



**REPUBLIC OF ALBANIA**  
**MINISTRY OF FINANCE AND ECONOMY**  
**State Labour Inspectorate and Social Services**

## INSPECTION FORM (ACCIDENT)

County		Region	
Entity inspected by SLISS _____ times			

### I. GENERAL INFORMATION OF THE SUBJECT

1	Name of the Entity								
2	Date of commencement of activity								
3	Type of economic activity	No.							
4	Address - Center (Road, Unit, Telephone)								
5	Other Affiliated Addresses(Road, Unit, Telephone)								
6	Entity Representative (name, father's name, surname)								
7	NUIS - NRC (Unique Identification Number)								
8	Private Albanian		Private joint		Big business		Self employed		NGO
	Private foreign		State		Small business		SIP		

### II. EMPLOYMENT RELATIONS

1	Trade union representation	Yes		No						
	Designations of trade unions	1. _____								
		2. _____								
		3. _____								
	The trade union representative (name surname)	1. _____			2. _____		3. _____			
	No. Acceding employees	No. _____			No. _____		No. _____			
2	Collective labor agreement	Yes		No		Date of implementation		____/____/____		
	Deposited in the Employment Office	Yes		No						
	Number of employees with collective agreement	No. _____			Men	No. _____	Women	No. _____		

### III. Accident

Date of commencement of accident investigation: ____/____/____.	Date of completion of accident investigation: ____/____/____.
Evaluation of the accident at work is done on the basis of <b>Article 28 Item ____ Letter ____</b>	
Classification of the accident at work is done on the basis of <b>Article 29 Item ____</b>	
Number of accidented persons	No. _____
With death	No. _____

*(Attached will be the protocol on the investigation of the accident at work, according to the Law "On Safety and Health at Work" No. 10 237 date 18/02/2010)*

<b>IV. Employees</b>		F	M	Total
<b>1</b>	<b>Total employees</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Uninsured employees			
5	Employees undeclared at Employment Offices			
6	List of payment of contributions calculated on the minimum wage for:			
7	Paid medical reports from the employer for:			
8	Daily duration of work less than 8 hours for:			
9	Daily duration of work 8 hours for:			
10	Daily duration of work less than 8 hours for:			
11	Weekly duration of work under 40 hours for:			
12	Weekly duration of work 40 hours for:			
13	Weekly duration of work 40-48 hours for:			
14	Weekly duration of work 48-50 hours for:			
15	Weekly duration of work over 50 hours for:			
16	Duration of paid annual holidays under 28 calendar days for:			
17	Duration of paid annual holidays 28 calendar days for:			
18	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
19	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
20	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
21	Termination of labour relations for:			
<b>22</b>	<b>Disabled Employees</b>			
<b>II</b>	<b>Part-time employees</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Employee under 18 years			
5	Uninsured employees			
6	Employees undeclared at Employment Offices			
7	List of payment of contributions calculated on the minimum wage for:			
8	Paid medical reports from the employer for:			
9	Duration of paid annual holidays under 28 calendar days for:			
10	Duration of paid annual holidays 28 calendar days for:			
11	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
12	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
13	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
14	Termination of labour relations for:			
<b>III</b>	<b>Home employees</b>			
2	Uninsured employees			
3	Employee under 18 years			

