

# Hearing Report

Subject: Hearing of the Witness/Injured Party Regarding the Event Identified by Registration Number

..... Dated .....20 Year ..... Month ..... Day

Prepared by: Dharma Gate Buddhist College, 1098 Budapest, Börzsöny utca

11. Present:

.....  
.....  
.....  
.....

Personal Data of the Injured Party:

Name:

Position:

Mother's Name:

Place of Birth:

Date of Birth:

Social Security Number (TAJ):

Regarding the above-mentioned event, the injured party states the following:

.....  
.....

The witness states the following regarding the above-mentioned event:

.....  
.....

Measures Taken for the Care of the Injured Party:

.....

Did the injured party continue working?

.....

How could the work accident have been avoided?

.....  
.....

What measures are necessary to prevent similar work accidents?

.....  
.....

I have read and understood the contents of the report, which fully corresponds to the truth.

Dated as above.

\_\_\_\_\_  
Head of the Investigation  
Team

\_\_\_\_\_  
Member of the  
Investigation Team

\_\_\_\_\_  
Member of the Investigation  
Team