Ministry of Commerce, Industry and Labour
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Please address all correspondence to the Chief Executive Officer
P.O Box 862, Level 4 ACC House Apia SAMOA

Form 3 Pepa 3

TULAFONO SAOGALEMU MA LE SOIFUA MALOLOINAI GALUEGA 2002
Occupational Safety and Health Act 2002
TULAFONO FAATONUTONU O SAOGALEMU MA LE SOIFUA MALOLOINA 1 GALUEGA 2017
Occupational Safety and Health Regulations 2017
FAAALIGA TUSIA A LE E ONA LE GALUEGA E UIGA 1 SE FAALAVELAVE FAAFUASE'I

Employer's Written Notice of Accident

I le: Ofisa Sili o Pulega
To: The Chief Executive Officer
APIA

Igoa: ……
Name: (o le e ona le galuega, le e nofoia poo le nofoaga o le galuega)
(of employer, occupier or owner of place of employment)

Tuatusi:
Address: ……

1. Ou te faasilasila atu nei e faapea o le faalavelave faafuasei ua taua I lalo na tupu i: I hereby notify you that the following accident took place at:

……
(igoa ma le tuatusi o le nofoaga na tupu ai le faalavelave faafusasei) (full name and address of place of accident)

i le:
on:

……..
(aso ma le taimi na tupu ai le faalavelave faafuasei)
(date and time when the accident took place)

ia:
to:

……
(igoa atoa, tausaga o le soifuaaga ma le tuatusi o le tagata ua manu' a) (full name, age and1 address of person injured)

2. Galuega:
   Occupation: …….

3. Faamatalaga o le faalavelave:
   Description of what happened:

   ……..

   ……

   ……

   …….

4. Uiga o le Manu' a:
   Nature of the injury:
   …….

   ……..

   ……..

   ……..
   (Faamatalaga atoa o le uiga moni o le manua faatasi ai ma se pepa faamaoni a le fomai sa ia togafitia le ua manu'a)
   (Full description of the injury accompanied by a certificate of the doctor who treated the victim)

   Tagata ua taua I lalo na latou molimauina le faalavelave faafuasei (Igoa atoa ma tuatusi):
   The following persons witnessed the accident (full names and address):

   …….. ……

   …….. ……

   …….. ……

Saini:
Signature:……..
Tulaga:
Status:……..
ASO :
Date:……..

Distribution:
ORIGINAL: To Chief Executive Officer
DUPLICATE: To be retained by Employer