



The Social Insurance Office

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

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

Date received by Work Environment Authority/ Maritime Administration

Report date (year in 4 digits, month, day)

- 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.

Year in 4 digits, month, day

1. Who is the injured person?

1.1 Surname, given name(s)		1.2 Nat. reg. no. (yr, mth, day, identity digits)	
1.3 Mailing address		1.4 Tel. no. (with area dialling code)	
1.5 Postcode	1.6 Postal district		
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		Coverage time as from (year in 4 digits, month, day)	
3. Self-employed/family member		Coverage time until (year in 4 digits, month, day)	
4. Shipboard employee		Other occupation, namely _____	
5. Employment policy programme		_____	
6. Student (not trainee with employee status)		_____	
1.8 Occupation or (LSP) personnel category		1.9 Joined the firm (yr, mth)	1.10 No. yrs in occupation
1.11 Principal duties			

2. Employer/Self-employed person/Public authority or equivalent, workplace or ship

2.1 Name of employer/own business		2.2 Corporate reg. no.
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)		
2.4 Mailing address (street, box etc.)		2.5 Tel. no. (with area dialling code)
2.6 Postcode	2.7 Postal district	2.8 Signal/reg. no. (shipboard employees)
2.9 Principal activity at the workplace (see point 2.3)		
2.10 Workplace where the injury occurred, if different from that entered in point 2.1 or 2.3		Tel. no. (with area dialling code)
2.11 Employer in whose workplace the injury occurred, if different from that entered in point 2.1		

3. To what type of work injury or personal injury does the report refer?

<p>1. Accident → Go to section 4</p> <p>2. Travel accident in transit to or from the workplace/in transit to or from response (LSP) → Go to section 4</p> <p>3. Illness or other ill-health (not accident) → Go to section 5</p> <p>4. Leisure injury (LSP) and leisure injury occurring on board (shipboard employees) → Complete as for accident or illness; see point 1 or 3</p>

4. How did the accident happen?

<p>4.1 Where did the accident take place? State the exact place (e.g. marshalling yard, kitchen, loading bay, private home, shooting range, workshop)</p>		
<p>4.2 What was the injured person doing when the accident occurred? (Specify task, operation)</p>		
<p>4.3 What happened? Describe the accident, step by step</p>		
<p>4.4 Which of the following sums up the accident in point 4.3 best? (Choose one alternative only.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1. Electrical accident, fire, explosion, bursting</p> <p>2. Contact (inhalation included) with chemical substance or contaminant</p> <p>3. The injured person fell</p> <p>4. The injured person struck or collided with something (not in falling)</p> <p>5. Injured by machine, machine part or moving object (mechanical movement)</p> <p>6. Injured by falling/flying object (not when handling same)</p> <p>7. Injured by handled object (when handling same)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>8. Injured by person (physically, intentionally or otherwise)</p> <p>9. Injured by an animal</p> <p>10. Physical overstrain (lifting or strenuous/violent movement)</p> <p>11. Mental overstrain (threat, shock)</p> <p>12. Missed footing, lost footing, treading on sharp object (not in falling)</p> <p>13. Vehicle accident or being struck by a vehicle</p> <p>Other; specify _____</p> <p>_____</p> </td> </tr> </table>	<p>1. Electrical accident, fire, explosion, bursting</p> <p>2. Contact (inhalation included) with chemical substance or contaminant</p> <p>3. The injured person fell</p> <p>4. The injured person struck or collided with something (not in falling)</p> <p>5. Injured by machine, machine part or moving object (mechanical movement)</p> <p>6. Injured by falling/flying object (not when handling same)</p> <p>7. Injured by handled object (when handling same)</p>	<p>8. Injured by person (physically, intentionally or otherwise)</p> <p>9. Injured by an animal</p> <p>10. Physical overstrain (lifting or strenuous/violent movement)</p> <p>11. Mental overstrain (threat, shock)</p> <p>12. Missed footing, lost footing, treading on sharp object (not in falling)</p> <p>13. Vehicle accident or being struck by a vehicle</p> <p>Other; specify _____</p> <p>_____</p>
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<p>4.5 What machines, implements, apparatus, chemicals, contaminants, protective equipment etc. were involved in the accident?</p>		
<p>Make/type designation, year of manufacture (where applicable)</p>		
<p>Function of chemical (e.g. glue-setting agent)</p>		
<p>Name of product or chemical</p>		
<p>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).</p>		

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					6.4 No. days on sick pay
No absence	1-3 days	4-14 days	Longer absence	Fatality	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.		
Has the safety delegate taken part in the inquiry?		If not, why not?
Yes	No	

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

Nat. reg. no.	No. sickness allowance benefit days	Case continues
Diagnosis as per medical certificate/statement		
1. Approved	2. Rejected	Date
FK (Soc. Ins. Office) ref. no., date received		Cc. Labour Market Administration

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

¹ The Work Injury Insurance Act (SFS 1976:380), Chap. 8.

² The State Personal Injury Protection Act (SFS 1977:265), Sections 15, 16.

³ The Work Injury Insurance and State Personal Injury Protection Ordinance, FSAP (SFS 1977:284).

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 Ordinance⁴ 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 Ordinance⁵ **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.

⁴ The Work Injury Insurance and State Personal Injury Protection Ordinance, FSAP (SFS 1977:284).

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.

Do **not**, for example, merely write

Examples of more detailed designations

Supervisor

Head of cleaning team

Factory worker

Paint mixer

Foreman

Fireman

Engineer

Structural engineer

Teacher

Junior school teacher

Fitter

Plumbing fitter

Operator

Process operator

Repair technician

Machine repair technician

Nurse

Nurse anaesthetist

Technician

Refrigeration technician

Attendant

Attendant, mental nursing

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.