REPORT
- work injury (LAF)
- personal injury (LSP)

Date received by Work Environment Authority/Maritime Administration

The Social Insurance Office

When completing this form, please consult the explanatory information (FKF 9238) provided.

- This form is used for reporting accidents at work, accidents while travelling to or from work, and illness or other ill-health arising at work. It is also used for reporting accidents to conscripts and others (LSP).
- The employer or equivalent must report the work injury to the Social Insurance Office.
- Send the report to: Försäkringskassans inläsningscentral LAF SE-831 88 ÖSTERSUND
- Ill-health and accidents shall be investigated by the employer, as provided in rules and Provisions issued by the Work Environment Authority.
- The Social Insurance Office will send a letter to the injured person confirming receipt of the report and will forward the report to the Work Environment Authority.
- The Work Environment Authority will use the report for preventing injuries and for the compilation and publication of work injury statistics.
- This form can also be downloaded from www.forsakringskassan.se

The date when the accident occurred or the illness was established
For illness, state the first day of absence or the first medical consultation occasioned by the injury reported.

1. Who is the injured person?

<table>
<thead>
<tr>
<th>1.1 Surname, given name(s)</th>
<th>1.2 Nat. reg. no. (yr, mth, day, identity digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3 Mailing address</td>
<td>1.4 Tel. no. (with area dialling code)</td>
</tr>
<tr>
<td>1.5 Postcode</td>
<td>1.6 Postal district</td>
</tr>
</tbody>
</table>

1.7 Type of contract or occupation

1. Permanent/indefinite-term employee 7. LSP: Swedish Armed Forces and Prison and Probation administration
2. Fixed-term hiring
3. Self-employed/family member
4. Shipboard employee
5. Employment policy programme
6. Student (not trainee with employee status) Other occupation, namely _________________________

<table>
<thead>
<tr>
<th>1.8 Occupation or (LSP) personnel category</th>
<th>1.9 Joined the firm (yr, mth)</th>
<th>1.10 No. yrs in occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.11 Principal duties
### 2. Employer/Self-employed person/Public authority or equivalent, workplace or ship

<table>
<thead>
<tr>
<th>2.1 Name of employer/own business</th>
<th>2.2 Corporate reg. no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3 Name of workplace (to be completed if the enterprise/authority has more than one workplace, plus department where applicable. For ship, give name and type)</td>
<td></td>
</tr>
<tr>
<td>2.4 Mailing address (street, box etc.)</td>
<td>2.5 Tel. no. (with area dialling code)</td>
</tr>
<tr>
<td>2.6 Postcode</td>
<td>2.7 Postal district</td>
</tr>
<tr>
<td>2.8 Signal/reg. no. (shipboard employees)</td>
<td></td>
</tr>
<tr>
<td>2.9 Principal activity at the workplace (see point 2.3)</td>
<td></td>
</tr>
<tr>
<td>2.10 Workplace where the injury occurred, if different from that entered in point 2.1 or 2.3</td>
<td>Tel. no. (with area dialling code)</td>
</tr>
<tr>
<td>2.11 Employer in whose workplace the injury occurred, if different from that entered in point 2.1</td>
<td></td>
</tr>
</tbody>
</table>
3. To what type of work injury or personal injury does the report refer?

1. **Accident** → Go to section 4

2. **Travel accident** in transit to or from the workplace/in transit to or from response (LSP) → Go to section 4

3. **Illness** or other ill-health (not accident) → Go to section 5

4. **Leisure injury** (LSP) and leisure injury occurring on board (shipboard employees) → Complete as for accident or illness; see point 1 or 3

### 4. How did the accident happen?

#### 4.1 Where did the accident take place?
State the exact place (e.g. marshalling yard, kitchen, loading bay, private home, shooting range, workshop)

