

会議の概要（議事録）

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|----------------|-----|--|---|------------|-----|--|--------|-----|--|----------|-----|--|--------|-----|---|----------------------|-----|--|------------------|-----|--|----------|-----|--|--------|-----|---|-----------------------|-----|--|---------------------|-----|--|---------------------|-----|--|----------|-----|--|--------|-----|---|---------------|-----|--|--------------|-----|--|--------|-----|---|---------------|-----|--|--------------|-----|--|--------|-----|---|----------------|------|--|------------------|------|--|------------------|-----|--|--------|-----|---|----------------|-----|--|--------|-----|--|--------|-----|--|--------|-----|
| 会議の名称 | (番号) 2 - 06 | 墨田区公害健康被害認定審査会 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開催日時 | 令和5年4月21日（金） 15時00分から15時40分まで | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開催場所 | 墨田区役所 31会議室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出席者数 | 墨田区公害健康被害認定審査会委員 | 5 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 事務局職員 | 5 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 会議の公開 (傍聴) | 非公開（傍聴できない） | 傍聴者数 | 0 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 議 題 | 1 認定の更新に係る審査 2 認定の更新及び障害の程度の決定に係る審査 3 認定の更新及び障害の程度の見直しに係る審査 4 障害の程度の決定に係る審査 5 障害の程度の改定に係る審査 6 障害の程度の見直しに係る審査 7 遺族補償費等の請求に係る審査 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 会議概要 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1</td> <td style="width: 85%;">認定の更新に係る審査</td> <td style="width: 10%; text-align: right;">6 件</td> </tr> <tr> <td></td> <td> うち更新件数</td> <td style="text-align: right;">6 件</td> </tr> <tr> <td></td> <td> うち更新不可件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td>2</td> <td>認定の更新及び障害の程度の決定に係る審査</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち更新及び障害の程度の決定件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち更新不可件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td>3</td> <td>認定の更新及び障害の程度の見直しに係る審査</td> <td style="text-align: right;">2 件</td> </tr> <tr> <td></td> <td> うち更新、障害の程度は前回と同判定件数</td> <td style="text-align: right;">2 件</td> </tr> <tr> <td></td> <td> うち更新、障害の程度は前回から変更件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち更新不可件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td>4</td> <td>障害の程度の決定に係る審査</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち障害の程度の決定件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td>5</td> <td>障害の程度の改定に係る審査</td> <td style="text-align: right;">1 件</td> </tr> <tr> <td></td> <td> うち障害の程度の改定件数</td> <td style="text-align: right;">1 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td>6</td> <td>障害の程度の見直しに係る審査</td> <td style="text-align: right;">18 件</td> </tr> <tr> <td></td> <td> うち障害の程度は前回と同判定件数</td> <td style="text-align: right;">18 件</td> </tr> <tr> <td></td> <td> うち障害の程度は前回から変更件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td>7</td> <td>遺族補償費等の請求に係る審査</td> <td style="text-align: right;">1 件</td> </tr> <tr> <td></td> <td> うち認定件数</td> <td style="text-align: right;">1 件</td> </tr> <tr> <td></td> <td> うち否認件数</td> <td style="text-align: right;">0 件</td> </tr> <tr> <td></td> <td> うち保留件数</td> <td style="text-align: right;">0 件</td> </tr> </table> | | | | 1 | 認定の更新に係る審査 | 6 件 | | うち更新件数 | 6 件 | | うち更新不可件数 | 0 件 | | うち保留件数 | 0 件 | 2 | 認定の更新及び障害の程度の決定に係る審査 | 0 件 | | うち更新及び障害の程度の決定件数 | 0 件 | | うち更新不可件数 | 0 件 | | うち保留件数 | 0 件 | 3 | 認定の更新及び障害の程度の見直しに係る審査 | 2 件 | | うち更新、障害の程度は前回と同判定件数 | 2 件 | | うち更新、障害の程度は前回から変更件数 | 0 件 | | うち更新不可件数 | 0 件 | | うち保留件数 | 0 件 | 4 | 障害の程度の決定に係る審査 | 0 件 | | うち障害の程度の決定件数 | 0 件 | | うち保留件数 | 0 件 | 5 | 障害の程度の改定に係る審査 | 1 件 | | うち障害の程度の改定件数 | 1 件 | | うち保留件数 | 0 件 | 6 | 障害の程度の見直しに係る審査 | 18 件 | | うち障害の程度は前回と同判定件数 | 18 件 | | うち障害の程度は前回から変更件数 | 0 件 | | うち保留件数 | 0 件 | 7 | 遺族補償費等の請求に係る審査 | 1 件 | | うち認定件数 | 1 件 | | うち否認件数 | 0 件 | | うち保留件数 | 0 件 |
| 1 | 認定の更新に係る審査 | 6 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち更新件数 | 6 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | うち保留件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 認定の更新及び障害の程度の決定に係る審査 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち更新及び障害の程度の決定件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | 認定の更新及び障害の程度の見直しに係る審査 | 2 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち更新、障害の程度は前回と同判定件数 | 2 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち更新、障害の程度は前回から変更件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち更新不可件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち保留件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 障害の程度の決定に係る審査 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち障害の程度の決定件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち保留件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 障害の程度の改定に係る審査 | 1 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち障害の程度の改定件数 | 1 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち保留件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 障害の程度の見直しに係る審査 | 18 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち障害の程度は前回と同判定件数 | 18 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち障害の程度は前回から変更件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち保留件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 遺族補償費等の請求に係る審査 | 1 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち認定件数 | 1 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | うち否認件数 | 0 件 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 所 管 課 | 福祉保健部 保健衛生担当 保健計画課 保健計画担当（内線 3 5 1 0） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |