINISTERIAL USE:**

1. Date and time accident first reported by employer: .....
  2. Was accident reported to Police: .....
  3. If death results, was inquest held: .....
  4. Person Injured:
    - Nature of employment .....
    - Length of service .....
    - Rate of pay:.....
  5. Comments: .....
- .....
- .....