



Form 3

Pepa 3

TULAFONO SAOGALEMU MA LE SOIFUA MALOLOINAI GALUEGA 2002

Occupational Safety and Health Act 2002

TULAFONO FAATONUTONU O SAOGALEMU MA LE SOIFUA MALOLOINA I GALUEGA 2017

Occupational Safety and Health Regulations 2017

FAAALIGA TUSIA A LE 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 le e ona le galuega, le e nofoia poo 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 soifuaaga 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 sa ia togafitia le ua manu'a)

(Full description of the injury accompanied by a certificate of the doctor who treated the victim)

Tagata ua taua 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