#### 4.2 What was the injured person doing when the accident occurred? (Specify task, operation)

#### 4.3 What happened?
Describe the accident, step by step

#### 4.4 Which of the following sums up the accident in point 4.3 best? (Choose one alternative only.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Electrical accident, fire, explosion, bursting</td>
<td>8. Injured by person (physically, intentionally or otherwise)</td>
</tr>
<tr>
<td>2. Contact (inhalation included) with chemical substance or contaminant</td>
<td>9. Injured by an animal</td>
</tr>
<tr>
<td>3. The injured person fell</td>
<td>10. Physical overstrain (lifting or strenuous/violent movement)</td>
</tr>
<tr>
<td>4. The injured person struck or collided with something (not in falling)</td>
<td>11. Mental overstrain (threat, shock)</td>
</tr>
<tr>
<td>5. Injured by machine, machine part or moving object (mechanical movement)</td>
<td>12. Missed footing, lost footing, treading on sharp object (not in falling)</td>
</tr>
<tr>
<td>6. Injured by falling/flying object (not when handling same)</td>
<td>13. Vehicle accident or being struck by a vehicle</td>
</tr>
<tr>
<td>7. Injured by handled object (when handling same)</td>
<td>Other; specify</td>
</tr>
</tbody>
</table>

#### 4.5 What machines, implements, apparatus, chemicals, contaminants, protective equipment etc. were involved in the accident?

Make/type designation, year of manufacture (where applicable)

Function of chemical (e.g. glue-setting agent)

Name of product or chemical

#### 4.6 Why did the accident happen?
State circumstances helping to cause or otherwise material to the occurrence (e.g. no lifting aids/gear available, error, misunderstanding, lack of protective equipment, too few people for the job, great shortage of time, instructions unknown or not updated, insufficient training for the task, uncharted risk entailed by process of change/alteration work).
5. What caused the illness/ill-health?

5.1 Describe in detail the working conditions or duties which are suspected to be the cause of the discomforts, e.g. the frequency and heaviness of lifting operations. If there are psychosocial or organisational problems of the work environment, describe them. A description of the course of events can be entered by the injured person in his or her own words.

5.2 Specify which factors are suspected of being the probable cause of the discomforts, e.g. chemicals, contaminants, heavy items, machinery, implements, equipment, fittings, psychosocial and organisational factors etc.

- Make/type designation, year of manufacture (where applicable)
- Function of the chemical (e.g. glue-setting agent)
- Name of product or chemical

5.3 Mark the best descriptions of the cause/ill-health in the following. (More than one alternative may be chosen.)

1. Ergonomic factors (e.g. repetitive, one-sided work, static load, work done in a kneeling posture)
2. Chemical/biological substances or factors, other than infection (e.g. paint, glue, solvents, mould, dust)
3a. Noise
3b. Other physical factors (e.g. vibration, heat, radiation, draughts)
4. Infection (e.g. bacteria, virus)
5. Psychosocial or organisational causes (e.g. reorganisation, heavy workload, conflict, victimisation, strenuous client contact)

Other cause, namely __________________________________________________________________________________
___________________________________________________________________________________________________
6. **Describe the extent of personal injury.** To be completed for all case of work injury or personal injury

| 6.1 What injuries or disorders has the accident/illness entailed? |
|---|---|
| For an accident, e.g. wound, caustic injury, loss of a limb, mental reaction. |
| For illness, e.g. skin effect, problems of the respiratory tract, pain, mental discomfort |

| 6.2 Specify the injured part of the body or the main location of the disorder/discomfort. If there are more than one, start with the gravest. |
|---|---|
| 6.3 Probable absence |
| No absence | 1-3 days | 4-14 days | Longer absence | Fatality |
| 6.4 No. days on sick pay |
| For fatality, give Date (year in 4 digits), mth, day |

| 7. State measures preventing repetition of injury |
| Measure taken | Measure not taken |
| 1. |
| 2. |
| 3. |

| 8. Signature |
|---|---|
| Signature of employer (supervisor)/self-employed person |
| Name in typescript |

| Inspected and approved by me |
|---|---|
| Signature of safety delegate |
| Signature of injured person |

**Notes/decision by Social Insurance Office**

<table>
<thead>
<tr>
<th>Nat. reg. no.</th>
<th>No. sickness allowance benefit days</th>
<th>Case continues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis as per medical certificate/statement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Approved</td>
<td>2. Rejected</td>
<td>Date</td>
</tr>
<tr>
<td>172 NY</td>
<td>172 AN</td>
<td></td>
</tr>
<tr>
<td>Fk (Soc. Ins. Office) ref. no., date received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cc. Labour Market Administration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INFORMATION

Reporting a work injury (LAF) or personal injury (LSP)

Who must make the report to the Social Insurance Office?
The form is sent for scanning and electronic storage. If compensation entitlement comes to be assessed by the Social Insurance Office, any enclosures are to be sent straight to the Social Insurance Office, together with the application. Never send additions or supplements to a report submitted previously. These cannot be processed electronically.

