



Accident Follow up Communication

TS 103/ Annex III

Year: _____

Company: _____ Address: _____

Phone num: _____ Fax: _____ E-mail: _____

Contact person from the contractor _____

EDPR contracting department: _____

Activities performed on the notified quarter:

	1° Quarter		2° Quarter		3° Quarter		4° Quarter	
	1°	subtotal	2°	subtotal	3°	subtotal	4°	subtotal
Num of workers/employees (on average)		0		0		0		0
Worked hours by employees		0		0		0		0
Num of subcontracted workers (on average)		0		0		0		0
Worked hours by subcontracted workers		0		0		0		0
Num of inspections performed to the works		0		0		0		0
Accidents with leave		0		0		0		0
Accidents without leave		0		0		0		0

ACCIDENT WITH LOST DAYS

Name	Date of leave	Date of return	Cause	Injury	Corrective measures

This data sheet should be sent on the first 10 days after the end of the quarter to EDP Renewables H&S department