（労働安全衛生規則第664条）

特定元方事業者事業開始報告

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 事業の種類 | | 事業場の名称 | | | | | | | | | | | | | | | 事業場の所在地 | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | ℡　　　　(　　　　) | | | | | | | | | | | | | | | | | |
| 元方事業者が使用する労働者数 | | | | | | | | 人 | | | | | 関係請負人を含めた労働者数 | | | | | | | | | | | | | | | | 人 | | | | | |
| 参　考　事　項 | 工事の名称 | | | | | | | | | | | | | | | | 発注者 | | |  | | | | | | | | | | | | | | |
| 工事の概要 | | | | | | | | | | | | | | | | 請負金額 | | | | | |  | | | | | | | | | | | |
| 工　　期 | | | | | | ～ | | | | | | | | | | | |
| 労働保険番号 | |  | |  |  |  | |  | － |  |  | |  | | | |  |  | |  | － | |  |  | |  | － | |  | |  |  |  |
| 関　係　請　負　人 | 事業の種類 | | 事業場の名称 | | | | | | | | | | | | | 事業場の所在地 | | | | | | | | | | | | | | | 労働者数 | | | |
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| 選任すべき職務 | | | | 氏　　　名 | | | | | | | | | | | 職務上の地位 | | | | | | | | | | | 選任年月日 | | | | | | | | |
| 統括安全衛生責任者 | | | |  | | | | | | | | | | |  | | | | | | | | | | | 年　 月 　日 | | | | | | | | |
| 元方安全衛生管理者 | | | |  | | | | | | | | | | |  | | | | | | | | | | | 年　 月 　日 | | | | | | | | |
| 店社安全衛生管理者 | | | |  | | | | | | | | | | |  | | | | | | | | | | | 年　 月 　日 | | | | | | | | |

上記の通り報告します

年　　　月　　　日

事業者職氏名

　　　　労働基準監督署長　殿