Applying for compensation
Anyone wishing to have their compensation entitlement assessed must apply in writing. The application is to be sent to the local Social Insurance Office.

The forms can be ordered or collected from the Social Insurance Office. They can also be downloaded from www.fk.se

Structure of the form
Introduction: General information
Section 1: Personal particulars of the injured individual
Section 2: Employer's particulars
Section 3: Type of injury
Section 4: If accident: how it happened.
Section 5: If illness or other ill-health: what caused it.
Section 6: Extent of the injuries
Section 7: Measures preventing recurrence of injury
Section 8: Signatures
Last: Notes by the Social Insurance Office

Compulsory reporting of work injury (LAF) and personal injury (LSP)
Reporting of work injuries is mandatory under the Work Injury Insurance Act, LAF.\(^1\) This applies to work accidents, accidents while travelling to and from work and other harmful effects of work (work-related illness).

Reporting of personal injury is mandatory under the State Personal Injury Protection Act, LSP.\(^2\) This applies to persons serving in the Swedish Armed Forces, conscripts, persons performing compulsory civilian service and persons employed by public rescue services. LSP also applies to remandees and inmates of prisons or special homes.

A work/personal injury must be reported if it has entailed or can be presumed to entail entitlement to medical compensation, sickness allowance or rehabilitation allowance out of public social insurance or sick pay under the Sick Pay Act or compensation out of work injury insurance.

A report must also be made if the injury has caused or can be presumed to cause pain and suffering or disability or any other lasting impairment.

More detailed provisions on reporting are contained in the Work Injury Insurance and State Personal Injury Protection Ordinance.\(^3\)

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\(^2\) The State Personal Injury Protection Act (SFS 1977:265), Sections 15, 16.
Who must make the report to the Social Insurance Office?
Injury sustained by an employee is reported by the employer or supervisor. An insuree other than an employee, e.g. a self-employed person, reports their own injury. If he or she has died as a result of the injury, the report is made by the person representing the estate of the deceased. Injury to a student is reported by the school. Injuries to persons coming under LSP are reported by the person whose position corresponds to that of an employer. The report is made to the Social Insurance Office to which the injured person belongs. In the case of seafarers, the report must be sent to the shipping company when the ship docks in its first port of call. The shipping company forwards the report to the Shipping Office at the West Götaland Social Insurance Office if the injured person had signed on or was receiving idle time pay and paying seafarer’s tax or if the injured person does not belong to any social insurance office.

Consultation with safety delegate
The Work Injury Insurance and State Personal Injury Protection Ordinance\(^4\) requires a work injury report to be made in consultation with the safety delegate and the safety delegate to be given a copy of the report.

Please note
In addition to making a report to the Social Insurance Office, the employer is required by the Work Environment Ordinance\(^5\) to notify the Work Environment Inspectorate without delay if an accident or other harmful influence at work has caused fatality or severe personal injury or affected several employees at once.

The date when the accident occurred or when the illness was established.

For an accident, give the date of occurrence. In the case of an illness or other ill-health, it may be difficult to specify a date, because the clinical course may extend over a long period of time. In the first instance, the date to be given is that of the first day of sickness absence due to the injury. If the injured person has not been absent on account of the illness but has been in touch with a doctor or other medical agency because of the injury, the date to be given is that of the first such contact.

Section 1. Who is the injured person?

1.7 Type of contract or occupation
2. Fixed-term hiring applies to a person who is a temporary replacement, is employed on a project basis, has some other fixed-term contract of service or is a probationer.
3. Self-employed means a person who has a one-man business, is a member of a partnership or is the principal owner of a limited partnership.
A person working for their own limited company is classed as a permanent employee. A family member is a person who, together with a self-employed person, works in a one-man business, partnership or limited partnership and does not have employee status.
4. Shipboard employees include all personnel who have signed on. On the other hand this group does not include employees of the Swedish Armed Forces serving on board ship: they are referred to group one or two, depending on whether they have permanent or fixed-term contracts.
5. The employment policy programme\(^6\) group includes everyone who, with national government or municipal financial assistance (unemployment insurance compensation, activity support or suchlike), is taking part in employment training or in working life introduction or is otherwise being prepared for entry into the employment sector.

