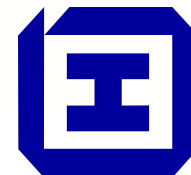


Reporting of Accidents and Dangerous Occurrences to Labour Department

Raymond Hon
Divisional Occupational Safety
Officer (Accident Analysis) 2



Labour Department
HKSAR Government

Work-related Accidents

- Employees' Compensation Ordinance (Cap. 282)
- Under Section 15
 - **Responsibility of an Employee**
 - **Responsibility of an Employer**

Reporting of accidents to Labour Department (LD)

	Resulting in	Notice Period	Form
Work Injury	Incapacity for a period not exceeding 3 days	Within 14 days	Form 2B
	Incapacity for a period exceeding 3 days	Within 14 days	Form 2
	Death	Within 7 days	
Occupational Disease	Incapacity	Within 14 days	Form 2A
	Death	Within 7 days	

Handled by Employees' Compensation Division

Reporting of accidents to LD

Accident Analysis Office

- Under Accident Analysis and Information Division
- Handling accident hotline (**2815 0678**) and public enquiry related to Occupational Safety and Health Statistics
- Collating, reviewing and analysing information on occupational accidents
- Publishing Occupational Safety Health Statistics
<http://www.labour.gov.hk/eng/osh/content10.htm>

Reporting of
Accident and Dangerous
Occurrence
Occurred on Construction Site

Reporting Accident Occurred on Construction Site (I)

Report to an Occupational Safety Officer of the Labour Department:

- **Fatal or serious bodily injury**
 - **Report orally or in writing within 24 hours**
 - **Name of the person**
 - **Nature of the injury**
 - **Time**
 - **Place**
 - **Circumstances**

Reporting Accident Occurred on Construction Site (II)

Report to an Occupational Safety Officer of the Labour Department:

- **Fatal, serious bodily injury, or incapacity over 3 days**

–Report in writing within 7 days

- the **name** and **address** of the Principal Contractor;
- the **name**, **occupation** and **address** of the deceased or injured person and his **sex**, **age** and **identity card number**;
- the **date** and **particulars** of the accident; and
- the **nature** of the injury, stating whether death or incapacity was caused by the injury.

(Not required if Form 2 has been reported)

Reporting Accident Occurred on Construction Site (III)

Report to an Occupational Safety Officer of the Labour Department:

- **Subsequent death of accident victim**
 - Report orally or in writing within 24 hours **after becoming aware of the death**
 - in addition to any report that has been made

Supplementary Information Sheet (SIS)

Supplementary Information on Accidents on Construction Sites

Explanatory Notes:

This is **not** a statutory form required to be submitted under the Employees' Compensation Ordinance for reporting accident. However, the co-operation of employers is sought to complete Sections I, II and III below for accidents occurred on construction sites. The supplementary information will be used for the purpose of accident analysis within Government and by the public bodies concerned.

I. Particulars of Worksite

Commencement of Construction Work: _____ / _____ Month / Year	Expected Date of Completion: _____ / _____ Month / Year
Contractor Name: _____ _____	Chop of Company _____
Site Address: _____ _____	
Contract No. (if available): _____	
Date of Accident: _____	
Contact Telephone: _____	

II. Particulars of Project

(A) Nature of Project	
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Superstructure <input type="checkbox"/> Maintenance and Repair
(B) Private Project	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give name and contact telephone no. of authorized person or project manager	If No, please indicate below the type of public works/government project
Name: _____	
Position: _____	
Tel. No.: _____	
(C) Public Works or Government Project	
<input type="checkbox"/> 01 Architectural Services Department	<input type="checkbox"/> 12 Airport Authority Hong Kong
<input type="checkbox"/> 02 Buildings Department	<input type="checkbox"/> 13 Agriculture, Fisheries & Conservation Department
<input type="checkbox"/> 03 _____	<input type="checkbox"/> 14 Environmental Protection Department
<input type="checkbox"/> 04 Drainage Services Department	<input type="checkbox"/> 15 Home Affairs Department
<input type="checkbox"/> 05 Electrical & Mechanical Services Department	<input type="checkbox"/> 16 _____
<input type="checkbox"/> 06 Highways Department	<input type="checkbox"/> 17 _____
<input type="checkbox"/> 07 _____	<input type="checkbox"/> 18 Food & Environmental Hygiene Department
<input type="checkbox"/> 08 Water Supplies Department	<input type="checkbox"/> 19 Civil Engineering & Development Department
<input type="checkbox"/> 09 Housing Department	<input type="checkbox"/> 20 MTR Corporation Limited
<input type="checkbox"/> 10 _____	<input type="checkbox"/> 99 Others (please specify)
<input type="checkbox"/> 11 _____	

