

99006059261001, 99006059261001

Display work accident on systems requiring monitoring

Heruntergeladen am 06.06.2025

<https://fimportal.de/xzufi-services/392922026/L100008>

Modul	Sachverhalt
Leistungsschlüssel	99006059261001, 99006059261001
Leistungsbezeichnung I	Display work accident on systems requiring monitoring
Leistungsbezeichnung II	
Typisierung	3 - Bundesaufsichtsverwaltung: Regelung
Quellredaktion	Sachsen-Anhalt
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	fachlich freigegeben (silber)
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Arbeitsschutz (006)
Verrichtungskennung	Entgegennahme (261)
SDG-Informationsbereich	Gesundheits- und Sicherheitsvorschriften im Zusammenhang mit verschiedenen Arten von Tätigkeiten, einschließlich der Risikovermeidung, Information und Ausbildung
Lagen Portalverbund	

Modul	Sachverhalt
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	29.03.2023
Fachlich freigegeben durch	Ministry of Labour, Social Affairs, Transformation and Digitalization Rhineland-Palatinate (MASTD)
Handlungsgrundlage	https://www.gesetze-im-internet.de/betrsv_2015/_19.html https://www.gesetze-im-internet.de/betrsv_2015/_19.html
Teaser	Accidents involving certain work equipment or systems requiring monitoring in which a person has been killed or seriously injured must be reported immediately.
Volltext	If an accident occurs during the use of work equipment and a person is seriously injured or killed, you as the employer must report this to the occupational health and safety authority. This applies to accidents involving the following work equipment • elevator systems • pressurized systems • Installations in potentially explosive atmospheres • cranes • liquid gas systems • Mechanical equipment for event technology
Erforderliche Unterlagen	Informal notification with the following details: • Address of the company • Address of the business premises or construction/assembly site at the incident location • Date of the incident • Type of incident (e.g. explosion, media leak, crash) • Number of persons injured, number of persons killed • Work equipment involved • Approved monitoring body involved (for installations requiring monitoring in accordance with Annex 2 of the Ordinance on Industrial Safety and Health) • Agency involved in determining the cause (for work

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	equipment in accordance with Annex 3 of the Ordinance on Industrial Safety and Health) • Brief description of the incident and the damage that occurred (including photos and videos) Measures already initiated by the employer The occupational health and safety authority may also request the following information from you: • Risk assessment • Proof that a competent person has prepared the risk assessment • Details of the persons responsible • Details of the protective measures taken • Proof of regular instruction of employees • Operating instructions
Voraussetzungen	• You are the employer • the following work equipment is involved: • elevator systems • pressurized systems • Installations in potentially explosive atmospheres • cranes • Liquid gas systems • Mechanical equipment for event technology
Kosten	There are no costs.
Verfahrensablauf	• Submit the notification of the incident to the competent authority immediately with all the necessary information. • The competent authority will inform you whether further documents (e.g. an assessment by an approved inspection body) are required.
Bearbeitungsdauer	
Frist	You must report the accident immediately.
weiterführende Informationen	
Hinweise	

Modul	Sachverhalt
Rechtsbehelf	
Kurztext	• Notification of the use of work equipment in accordance with the Ordinance on Industrial Safety and Health Receipt in the event of an accident • Occupational accidents in which a person is injured or killed must be reported to the health and safety authority • Prerequisite: The following work equipment must be involved • elevator systems • pressurized systems • Installations in potentially explosive atmospheres • cranes • Liquid gas systems • Mechanical equipment for event technology • Notification must be made immediately • Responsible: Occupational health and safety authority or trade supervisory authority
Ansprechpunkt	Contact the State Office for Consumer Protection.
Zuständige Stelle	
Formulare	Forms available: No Written form required: Yes Informal application possible: Yes Personal appearance necessary: No Online services available: No
Ursprungsportal	Display work accident on systems requiring monitoring, Arbeitsunfall an überwachungsbedürftigen Anlagen anzeigen