

Housing Authority Accident / Incident Report Form

Case ID No.

(A) This box to be completed by Contractor

To: Contract Manager

Name
Post

via HD professional and HD site staff (for conventional contract)
via HD professional, PSP professional and PSP site staff (for D&B Contracts)

From: Contractor (Site Agent)

Signature
Name
Date

(dd/mm/yyyy)

Via: PSP Site Staff

(for D&B Contracts)

Signature
Name
Post
Date

(dd/mm/yyyy)

Via: PSP Professional

(for D&B Contracts)

Signature
Name
Post
Date

(dd/mm/yyyy)

Via: HD Site Staff

(for conventional contracts)

Signature
Name
Post
Date

(dd/mm/yyyy)

Via HD Professional (CMR of the works on site)

(for all contracts)

Signature
Name
Post
Date

(dd/mm/yyyy)

(B) Project Information

B01 Project:

B02 Contract No.:

B03 Contractor:

B04 Date of accident / incident :

(dd/mm/yyyy)

B05 Subcontractor (if applicable) :

B06 Type of Contract:

- ☐ Building ☐ Soft Landscape ☐ Building / Foundation Combined ☐ Geotechnical Engineering
☐ Foundation ☐ Demolition ☐ Building / Demolition Combined ☐ Foundation / Demolition Combined
☐ Civil Engineering ☐ Term Contract# ☐ Other
☐ Design and Build (D&B) #Term contract type is to be selected when the works is a term contract of engineering nature and cannot be classified into demolition, foundation, civil engineering or geotechnical engineering.

B07 For Design and Build Contract

- ☐ Building ☐ Foundation ☐ Demolition ☐ Ground Investigation
☐ Site Formation ☐ Geotechnical ☐ Soft Landscape
☐ Other

(C) Information about the site

(a) Stage of work related to the accident / incident: (can tick only one box which is most relevant to the accident / incident)

- C01 ☐ Earthworks / Road & Underground Services Works
C02 ☐ Substructure / foundation (Building)
C03 ☐ Superstructure
C04 ☐ Maintenance
C05 ☐ Finishing
C06 ☐ Site Clearance
C07 ☐ Demolition
C08 ☐ Site Formation
C09 ☐ Piling / ELSW (Foundation)
C10 ☐ Building Services
C11 ☐ Others

The stage of contract is closely related to the type of contract. Normally,

C01 (Earthworks / Road & Underground Services Works) : civil engineering contract ;

C02 (Substructure / foundation), C03 (Superstructure) or C05 (finishing stage) : building contract ;

C07 (Demolition) : demolition contract ;

C08 (Site Formation) : civil engineering contract ;

C09 (Piling / ELSW) : foundation contract ;

(D) This box to be completed by HD Contract Manager

To: CRC via CRC secretary

(Name)
(Post)

Note :

Trigger report to CRC for review ☐ Yes
☐ No

c.c. SM/SH

HD Senior professional

PSP professional, AP, RSE, RGE (for D&B Contracts)

SMP1 (for building contracts and building works under D&B contracts)

SM/P3 (for engineering contracts and/ or piling/ site formation/ G.I. demolition SSCs under D&B contracts),

Project SSEs, SE, IOW if the injuries/ deceased is/are specialist sub-contractors' employee(s).

SM/P4, Project SBSEs, BSE, BSI if the injured / deceased is/are Nominated Sub-contractors/ building services specialist sub-contractor's employee(s)

Site Agent

From: Contract Manager

Signature

Name :

Post :

Date :

(dd/mm/yyyy)

To be completed by contractor for all parts below

(E) Categories of Accident / Incident (Except Dangerous Occurrence, you can tick one box only) and attached information

E01 <input type="checkbox"/> Non-serious accident	E02 <input type="checkbox"/> Serious accident	E03 <input type="checkbox"/> Fatal accident
E04 <input type="checkbox"/> Dangerous occurrence	E05 <input type="checkbox"/> Incident / Near Miss	E06 <input type="checkbox"/> Death of person not due to industrial accident
E07 <input type="checkbox"/> Accident resulting in absence from work for not more than 3 days		
E08 <input type="checkbox"/> Death or incapacity due to occupational disease		
Name of hospital or clinic where the employee received treatment:		
Date of commencement of the occupational disease:		
Disease suffering from:		
Type of work attributed to the occupational disease:		
The disease resulted in : <input type="checkbox"/> temporary incapacity		<input type="checkbox"/> permanent incapacity <input type="checkbox"/> death