III. Particulars of Place of Fall (If Injured by Fall from Height)

<input type="checkbox"/> 01 Bamboo scaffold	<input type="checkbox"/> 04 Working platform/falsework	<input type="checkbox"/> 07 Ladder
<input type="checkbox"/> 02 Fragile structure	<input type="checkbox"/> 05 Unfenced edges & lift shaft opening	<input type="checkbox"/> 08 Others
<input type="checkbox"/> 03 Material hoistway	<input type="checkbox"/> 06 Unfenced/insecurely covered opening	

Please '✓' in the appropriate box.

- **Attach to Form 2 and to be completed for cases occurred on construction sites since 1 July 1999**
- **Not a statutory form**
- **Require co-operation of employers/principal contractor**
 - **I. Particulars of Worksite**
 - **II. Particulars of Project**
 - **III. Particulars of Place of fall**
- **Used for accident analysis**
 - **within Government**
 - **by public bodies concerned**

Referral of SIS to Housing Department

■ **Source**

- **SIS completed by employer/principal contractor** (reported together with Form 2)
- **SIS completed by employer/principal contractor** (discovered and requested for submission by Accident Analysis Office);
- **SIS discovered and completed by Accident Analysis Office**

■ **Copies of SIS refer on Monthly Basis**

- **HA's sites to Housing Department**
- **Public Works Sites to Development Bureau**

Dangerous Occurrence

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.

Dangerous Occurrence

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.

Reporting Dangerous Occurrence Occurred on Construction Site

- **Who?**
 - Principal Contractor
- **How?**
 - Report in writing within 24 hours
- **What to report?**
 - Time
 - Particulars of any damage to any building, machinery or plant
 - Circumstances
- **Penalty?**
 - Maximum fine of \$50,000

To : The Commissioner for Labour, Labour Department

致 : 勞工處處長

In accordance with Regulation 18 of the Factories and Industrial Undertakings Regulations, I submit below details of a dangerous occurrence:-

茲根據工廠及工業經營規例第十八條，謹向 貴處呈報以下之危險事故:-

Name and Address of Industrial Undertaking 工業經營之名稱及地址	
Date and Time of the Dangerous Occurrence 危險事故發生之日期及時間	
Nature of the Dangerous Occurrence 危險事故之性質	
Circumstances 危險事故之現場情況	
Structural/Plant Damage 樓宇／機器或設備受損壞之程度	
Casualties * 有沒有人受傷 *	
Extent of Work Suspended 工作停止程度	

* In case of injury, the accident reporting form (Form 2) must be followed within seven days.

如有人受傷，必須於事故發生後七天內以表格 2 向勞工處呈報。

Signature

簽署 _____

Position

職位 _____

Date

日期 _____

(CHOP OF COMPANY)

(公司蓋印)

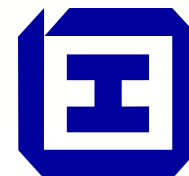
Note : This form must be sent to an Occupational Safety Officer of Labour Department within 24 hours after the dangerous occurrence concerned.

註 : 此表格必須在有關的危險事故發生後的 24 小時內向勞工處職業安全主任呈報。

Available at

<http://www.labour.gov.hk/eng/form/os/pdf/F-DO.pdf>

Thank You



Labour Department
HKSAR Government