**Registro de accidentes del trabajo y enfermedades profesionales CPHS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nº** | **Acc. / Enf.** | **Fecha** | **Nombre del accidentado** | **Peligros** | **Tipo de accidente** | **Área o sección** | **Puesto de trabajo** | **Días de licencia** | **Frecuencia**  Mensual / Acum | | **Gravedad**  Mensual / Acum | |
| 01 |  |  |  |  |  |  |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |  |  |  |  |  |  |