Please tick the box against the information to be attached on the hard copy when this Form DCMP-F787 is printed:

a. Form 2 / 2A / 2B	<input type="checkbox"/> N/A	<input type="checkbox"/> Submitted to LD (Uploading is not required.)
b. SIS	<input type="checkbox"/> N/A	<input type="checkbox"/> uploaded
c. DO report	<input type="checkbox"/> N/A	<input type="checkbox"/> uploaded
d. Investigation report	<input type="checkbox"/> N/A	<input type="checkbox"/> uploaded <input type="checkbox"/> to be submitted
e. Suspension Notice	<input type="checkbox"/> N/A	<input type="checkbox"/> uploaded
f. Improvement Notice	<input type="checkbox"/> N/A	<input type="checkbox"/> uploaded

Explanatory notes:

E01 Non-serious accident : Reportable industrial accident resulting in injury with incapacity for more than 3 days.

E02 Serious accident : Serious industrial accident means serious bodily injury resulting in a loss or an amputation of a limb or which has caused or is likely to cause permanent total disablement to the injured.

E03 Fatal accident : Reportable industrial accident resulting in death.

E04 Dangerous Occurrence (DO) is defined under Schedule 1 of F&IU Reg (Cap 59A) and extracted below for ease of reference:

1. Bursting of a revolving vessel, wheel, grindstone or grinding wheel moved by mechanical power.
2. Collapse or failure of a crane, derrick, winch, hoist or other appliance (but not including a builder's lift or tower working platform to which the Builders' Lifts and Tower Working Platforms (Safety) Ordinance (Cap 470) applies) used in raising or lowering persons or goods or any part thereof (except the breakage of chain or rope slings), or the overturning of a crane.
3. Explosion or fire causing damage to the structure of any room or place in which persons are employed, or to any machine or plant contained therein and resulting in the complete suspension of ordinary work in such room or place.
4. Electrical short circuit or failure of electrical machinery, plant or apparatus, attended by explosion or fire or causing structural damage thereto, and involving its stoppage or disuse.
5. Explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure of any gas or gases (including air) or any liquid or solid resulting from the compression of gas.
6. Collapse in whole or part from any cause whatsoever of any roof, wall, floor, structure or foundation forming part of the premises of an industrial undertaking in which persons are employed.
7. Total or partial collapse of any overburden, face, tip or embankment in a quarry.
8. Overturning of, or collision with any object by, any bulldozer, dumper, excavator, grader, lorry or shovel loader, or any mobile machine used for the handling of any substance in a quarry.

Dangerous Occurrence (DO) is defined under Schedule 1 of Occupational Safety and Health Ordinance (Cap 509) and extracted below for ease of reference:

1. The disintegration of a revolving vessel, wheel, grindstone or grinding wheel that is operated by mechanical power.
2. The collapse or failure of a lifting appliance (except the breakage of chain or rope slings).
3. An explosion or fire that -
 - (a) causes damage to the structure of any workplace, or to any plant or substance at a workplace; and
 - (b) prevents the continuation of ordinary work at the workplace.
4. An electrical short circuit or electrical failure of electrical plant that -
 - (a) is followed by, or associated with, an explosion or fire; or
 - (b) causes structural damage to the plant, being a short circuit, failure, explosion, fire or damage that stops the operation of the plant or prevents it from being used.
5. An explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure or of any gas or gases (including air) or any liquid or solid resulting from the compression of gases.
6. A total or partial collapse of a roof, wall, floor, structure or foundation of premises where a workplace is located.
7. A total or partial collapse of any overburden, face, tip or embankment within a quarry.
8. The overturning of, or a collision with any object by -
 - (a) a bulldozer, dumper, excavator, grader, lorry or shovel loader, or
 - (b) a mobile machine used for the handling of any substance in a quarry.

Note: lifting appliance includes crane, derrick, winch and hoist.

E05 Incident / Near Miss is a non-reportable incident not involving any injury.

E06 Death of person on site not due to industrial accident: Death of person on site due to occupational injury or health problem need to be reported to Labour Department within 24 hours.