\(^5\) The Work Environment Ordinance (SFS 1977:1166), Section 2.
\(^6\) FSAP, Section 2 (1).
6. **Students** here comprise persons who as part of their education do work comparable or similar to gainful employment and may thus be exposed to a special risk. This also applies to students taking vocational education and preparatory vocational training programmes after completing their compulsory schooling, in the seventh or subsequent grades of compulsory school, in vocational school for persons with learning difficulties, and in upper secondary school or the equivalent. **Trainees or apprentices with employee status** are referred to group one or group two, depending on whether their employment is permanent or fixed-term.

7. This group includes persons coming under the State Personal Injury Protection Act, **LSP**, i.e. conscripts in the total defence establishment, volunteers in the total defence establishment, personnel employed by public rescue services etc., as well as remandees and inmates of prisons. Coverage time is the time between the commencement of the journey for joining up and the conclusion of the homeward journey following discharge. The same applies to travel to and from remand in custody or imprisonment.

**1.8 Occupation or (LSP) personnel category**

Give a detailed occupational designation which covers the injured person’s duties.

<table>
<thead>
<tr>
<th>Do not, for example, merely write</th>
<th>Examples of more detailed designations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>Head of cleaning team</td>
</tr>
<tr>
<td>Factory worker</td>
<td>Paint mixer</td>
</tr>
<tr>
<td>Foreman</td>
<td>Fireman</td>
</tr>
<tr>
<td>Engineer</td>
<td>Structural engineer</td>
</tr>
<tr>
<td>Teacher</td>
<td>Junior school teacher</td>
</tr>
<tr>
<td>Fitter</td>
<td>Plumbing fitter</td>
</tr>
<tr>
<td>Operator</td>
<td>Process operator</td>
</tr>
<tr>
<td>Repair technician</td>
<td>Machine repair technician</td>
</tr>
<tr>
<td>Nurse</td>
<td>Nurse anaesthetist</td>
</tr>
<tr>
<td>Technician</td>
<td>Refrigeration technician</td>
</tr>
<tr>
<td>Attendant</td>
<td>Attendant, mental nursing</td>
</tr>
</tbody>
</table>

For an injury coming under LSP; give the personnel category to which the injured person belongs, e.g. conscript, Home Guardsman, Swedish Women’s Voluntary Defence Service, trainee, student employee.

**1.9 Joined the firm**

Give the year and month of hiring. Self-employed persons give the year and month from which they have been active in the business.

**1.11 Principal duties**

State the injured person’s principal duties. For waiting staff, for example: counter service, cash register work. For warehouse personnel: manual picking of goods, truck-driving, customer service, etc.

**Section 2. Employer/Self-employed person/Public authority or equivalent…**

**2.2. Corporate registration number**

A firm’s corporate registration number is its identity designation as registered with the National Tax Board. The corporate registration number of a one-man business is the same as its proprietor’s national registration number.

Inquiries concerning the number can be addressed to the National Tax Board.

**2.3 Name of workplace**

The workplace is the address, the property or the group of nearby properties where the employer carries on business and where personnel are employed.

If, for example, the firm is mainly active in one locality and has several minor operations in other places, each individual operation is looked on as a workplace in its own right. The municipal (local
government) equivalent is individual activities such as libraries, day nurseries, group accommodation etc. operated at different addresses.

2.4 Mailing address
If the employer has more than one workplace and point 2.3 has been completed, the mailing address of the workplace is to be given. Otherwise, put the employer’s mailing address or that of your own business.

2.5 Telephone number
If the employer has more than one workplace and point 2.3 has been completed, the phone number of the workplace is to be given. Otherwise, put the employer’s phone number or that of your own business.

2.9 Principal activity at the workplace
If the employer has more than one workplace and point 2.3 has been completed, give the principal activity at that workplace. Give a general description of the activity, e.g. Child care (pre-school), Manufacture of plastic packaging, Storage of goods, Care and service for residents in serviced accommodation.

2.10 Workplace where the injury occurred, if different from that entered in point 2.1 or 2.3
In cases where the work injury occurred during temporary presence at a workplace other than the employee’s own, e.g. in connection with a conference, delivery of goods etc., that name and telephone number of that workplace are to be given under this head. The particulars in points 2.1-2.9 are also to be entered when the work injury occurred at another workplace.

