

## 会議の概要（議事録）

|               |  |                |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|---------------|--|----------------|-----|--|---|------------|------|--|--------|------|--|----------|-----|--|--------|-----|---|----------------------|-----|--|------------------|-----|--|----------|-----|--|--------|-----|---|-----------------------|-----|--|---------------------|-----|--|---------------------|-----|--|----------|-----|--|--------|-----|---|---------------|-----|--|--------------|-----|--|--------|-----|---|---------------|-----|--|--------------|-----|--|--------|-----|---|----------------|------|--|------------------|------|--|------------------|-----|--|--------|-----|---|----------------|-----|--|--------|-----|--|--------|-----|--|--------|-----|
| 会議の名称         | (番号)<br>2 - 06   | 墨田区公害健康被害認定審査会 |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
| 開催日時          | 令和5年10月20日（金） 15時00分から15時55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   | 6 人            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|               | 事務局職員  | 4 人            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
| 会議の公開<br>(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<br>2 認定の更新及び障害の程度の決定に係る審査<br>3 認定の更新及び障害の程度の見直しに係る審査<br>4 障害の程度の決定に係る審査<br>5 障害の程度の改定に係る審査<br>6 障害の程度の見直しに係る審査<br>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;">18 件</td> </tr> <tr> <td></td> <td>    うち更新件数</td> <td style="text-align: right;">18 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;">4 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;">4 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;">0 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;">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>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;">0 件</td> </tr> <tr> <td></td> <td>    うち否認件数</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> </table> |                |     |  | 1 | 認定の更新に係る審査 | 18 件 |  | うち更新件数 | 18 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 | 4 件 |  | うち更新、障害の程度は前回と同判定件数 | 4 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 | 0 件 |  | うち障害の程度の改定件数 | 0 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 | 0 件 |  | うち否認件数 | 1 件 |  | うち保留件数 | 0 件 |
| 1             | 認定の更新に係る審査   | 18 件           |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|               | うち更新件数   | 18 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  | 4 件            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|               | うち更新、障害の程度は前回と同判定件数  | 4 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  | 0 件            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|               | うち障害の程度の改定件数   | 0 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   | 0 件            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|               | うち否認件数   | 1 件            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
|               | うち保留件数   | 0 件            |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |
| 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）  |                |     |  |   |            |      |  |        |      |  |          |     |  |        |     |   |                      |     |  |                  |     |  |          |     |  |        |     |   |                       |     |  |                     |     |  |                     |     |  |          |     |  |        |     |   |               |     |  |              |     |  |        |     |   |               |     |  |              |     |  |        |     |   |                |      |  |                  |      |  |                  |     |  |        |     |   |                |     |  |        |     |  |        |     |  |        |     |