- ☐ **Sensitive privacy data** of injured / deceased to be concealed in all submissions to CM, such as ID no., day / month of birth, exact age, residential address, telephone / fax no. etc. Only the surname of the injured is to be shown but full name of the deceased is to be indicated.

(F) Details about the injured/ deceased worker (if applicable)

(a) Fa00 <input type="checkbox"/> No injury	<input type="checkbox"/> Injured	<input type="checkbox"/> Deceased
(b) Fb01 Age :	<input type="checkbox"/> 16-17 <input type="checkbox"/> 18-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60 or above	
Fb02 Sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Fb03 Relevant experience in this occupation (to nearest year)	<input type="text"/> (Years)	
Fb04 Mandays the injured / deceased had been working on site up to the date of this report	<input type="text"/> (days)	
Fb05 Surname of injured / the deceased:	<input type="text"/>	Given name of the deceased: <input type="text"/>
Fb06 Experience of injured / deceased :	<input type="checkbox"/> New <input type="checkbox"/> probationer <input type="checkbox"/> Experienced	
(c) Occupation : (tick one box) (This should follow the designated trade division in Schedule 1 of Construction Workers Registration Ordinance (Cap. 583), whenever applicable.)		
Fc01 <input type="checkbox"/> Bar bender / steelbender	Fc02 <input type="checkbox"/> Concretor	Fc03 <input type="checkbox"/> Drainlayer
Fc04 <input type="checkbox"/> Plumber	Fc05 <input type="checkbox"/> Leveller	Fc06 <input type="checkbox"/> Bamboo Scaffolder
Fc07 <input type="checkbox"/> Carpenter / Joiner	Fc08 <input type="checkbox"/> Carpenter (Formwork)	Fc09 <input type="checkbox"/> Metal Scaffolder
Fc10 <input type="checkbox"/> Plant & Equipment Operator	Fc11 <input type="checkbox"/> Truck driver	Fc12 <input type="checkbox"/> Rock-breaking driller
Fc13 <input type="checkbox"/> Blacksmith	Fc14 <input type="checkbox"/> General Welder	Fc15 <input type="checkbox"/> Metal Worker
Fc16 <input type="checkbox"/> Glazier	Fc17 <input type="checkbox"/> Excavator	Fc18 <input type="checkbox"/> Labourer
Fc19 <input type="checkbox"/> Painter / Decorator	Fc20 <input type="checkbox"/> Plasterer	Fc21 <input type="checkbox"/> Terrazzo & Granolithic Worker
Fc22 <input type="checkbox"/> Bricklayer	Fc23 <input type="checkbox"/> Mason	Fc24 <input type="checkbox"/> Structural Steel Welder
Fc25 <input type="checkbox"/> Structural Steel Erector	Fc26 <input type="checkbox"/> Rigger / Metal Formwork Erector	Fc27 <input type="checkbox"/> Asphalter (Road Construction)
Fc28 <input type="checkbox"/> Construction Plant Mechanic	Fc29 <input type="checkbox"/> Marble Worker	Fc30 <input type="checkbox"/> Electrician
Fc31 <input type="checkbox"/> Mechanical Fitter	Fc32 <input type="checkbox"/> Refrigeration / AC / Ventilation Mechanic	Fc33 <input type="checkbox"/> Fire Service Mechanic
Fc34 <input type="checkbox"/> Lift and Escalator Mechanic	Fc35 <input type="checkbox"/> Cable Jointer (Power)	Fc36 <input type="checkbox"/> Foreman
Fc37 <input type="checkbox"/> Surveyor		
Fc38 <input type="checkbox"/> Others: (Please Specify)		

(d) Status of Injured / deceased : (tick in appropriate box)

Fd01 ☐ Subcontracted worker Fd02 ☐ Nominated Subcontracted worker Fd03 ☐ Direct labour
Fd04 ☐ Self employed Fd05 ☐ Not employed (e.g. public)

(e) Had the injured / deceased person undergone formal training ?

