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| 様式第24号（第97条関係） | | | | | | | | | | | | | | 労働者死傷病報告 | | | | | |  | |  | |  | | |  |  |  | |  |  |
|  | | 年 | |  | | | 月から |  | 年 | |  | 月まで |
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| 事　業　の　種　類 | | | | | | | | | 事業場の名称（建設業にあたっては工事名を併記のこと） | | | | | | | | | | 事　業　場　の　所　在　地 | | | | | | | 電　話 | | | | 労 働 者 数 | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | |  | | | | |
| 被災労働者の氏名 | | | | | | 性　別 | | | 年　齢 | | | 職　　　　種 | | | | | | 発 生 月 日 | 傷病名及び傷病の部位 | | 休業  日数 | | | | 災害発生状況 | | | | | | | | | |
|  | | | | | |  | | |  | | 歳 |  | | | | | | 月　　日 |  | |  | | 日 | |  | | | | | | | | | |
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| 報告書作成者職氏名 | | | | | |  | | | | | | | | | |
|  | 年 |  | | 月 | | |  | 日 | |
| 事業者職氏名 | | | | | |  | | | | | | | | | |  | |
|  | | | | 労働基準監督署長　殿 | | | | | | | | | |