



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

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:
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