Fe01 ☐ Yes Fe02 ☐ No

If the answer was yes, indicate what type of training had been given:

Fe03 ☐ Craft training Fe04 ☐ Green Card Training
Fe05 ☐ Silver Card Training Fe06 ☐ Specified Trade Training
Fe07 ☐ Induction Training Fe08 ☐ Tool Box Talk
Fe09 ☐ Safety Training Course for Site Management Staff Fe10 ☐ Construction Safety Supervisor Course
Fe11 ☐ Safety and Health Supervisor (Construction) Course Fe12 ☐ Certificate in Modular Integrated Construction for Foreman
Fe13 ☐ Master Class on MiC Project Implementation (Project Managers)

(f) Hospitalization over a week : report to be submitted to CM via professional and site staff upon discharge of the injured or certification of death

Ff01 ☐ Yes Ff02 ☐ No Ff03 ☐ To be ascertained

Date of check-in (dd/mm/yyyy) Involved Intensive Care Unit (ICU)
Date of discharge (dd/mm/yyyy) Ff04 ☐ Yes Ff05 ☐ No
Date of certification of death (dd/mm/yyyy)

(g) Mandays lost due to the accident (up to the date of this report) Fg01

End date for the reimbursement claim from accident Fg02 (dd/mm/yyyy)

(h) Imported Labour of Labour Importation Scheme for the Construction Sector

Fh01 ☐ Yes Fh02 ☐ No

Tick or fill in information as appropriate. Do not leave blank.

(G) Accident / Incident details

(a) Ga01 Time of accident / incident: (e.g. 13:21)

Ga02 Damage of property: ☐ Yes ☐ No

(b) Place of Accident / Incident

Gb01 ☐ Block Gb02 ☐ Wing Gb03 ☐ Basement

Gb04 ☐ G/F Gb05 ☐ Upper Roof Gb06 ☐ Working Floor

Gb07 ☐ Roof Gb08 ☐ External Area
Gb09 ☐ Others (Please Specify):

(c) Detailed location on site : (tick in appropriate box)

Gc01 ☐ Window opening Gc02 ☐ External wall / Scaffold Gc03 ☐ Internal wall
Gc04 ☐ External works Gc05 ☐ Lift shaft Gc06 ☐ Stair edge
Gc07 ☐ General opening Gc08 ☐ Steel bending yard / area Gc09 ☐ Pre-casting workshop
Gc10 ☐ Building block internal area Gc11 ☐ General edge Gc12 ☐ Foundation
Gc13 ☐ Excavation / trench Gc14 ☐ Storage yard Gc15 ☐ Slope / haul road
Gc16 ☐ Workshop
Gc17 ☐ Others (Please Specify):

(d) Indicate the work process being undertaken at the time of the accident / incident (tick in appropriate box)

Gd01 ☐ Setting out Gd02 ☐ Demolition Gd03 ☐ Ground works
Gd04 ☐ Formwork / Carpentry (wood) Gd05 ☐ Bricklaying Gd06 ☐ Tunnelling
Gd07 ☐ Structural erection Gd08 ☐ Cutting / welding Gd09 ☐ Mixing
Gd10 ☐ Concreting Gd11 ☐ Falsework (metal) Gd12 ☐ Piling
Gd13 ☐ Plant use Gd14 ☐ Roadworks Gd15 ☐ Surface treatment
Gd16 ☐ Finishing work Gd17 ☐ Electrical work Gd18 ☐ Glazing
Gd19 ☐ Pipe laying Gd20 ☐ Accessing & conveying Gd21 ☐ Lifting
Gd22 ☐ Patrolling Gd23 ☐ Material handling Gd24 ☐ Steel rebar bending / fixing
Gd25 ☐ Others (Please Specify):

(e) Indicate the type of accident / incident (tick in appropriate box)

Ge01 ☐ Trapped in / between object Ge02 ☐ Injured whilst lifting / carrying Ge03 ☐ Slip, trip / fall on same level
Ge04 ☐ Fall of person from height Ge05 ☐ Striking against stationary object Ge06 ☐ Striking against moving object
Ge07 ☐ Stepping on object Ge08 ☐ Exposure to harmful substance Ge09 ☐ Electrocution
Ge10 ☐ Collapsing / overturning object Ge11 ☐ Falling object Ge12 ☐ Struck by moving vehicle
Ge13 ☐ Contact with moving machinery Ge14 ☐ Drowning Ge15 ☐ Exposure to fire
Ge16 ☐ Exposure to explosion Ge17 ☐ Injured by hand tool Ge18 ☐ Injured by fall of ground
Ge19 ☐ Asphyxiation Ge20 ☐ Contact with hot surface Ge21 ☐ Injured by animal
Ge22 ☐ Injured in workplace violence
Ge23 ☐ Others (Please Specify):

