

**Housing Authority Accident / Incident Report Form**

Case ID No.

**(A) This box to be completed by Contractor**

<b>To: Contract Manager</b>		
Name	<input type="text"/>	via HD professional and site staff
Post	<input type="text"/>	
<b>From: Contractor (Site Agent)</b>		
Signature	<input type="text"/>	
Name	<input type="text"/>	
Date	<input type="text"/>	(dd/mm/yyyy)
<b>Via: HD site staff</b>		<b>HD Professional</b>
Signature	<input type="text"/>	Signature <input type="text"/>
Name	<input type="text"/>	Name <input type="text"/>
Post	<input type="text"/>	Post <input type="text"/>
Date	<input type="text"/>	Date <input type="text"/>
	(dd/mm/yyyy)	(dd/mm/yyyy)

**(B) Project Information**

B01 Project:	<input type="text"/>		
B02 Contract No.:	<input type="text"/>		
B03 Contractor:	<input type="text"/>		
B04 Date of accident / incident :	<input type="text"/>	(dd/mm/yyyy)	
B05 Subcontractor (if applicable) :	<input type="text"/>		
B06 Type of Contract:	<input type="checkbox"/> Building <input type="checkbox"/> Foundation <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Demolition <input type="checkbox"/> Building / Foundation Combined <input type="checkbox"/> Geotechnical Engineering <input type="checkbox"/> Term Contract# <input type="checkbox"/> Soft Landscape <input type="checkbox"/> Others <input type="text"/>		

#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.

**(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 <input type="checkbox"/> Earthworks / Road & Underground Services Works	C02 <input type="checkbox"/> Substructure / foundation (Building)	C03 <input type="checkbox"/> Superstructure
C04 <input type="checkbox"/> Maintenance	C05 <input type="checkbox"/> Finishing	C06 <input type="checkbox"/> Site Clearance
C07 <input type="checkbox"/> Demolition	C08 <input type="checkbox"/> Site Formation	C09 <input type="checkbox"/> Piling / ELSW (Foundation)
C10 <input type="checkbox"/> Others <input type="text"/>		

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

C01 (Earthworks / Road & Underground Services Works) : civil engineering contract ;  
 C09 (Piling / ELSW) : foundation contract ;  
 C02 (Substructure / foundation), C03 (Superstructure) or C05 (finishing stage) : building contract ;  
 C07 (Demolition) : demolition contract ;  
 C08 (Site Formation) : civil engineering contract

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

<b>To: CRC via CRC secretary</b>	<input type="text"/> (Name)	Note : Trigger report to CRC for review <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/> ( Post )	
c.c. SM/SH Senior professional SM/P4, Project SBSEs, BSE, BSI if the injured / deceased is/are building services nominated sub-contractor's employee(s) Site Agent		
<b>From: Contract Manager</b>		
_____ Signature		
Name :	<input type="text"/>	
Post :	<input type="text"/>	
Date :	<input type="text"/>	(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:	<input type="text"/>			
	Date of commencement of the occupational disease:	<input type="text"/> (dd/mm/yyyy)			
	Disease suffering from:	<input type="text"/>			
	Type of work attributed to the occupational disease:	<input type="text"/>			
	The disease resulted in :	<input type="checkbox"/> temporary incapacity <input type="checkbox"/> permanent incapacity <input type="checkbox"/> death on <input type="text"/> (dd/mm/yyyy)			

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:
- Bursting of a revolving vessel, wheel, grindstone or grinding wheel moved by mechanical power.
  - 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.
  - 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.
  - 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.
  - 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.
  - 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.
  - Total or partial collapse of any overburden, face, tip or embankment in a quarry.
  - 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:
- The disintegration of a revolving vessel, wheel, grindstone or grinding wheel that is operated by mechanical power.
  - The collapse or failure of a lifting appliance (except the breakage of chain or rope slings).
  - An explosion or fire that -
    - causes damage to the structure of any workplace, or to any plant or substance at a workplace; and
    - prevents the continuation of ordinary work at the workplace.
  - An electrical short circuit or electrical failure of electrical plant that -
    - is followed by, or associated with, an explosion or fire; or
    - 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.
  - 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.
  - A total or partial collapse of a roof, wall, floor, structure or foundation of premises where a workplace is located.
  - A total or partial collapse of any overburden, face, tip or embankment within a quarry.
  - The overturning of, or a collision with any object by-
    - a bulldozer, dumper, excavator, grader, lorry or shovel loader, or
    - 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"/> Experience						
(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

(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
Ja13 <input type="checkbox"/> Impermeable work clothing for chemicals / asbestos	Ja14 <input type="checkbox"/> Life jacket	
Ja15 <input type="checkbox"/> Others (please specify) :		

Y-type Chin strap fastened:  Yes  No

\_\_\_\_\_

(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) :		

\_\_\_\_\_