

**Weekly Report for Injury involving Prolonged Hospitalization**<sup>Note 1</sup>

(To be submitted weekly)

(A) This box to be completed by Contractor

To	:	Contract Manager	_____
From	:	Contractor	_____
		Signature by Construction Manager	Signature by Safety Officer
Name		_____ (Tel: _____)	_____ (Tel: _____)
Date		_____	_____

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

To	:	CRC via CRC Secretary	_____ (Post)
c.c.	:	SMS/SC / SBSE/BSM / _____ *	
From	:	Contract Manager	_____
		Signature by Contract Manager	
		Name	_____
		Post	_____
		Date	_____

Contract No. : \_\_\_\_\_

Project Title : \_\_\_\_\_

Main Contractor : \_\_\_\_\_

Date of Accident/ Incident : \_\_\_\_\_

Name of Injured Worker : Name in English (Chinese name) \_\_\_\_\_

Sex : \*Male / Female \_\_\_\_\_ Age : \_\_\_\_\_

Occupation/Trade : \_\_\_\_\_

Employment Status :  Subcontracted Worker /  Direct Labour /  Self Employed

Latest Condition of Injury : \_\_\_\_\_

(Refer to Medical Certificate)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submission status of :	submitted previously	attached herewith
LD Form 2 & Supplementary Information Sheet	<input type="checkbox"/>	<input type="checkbox"/>
LD Dangerous Occurrence Report Form	<input type="checkbox"/>	<input type="checkbox"/>
Accident Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>
Fatal Accident/Serious Incident Report	<input type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate  
\* Delete as appropriate

Note 1  
Prolonged hospitalization means hospitalization over a week.