TO COMPLETE ITEM (f) AND (g) BELOW FOR FALL OF PERSON FROM HEIGHT

(f) Indicate the height from which the injured person fell Gf01 (Metres)

(g) Indicate from where the injured person fell (tick in appropriate box)

Gg01 ☐ Ladder Gg02 ☐ General access scaffold Gg03 ☐ Truss-out scaffold
Gg04 ☐ Steelwork Gg05 ☐ Roof or floor edge / hole in roof or floor slab Gg06 ☐ Tower scaffold
Gg07 ☐ Stairs Gg08 ☐ Gangway or other means of access Gg09 ☐ Into excavation
Gg10 ☐ Gondola Gg11 ☐ Lift shaft Gg12 ☐ Vehicle / Machinery
Gg13 ☐ Formwork
Gg14 ☐ Others (Please Specify):

(h) Indicate the agent involved (tick in appropriate box)

- | | | |
|--|--|--|
| Gh01 <input type="checkbox"/> Debris | Gh02 <input type="checkbox"/> Non-power driven hand tools | Gh03 <input type="checkbox"/> Materials being lifted |
| Gh04 <input type="checkbox"/> Harmful / toxic substances | Gh05 <input type="checkbox"/> Stored materials | Gh06 <input type="checkbox"/> Electricity |
| Gh07 <input type="checkbox"/> Vehicle / mobile plant | Gh08 <input type="checkbox"/> Lifting / Conveying machinery | Gh09 <input type="checkbox"/> Heat |
| Gh10 <input type="checkbox"/> Dust / sand / chippings | Gh11 <input type="checkbox"/> Portable power driven hand tools | Gh12 <input type="checkbox"/> Fixed structure / Part of site |
| Gh13 <input type="checkbox"/> Others (Please Specify) : | | |

(i) Briefly describe the agent involved. (In the case of heat, specify what was hot, and in the case of power tools / plant, specify the type, age and manufacturer of the equipment.)

(j) Briefly describe the sequence of events leading to the accident / incident.
(Add other relevant information and use another sheet if necessary.)

(H) Factors contributing to the accident / incident

(a) Indicate any sub-standard actions which had contributed to the accident / incident (Tick more than one box if necessary)

- | | | |
|--|--|--|
| Ha01 <input type="checkbox"/> Failure to warn | Ha02 <input type="checkbox"/> Removing safety devices | Ha03 <input type="checkbox"/> Improper loading |
| Ha04 <input type="checkbox"/> Failure to secure | Ha05 <input type="checkbox"/> Using defective equipment | Ha06 <input type="checkbox"/> Improper lifting & rigging |
| Ha07 <input type="checkbox"/> Using improper equipment | Ha08 <input type="checkbox"/> Servicing equipment in operation | Ha09 <input type="checkbox"/> Improper position for job |
| Ha10 <input type="checkbox"/> Improper placement | Ha11 <input type="checkbox"/> Under influence of alcohol / drugs | Ha12 <input type="checkbox"/> Working at improper speed |
| Ha13 <input type="checkbox"/> Horseplay | Ha14 <input type="checkbox"/> Making safety devices inoperable | Ha15 <input type="checkbox"/> Operating without permission |
| Ha16 <input type="checkbox"/> Failure to use personal protective equipment | Ha17 <input type="checkbox"/> Working on incomplete scaffold / work platform | |
| Ha18 <input type="checkbox"/> Others (Please Specify) : | | |

(b) Indicate any sub-standard conditions which had contributed to the accident / incident (Tick more than one box if necessary)

- | | | |
|---|---|---|
| Hb01 <input type="checkbox"/> Inadequate guards / barriers | Hb02 <input type="checkbox"/> Defective-tools / equipment | Hb03 <input type="checkbox"/> Congestion |
| Hb04 <input type="checkbox"/> Unsafe access | Hb05 <input type="checkbox"/> Poor housekeeping | Hb06 <input type="checkbox"/> Inadequate ventilation |
| Hb07 <input type="checkbox"/> Lack of rails / secure cover | Hb08 <input type="checkbox"/> Unsafe footing, slippery ground | Hb09 <input type="checkbox"/> Inadequate / excess lighting |
| Hb10 <input type="checkbox"/> Inadequate warning system | Hb11 <input type="checkbox"/> Fire and explosive hazards | Hb12 <input type="checkbox"/> Adverse weather |
| Hb13 <input type="checkbox"/> Inadequate / improper personal protective equipment | Hb14 <input type="checkbox"/> Hazardous environmental conditions (smoke, dust etc.) | Hb15 <input type="checkbox"/> Damaged scaffold & catch fan & nylon mesh |
| Hb16 <input type="checkbox"/> Inadequate protective canopy | Hb17 <input type="checkbox"/> Working process tampered | Hb18 <input type="checkbox"/> Overloading |
| Hb19 <input type="checkbox"/> Lack of work platform | | |
| Hb20 <input type="checkbox"/> Others (Please Specify) : | | |