2.11 Employer in whose workplace the injury occurred, if different from that entered in point 2.1
This point is answered when the injured person was lent out, hired out or for some other reason served for a longer or shorter period on the premises of another employer. The particulars in points 2.1-2.9 are also to be entered when the work injury occurred at another workplace.

Section 3. To what type of work injury or personal injury does the report refer?
2. The Travel accident category is for accidents occurring in transit to and from work, between the home and the workplace. Accidents occurring in the course of work/duty, e.g. when driving, when travelling on business or when driving a vehicle during a military exercise, are entered under the heading Accidents.
4. In the case of employees serving on board ship within the Armed Forces, injuries occurring during leisure hours are only reported in cases where they would have been regarded as work injuries if the injured persons had been shipboard employees. Injuries sustained by employees of the Armed Forces, however, are entered in point 1 or 3.

Section 4. How did the accident happen?
4.2 What was the injured person doing when the accident occurred?
A task or operation can, for example, be specified as: repairing a car, lifting a patient from bed to wheelchair, climbing a ladder, going to the canteen, serving food, working with a handheld drill, pushing a pram, mixing chemicals, driving a taxi.

4.3 What happened? Describe the accident, step by step
Describe the course of the accident. Remember that these particulars will be used for accident prevention purposes, and that a detailed description is thus called for. If technical terms are used, these should be accompanied by an explanatory text.

4.4 Which of the following sums up the accident in point 4.3 best? (Choose one alternative only.)
If it is hard to choose between several alternatives, put the one with the lowest number.
Example of an accident coming under alternative 5: injured by a rotary blade.
Example of an accident coming under alternative 7: injured when re-tooling a machine.

Section 5. What caused the illness/ill-health?
5.1 Describe in detail the working conditions or duties which …
Describe the suspected causes of the disorders. Any contributory causes are also to be included in the description. For example, the main cause may have been heavy lifting in the course of work and contributory causes the premises being cold and draughty or people working under stress.

5.2 Specify which factors are suspected of being the probable cause of the discomforts …
If technical terms are used, these should be accompanied by an explanatory text.

6. Describe the extent of personal injury.
6.1 What injuries or disorders has the accident/illness entailed?
If the accident/illness has entailed several injuries or several different disorders, begin with the gravest of them.

6.2 Specify the injured part of the body or the main location of the disorder/discomfort. If there are more than one …
State the exact part of the body affected, e.g. shoulder, elbow, forearm, wrist, hand, thumb or finger.

6.3 Probable absence
Mark the absence alternative which is known or which can probably be expected as a consequence of the injury.

6.4 N. days on sick pay
Give benefit waiting day plus number of days’ sick pay provided by the employer by reason of the injury. The Social Insurance Office itself will add the number of sickness allowance days, if any, for which compensation has been paid.
Self-employed persons enter the number of benefit waiting days during the period of absence.

Section 7. State measures preventing repetition of injury
Chap. 3, Section 2a of the Work Environment Act requires the employer to investigate work injuries and to deal with the hazards of the activity. Measures which cannot be taken immediately shall be timetabled.

Section 8. Signature
The signature does not mean the employer assuming responsibility for what has happened or fully endorsing the views expressed in the description.
The signature has nothing to do with confirmation of the injury. It simply confirms that a report has been made by the employer/self-employed person.

Inspected and approved by me
The signatures of the safety delegate and the injured person confirm that they have read what it says in the report. Their signatures do not mean that they endorse the description in every respect.
The safety delegate’s signature is not needed when reporting a travel accident.

Notes/decision by Social Insurance Office
The Social Insurance Office investigates an injury if the question may arise of assessing entitlement to compensation from work injuries insurance. In other words, the Social Insurance Office never carries out an assessment purely in order to decide whether the injury is a work injury. A person sustaining a work injury can as a rule obtain compensation out of work injuries insurance only after the illness has passed and the injury has left his or her earning capacity permanently reduced.
LSP assessment

LSP, unlike work injury insurance, does not include any provision whereby a case may only be assessed if there is a compensation claim.

The award of constructive damages to persons coming under LSP is regulated by Statens Trygghetsnämnd. A decision by the Social Insurance Office is a precondition of compensation under the Constructive Damages Act (Li).

“Service transaction” (e.g. dental and noise-induced injuries) and cases involving more than 180 days’ sickness absence from the injury date, part of the sickness absence for which, following the coverage time, may qualify for compensation.