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FORESTRY DEPARTMENT OF PENINSULAR MALAYSIA HEADQUARTERS ACCIDENT AND DANGEROUS INCIDENT REPORT FORM

Incident number:

1						
SI	ECTION A: DI	ETAILS OF ACCI	DENT VICTIN	IS OR INFORM	ERS OF DANGEROUS CONDITION	s
	tim / Witness		or		Hazardous incident / damage	
				on card number:		M / F
		Visitors :			oort : / /	IVI / I
	<u></u>	-		•		
Division / Other plac					Phone Number :	
				or DANGEROL	JS OCCURRENCE or DAMAGE	
Date of accident / ha	_				Time :am/pm	
Location of accident		J				
Building :				Room / Are	a:	
Description of acci	dent, hazard	or damage (What	happened?	1		
	SECTION	C: EVIDENCE O	F INJURY OF	R ILLNESS (To I	be completed in case of injury)	
The injury descriptio	n includes the	part where the inj	ury occurred:			
Name of witness / fir	rst person duri	ing the incident :				
		Phone Number:				
Treatment received	· –	None	Emero	ency Help	Medical Clinic	
Treatment received	••	Hospital :			Inpatient/warded	
0: 1		Troopital :	our pa			
Signature :				Date :		
Please submit the	completed fo	rm to the Occupa	tional Safety	and Health Se	ction or any members of the	
Occupational Safet			•		-	
	SEC	TION D: INVESTI	GATION AND	O CORRECTIVE	/ PREVENTIVE ACTIONS	
Report Category :		Accident	Hazar	·d	Environment	
	<u></u>		/ Dang	erous Occurance	e <u>—</u>	
Investigation Resu	<u>lts: (Reason a</u>	<u>applies)</u>				
Proposed Corrective	ve / Preventiv	e Actions:				
110pooda Goillock	107110V0110V	<u>o Addiono.</u>				
Attachment :		TLatters / Densite	Diak A	occoment	Othoro:	
Attachment :		_Letters / Reports		ssessment	Others :	
OSH Commitee Se	cretary	Head of OSH S	ection		Member of OSH Committee	
Signature :		Signature :			Signature :	
Name : Date :		Name : Date :			Name : Date :	
Date.		Date.			Date .	