

99006059261001, 99006059261001

# Ensuring operational safety - Reporting an accident/incident involving the use of certain work equipment

Heruntergeladen am 09.06.2025

<https://fimportal.de/xzufi-services/213528501/L100038>

Modul	Sachverhalt
Leistungsschlüssel	99006059261001, 99006059261001
Leistungsbezeichnung I	Ensuring operational safety - Reporting an accident/incident involving the use of certain work equipment
Leistungsbezeichnung II	
Typisierung	2 - Bundesauftragsverwaltung: Regelung
Quellredaktion	Thüringen
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Arbeitsschutz (006)

Modul	Sachverhalt
Verrichtungskennung	Entgegennahme (261)
SDG-Informationsbereich	
Lagen Portalverbund	Arbeitssicherheit (2030500)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	20.02.2025
Fachlich freigegeben durch	Thuringian Ministry of Social Affairs, Health, Labor and Family
Handlungsgrundlage	<a href="https://www.gesetze-im-internet.de/betrsv_2015/_19.html">https://www.gesetze-im-internet.de/betrsv_2015/_19.html</a> <a href="https://www.gesetze-im-internet.de/betrsv_2015/_19.html">https://www.gesetze-im-internet.de/betrsv_2015/_19.html</a>
Teaser	There has been an accident in your companyaccident involving certain work equipment or systems requiring monitoring in which a person was killed or seriously injured?? Then you must report this immediately.
Volltext	<p>If an accident occurs during the use of work equipment and a person is killed or seriously injured or if damage has occurred in which</p> <ul style="list-style-type: none"> <li>• components or</li> <li>• safety equipment</li> </ul> <p>have failed, you as the employer must report this to the relevant health and safety authority.</p>
Erforderliche Unterlagen	<p>Informal notification with the following details:</p> <ul style="list-style-type: none"> <li>• Address of the company</li> <li>• Address of the business premises or construction/assembly site at the incident location</li> <li>• Date of the incident</li> <li>• Type of incident (e.g. explosion, media leak, crash)</li> <li>• Number of persons injured, number of persons killed</li> <li>• Work equipment involved</li> </ul>

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	<ul style="list-style-type: none"> <li>• Approved monitoring body involved (for installations requiring monitoring in accordance with Annex 2 of the Ordinance on Industrial Safety and Health)</li> <li>• involved body for determining the cause (for work equipment in accordance with Annex 3 of the Ordinance on Industrial Safety and Health)</li> <li>• Brief description of the incident and the damage that occurred (including photos and videos) Measures already initiated by the employer</li> </ul> <p>The health and safety authority may also request the following information from you:</p> <ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• Proof that a competent person has prepared the risk assessment</li> <li>• Details of the persons responsible</li> <li>• Details of the protective measures taken</li> <li>• Proof of regular instruction of employees</li> <li>• Operating instructions</li> </ul>
Voraussetzungen	<p>You are the employer and the following work equipment is involved in the accident or damage event:</p> <ul style="list-style-type: none"> <li>• Elevator systems</li> <li>• pressurized systems</li> <li>• Installations in potentially explosive atmospheres</li> <li>• cranes</li> <li>• Liquid gas systems</li> <li>• Mechanical equipment for event technology</li> </ul>
Kosten	Gebühr: Es fallen keine Kosten an
Verfahrensablauf	<ul style="list-style-type: none"> <li>• Submit the notification of the incident to the competent authority immediately with all the necessary information.</li> <li>• The competent authority will inform you whether further documents (e.g. an assessment by an approved monitoring body) are required.</li> </ul>
Bearbeitungsdauer	
Frist	You must report the accident immediately.

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weiterführende Informationen	
Hinweise	This notification is not an accident report in accordance with the Fourth Social Security Code to the accident insurance institution responsible for you.
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> <li>• Notification of the use of work equipment in accordance with the Ordinance on Industrial Safety and Health, receipt in the event of an accident               <ul style="list-style-type: none"> <li>• Occupational accidents in which a person is injured or killed in connection with work equipment must be reported to the health and safety authority</li> <li>• Prerequisite: The following work equipment must be involved                   <ul style="list-style-type: none"> <li>• elevator systems</li> <li>• pressurized systems</li> <li>• Installations in potentially explosive atmospheres</li> <li>• cranes</li> <li>• Liquid gas systems</li> <li>• Mechanical equipment for event technology</li> </ul> </li> <li>• Notification must be made immediately</li> <li>• Responsible: Occupational health and safety authority or trade supervisory authority</li> </ul> </li> </ul>
Ansprechpunkt	Please contact the responsible occupational health and safety authority or trade supervisory authority.
Zuständige Stelle	
Formulare	
Ursprungsportal	Gewährleistung der Betriebssicherheit - Einen Unfall / ein Schadensfall bei der Verwendung von bestimmten Arbeitsmitteln anzeigen, Ensuring operational safety - Reporting an accident/incident involving the use of certain work equipment