(c) Indicate any personal factors which had contributed to the accident / incident (Tick more than one box if necessary)

- | | | |
|---|---|---|
| Hc01 <input type="checkbox"/> Inadequate ability | Hc02 <input type="checkbox"/> Lack of knowledge | Hc03 <input type="checkbox"/> Lack of skill |
| Hc04 <input type="checkbox"/> Stress | Hc05 <input type="checkbox"/> Improper motivation | Hc06 <input type="checkbox"/> Lack of training |
| Hc07 <input type="checkbox"/> Tiredness | Hc08 <input type="checkbox"/> Sickness | Hc09 <input type="checkbox"/> Lack of communication |
| Hc10 <input type="checkbox"/> Underestimation of risk | | |
| Hc11 <input type="checkbox"/> Others (Please Specify) : | | |

(d) Indicate any organisational factors which had contributed to the accident / incident (Tick more than one box if necessary)

- | | | |
|---|--|---|
| Hd01 <input type="checkbox"/> Inadequate engineering | Hd02 <input type="checkbox"/> Inadequate leadership / supervision | Hd03 <input type="checkbox"/> Inadequate maintenance |
| Hd04 <input type="checkbox"/> Unrealistic work schedule | Hd05 <input type="checkbox"/> Inadequate tools / equipment | Hd06 <input type="checkbox"/> Wear & tear |
| Hd07 <input type="checkbox"/> Inadequate work standards | Hd08 <input type="checkbox"/> Inadequate purchasing / materials management | Hd09 <input type="checkbox"/> Inadequate examination of equipment |
| Hd10 <input type="checkbox"/> Others (Please Specify) : | | |

(e) Assess the probability of recurrence of the accident / incident if the situation remains unchanged

- | | | |
|--|--|------------------------------------|
| He01 <input type="checkbox"/> Negligible | He02 <input type="checkbox"/> Unlikely | He03 <input type="checkbox"/> Fair |
| He04 <input type="checkbox"/> Likely | He05 <input type="checkbox"/> Almost certain | |

(f) Indicate any corrective action that should be taken to reduce the probability of recurrence of the accident / incident

(I) Information about the injury (Not applicable if no injury was ticked at Part F(a).)

If more than one injury to the same person, then use the codes (next to the boxes) to list the nature of the injury and the body part in (c).

(a) Indicate the nature of the injury. (Tick one box if only one injury, if more than one injury then go to (c))

- | | | |
|---|--|---|
| la01 <input type="checkbox"/> Burn, scald | la02 <input type="checkbox"/> Fracture / dislocation | la03 <input type="checkbox"/> Amputation |
| la04 <input type="checkbox"/> Asphyxiation | la05 <input type="checkbox"/> Internal injury | la06 <input type="checkbox"/> Sprain, strain, twist |
| la07 <input type="checkbox"/> Crush | la08 <input type="checkbox"/> Electrocution | la09 <input type="checkbox"/> Abrasion, cut, bruise, laceration |
| la10 <input type="checkbox"/> Entry of foreign object into body | la11 <input type="checkbox"/> Radiation | |
| la12 <input type="checkbox"/> Others (Please Specify) : | | |

(b) Indicate the body part affected by the injury (Tick one box if only one injury, if more than one injury then go to (c))

- | | | |
|--|---|---|
| lb01 <input type="checkbox"/> Head | lb02 <input type="checkbox"/> Spine (including neck) | lb03 <input type="checkbox"/> Hand (including fingers) |
| lb04 <input type="checkbox"/> Eye | lb05 <input type="checkbox"/> General or systemic (e.g. poisoning) | lb06 <input type="checkbox"/> Foot (including toes) |
| lb07 <input type="checkbox"/> Ear | lb08 <input type="checkbox"/> Trunk (including chest, abdomen, pelvis, waist) | lb09 <input type="checkbox"/> Leg (including hip & ankle) |
| lb10 <input type="checkbox"/> Arm (including shoulder & wrist) | | |

(c) If more than one injury, indicate nature of injuries and bodyparts affected in boxes below. E.g. in the case of sprain to ankle and laceration of hand enter la06, lb09 in the "First Injury" box and la09, lb03 in the "Second Injury" box

First Injury

Second Injury

Third Injury

Fourth Injury

(J) Additional information (Not applicable if no injury was ticked at Part F(a).)