		F	M	Total
<b>IV</b>	<b>Employee under 18 years</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Employees with SLI authorization			
5	Uninsured employees			
6	Employees undeclared at Employment Offices			
7	List of payment of contributions calculated on the minimum wage for:			
8	Paid medical reports from the employer for:			
9	Daily duration of work less than 8 hours for:			
10	Daily duration of work 8 hours for:			
11	Daily duration of work less than 8 hours for:			
12	Weekly duration of work under 40 hours for:			
13	Weekly duration of work 40 hours for:			
14	Weekly duration of work under 40 hours for:			
15	Duration of paid annual holidays under 28 calendar days for:			
16	Duration of paid annual holidays 28 calendar days for:			
17	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
18	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
19	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
20	Termination of labour relations for:			
<b>V</b>	<b>Foreign employees</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Uninsured employees (health insurance)			
5	Employee without work permit			
6	List of payment of contributions calculated on the minimum wage for:			
7	Paid medical reports from the employer for:			
8	Daily duration of work less than 8 hours for:			
9	Daily duration of work 8 hours for:			
10	Daily duration of work less than 8 hours for:			
11	Weekly duration of work under 40 hours for:			
12	Weekly duration of work 40 hours for:			
13	Weekly duration of work 40-48 hours for:			
14	Weekly duration of work 48-50 hours for:			
15	Weekly duration of work over 50 hours for:			
16	Duration of paid annual holidays under 28 calendar days for:			

17	Duration of paid annual holidays 28 calendar days for:			
18	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
19	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
20	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
21	Termination of labour relations for:			

## V. DATA ON SAFETY AND HEALTH AT WORK

1. Existence of the document for evaluation and prevention of risk detailed for every workplace

Date of approval \_\_\_ / \_\_\_ / \_\_\_\_\_ Date of last revision \_\_\_ / \_\_\_ / \_\_\_\_\_

Record of the document for evaluation and prevention of risk

Date of Signature \_\_\_ / \_\_\_ / \_\_\_\_\_

2. Existence of employees on safety and health at work

No. of Employees \_\_\_\_\_

3. Existence of specialized persons or services outside the service to organize activities for protection and prevention

4. Existence of the Coordinator for Occupational Safety and Health when the subject works with subcontractors

5. Existence of the Representative / Council for Safety and Health at Work

Note: In cases where the Council for Safety and Health at Work exists, bring a photocopy of the record of the last meeting.

6. Existence of the First Aid Service (FAS)

No. Employees trained for FA \_\_\_\_\_

7. Existence of Fire Protection Services (FPS)

No. Employees trained for FPS \_\_\_\_\_

8. Existence of the Evacuation Plan (EP)

9. Existence of Employee Training Plan for Safety and Health at Work according to job specifications

10. Existence of the register of accidents and occupational diseases signed by the labour inspector

No. Cases of accidents \_\_\_\_\_

No. Accidanted employees \_\_\_\_\_ with death \_\_\_\_\_

No of Employees with Occupational Diseases \_\_\_\_\_

Type of Professional Disease \_\_\_\_\_

No. Employees with Professional Diseases diagnosed for the first time \_\_\_\_\_

Type of Professional Disease \_\_\_\_\_

11. Are employees licensed to practice the profession dealing with the direction of machinery and transport equipment, mechanical or electrical

No. Authorised persons \_\_\_\_\_ No. Unauthorized persons \_\_\_\_\_

12. Existence of warning signs and safety signs

13. Existence of collective protective measures

14. Existence of individual protective measures

15. Existence of measures in terms of safety and health at work for vulnerable groups

Pregnant women \_\_\_\_\_

Women breastfeeding \_\_\_\_\_

Children from 16-18 \_\_\_\_\_

People with disabilities \_\_\_\_\_

16. Existence of Dangerous Substances \_\_\_\_\_

Are there any work processes where hazardous substances are used according to the list approved by the Council of Ministers.

Number of Employees Exposed to Dangerous Substances \_\_\_\_\_

Type of hazardous substances: \_\_\_\_\_

17. Radiation

Are employees exposed to harmful radiation in the work environment

Type of radiation \_\_\_\_\_

Number of employees exposed to radiation \_\_\_\_\_

18. Existence of medical service at work

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Periodic control of employees

19. Permit and additional documentation from other institutions operating in the field of safety and health at work.

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Note: \_\_\_\_\_

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Labour Inspector: Labour Inspector:

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**REGIONAL DIRECTORATE OF SLISS of County** \_\_\_\_\_

