

Incident number:	
---------------------	--

☐ Accident Victim / Witness
 or
☐ Hazardous incident / damage informer

Full Name : ..... Identification card number: ..... M / F .....

Staff : ☐ Contractor: ☐ Visitors : ☐ Date of Report : ..... / ..... / .....

Division / Other place : ..... Phone Number : .....

Date of accident / hazard / damage : ..... / ..... / ..... Time : ..... am/pm  
Location of accident / hazard / damage :  
Building : ..... Room / Area : .....

=====

The injury description includes the part where the injury occurred:

=====

Name of witness / first person during the incident :

Phone Number :

**Treatment received:** ☐ None ☐ Emergency Help ☐ Medical Clinic  
Hospital : ☐ Out patient ☐ Inpatient/warded

Signature :

Date :

**Please submit the completed form to the Occupational Safety and Health Section or any members of the Occupational Safety and Health Committee.**

Report Category : ☐ Accident ☐ Hazard / Dangerous Occurrence ☐ Environment

Investigation Results: (Reason applies)

=====

**Proposed Corrective / Preventive Actions:**

Attachment : ☐ Letters / Reports ☐ Risk Assessment ☐ Others :

<input type="checkbox"/> Letters / Reports <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Others :		
<b>OSH Committee Secretary</b>	<b>Head of OSH Section</b>	<b>Member of OSH Committee</b>
Signature :	Signature :	Signature :
Name :	Name :	Name :
Date :	Date :	Date :