(a) Indicate any personal protective equipment worn or used at the time of the injury (Tick more than one box if appropriate)

- | | | |
|--|---|--|
| Ja01 <input type="checkbox"/> Gloves | Ja02 <input type="checkbox"/> Safety belt | Ja03 <input type="checkbox"/> Safety shoes / boots |
| Ja04 <input type="checkbox"/> Independent life line | Ja05 <input type="checkbox"/> Safety harness | Ja06 <input type="checkbox"/> Ear defenders |
| Ja07 <input type="checkbox"/> Goggles | Ja08 <input type="checkbox"/> Protective mask | Ja09 <input type="checkbox"/> Breathing apparatus |
| Ja10 <input type="checkbox"/> Safety Helmet | Ja11 <input type="checkbox"/> Reflective clothing | Ja12 <input type="checkbox"/> Heat-resistant apron |
| Y-type Chin strap fastened: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Ja013 <input type="checkbox"/> Impermeable work clothing for chemicals / asbestos | Ja14 <input type="checkbox"/> Life jacket | |
| Ja15 <input type="checkbox"/> Others (please specify) : | | |

(b) Indicate any other relevant safety measures taken at the time of the injury.

(K) Construction Machinery

(a) Machinery involved, if any (tick one or more boxes)

- | | | |
|--|--|---|
| Ka01 <input type="checkbox"/> Skip / material hoist | Ka02 <input type="checkbox"/> Hydraulic crane | Ka03 <input type="checkbox"/> Bar bending machine |
| Ka04 <input type="checkbox"/> Passenger hoist / builder's lift | Ka05 <input type="checkbox"/> Suspended working platform | Ka06 <input type="checkbox"/> Concrete mixer |
| Ka07 <input type="checkbox"/> Tower crane | Ka08 <input type="checkbox"/> Pile driver | Ka09 <input type="checkbox"/> Boring jig |
| Ka10 <input type="checkbox"/> Hydraulic hammer | Ka11 <input type="checkbox"/> Oscillator | Ka12 <input type="checkbox"/> Rotator |
| Ka13 <input type="checkbox"/> Pneumatic breaker | Ka14 <input type="checkbox"/> Mobile crane | Ka15 <input type="checkbox"/> Crawler crane |
| Ka16 <input type="checkbox"/> Derrick crane | Ka17 <input type="checkbox"/> Air compressor / receiver | Ka18 <input type="checkbox"/> Lorry-mounted crane |
| Ka19 <input type="checkbox"/> Electric welding machine | Ka20 <input type="checkbox"/> Gas welding equipment | Ka21 <input type="checkbox"/> Circular saw |
| Ka22 <input type="checkbox"/> Abrasive wheel | Ka23 <input type="checkbox"/> Cartridge operated tool | Ka24 <input type="checkbox"/> Hand tools |
| Ka25 <input type="checkbox"/> Reverse Circulation Drill | | |
| Ka26 <input type="checkbox"/> Others (please specify) : | | |

(b) Transporting or construction machinery involved, if any (tick one box)

- | | | |
|---|---|---|
| Kb01 <input type="checkbox"/> Dumper | Kb02 <input type="checkbox"/> Lorry | Kb03 <input type="checkbox"/> Truck |
| Kb04 <input type="checkbox"/> Loader | Kb05 <input type="checkbox"/> Excavator | Kb06 <input type="checkbox"/> Bulldozer |
| Kb07 <input type="checkbox"/> Compactor | Kb08 <input type="checkbox"/> Grader | Kb09 <input type="checkbox"/> Scraper |
| Kb10 <input type="checkbox"/> Forklift truck | | |
| Kb11 <input type="checkbox"/> Others (please specify) : | | |