# Protocol

No \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_ /

*On the accident investigation at work, based on the Law "On Safety and Health at Work"  
No. 10 237 dated 18/02/2010*

Evaluation of accident at work is done on the basis of **Article 28 Item \_\_\_ Letter \_\_\_\_\_**

Classification of the accident at work is done on the basis of **Article 29 Item \_\_\_\_\_**

**The investigation of the accident at work was conducted by labour inspectors:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

Investigation of the accident occurred **in the subject "** \_\_\_\_\_ **" on date** \_\_\_ / \_\_\_ /  
\_\_\_\_\_ /

*It started on* \_\_\_ / \_\_\_ / \_\_\_\_\_ *and ended on* \_\_\_ / \_\_\_ / \_\_\_\_\_ /

For the investigation of this accident was cooperated with (specify  
institutions): \_\_\_\_\_

## **A. Data on the Accidanted Employee:**

\_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_\_\_ / Age  
(Name, Surname)

**Birth place:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**citizenship:** *Albanian Foreign With a work permit Without a work permit*

**Family status:** *Single married widowed divorced*

**Number of family members living together:** \_\_\_\_\_

**Work position:** \_\_\_\_\_

**Total employment period:** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

**Total employment period with this employer:** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

**In the current work involved:** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days \_\_\_\_\_

**Type of the employment relationship:** \_\_\_\_\_

**Employment contract, concluded on the date:** \_\_\_ / \_\_\_ / \_\_\_\_\_ / **ends on date:** \_\_\_ / \_\_\_ / \_\_\_\_\_ / *verbal*

**Diseases from which the accidanted suffers:** \_\_\_\_\_

## **B. General information about the subject:**

**The name of the subject:"** \_\_\_\_\_ **Registration Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Type of activity:** \_\_\_\_\_

**Total number of employees :** \_\_\_\_\_ *Females* \_\_\_\_\_ *Under 18 years* \_\_\_\_\_

**Accidents occurred in this subject (if any):** *No* \_\_\_\_\_ *Dates* \_\_\_\_\_

**Accidents with deaths (if any):** *No* \_\_\_\_\_ *Dates* \_\_\_\_\_

**Existence of the document for the risk assessment:** **Yes No**

**Existence of hazardous substances used (if any, their types):** \_\_\_\_\_

## **C. Data for the Accident:**

**Cause of accident:** \_\_\_\_\_

Date of accident: \_\_\_ / \_\_\_ / \_\_\_ / Day: \_\_\_\_\_ Time: \_\_\_ Date of death \_\_\_ / \_\_\_ / \_\_\_ /

Daily work duration: Starting \_\_\_ Finishing \_\_\_\_\_

On the day of the accident, the injured person worked in total hours.

Damaged body parts and type of damage: \_\_\_\_\_

Level of alcohol / narcotic drugs or other substances in the blood: \_\_\_\_\_

Duration of incapacity for work as a result of the accident: \_\_\_\_\_

Anticipated the return at the workplace after the rehabilitation: Yes No

### **1. Event location:**

Description of the accident location: \_\_\_\_\_

Nature of work: \_\_\_\_\_

Reporting the accident to the employer is done by \_\_\_\_\_  
(name, surname and position)

Witnesses at the scene \_\_\_\_\_  
(name and surname)

### **2. Control at the Accident Location:**

It was done at \_\_\_ on date \_\_\_ / \_\_\_ / \_\_\_ / by \_\_\_\_\_

At the time of the control, was the scene of the event left in its original state?: Yes No

If it was not left in the original state, the reasons and the description of changes: \_\_\_\_\_

Duties left to avoid similar accidents in the future: \_\_\_\_\_

Sanctions after the accident investigation: yes Value \_\_\_\_\_ ALL not

**D. Description of the accident history** \_\_\_\_\_

**E. Identified obstacles (if any) that have affected the accident investigation:** \_\_\_\_\_

**F. The scheme drawing of the scene** (Attached to the Protocol of the Accident Investigation at Work)