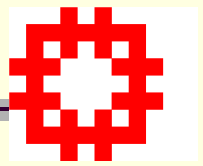


Industrial Accident / Incident Reporting Mechanism for Capital Works New Works Construction Sites

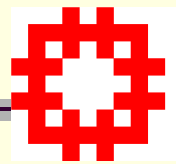
Presenters:

Mr Timothy CT LAU (M/SH)

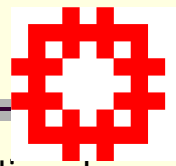
Mr. Kong Kwok Ming (COW/A3)



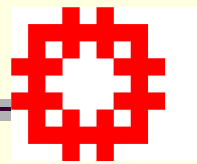
- Accident and incident management
- Legal and contractual obligations of Contractor
- Reportable accident, fatal/serious incident, non-serious accident, dangerous occurrence, near miss
- Accident / incident reporting workflow
- Accident / incident report Form (DCMP - F787)
- Supplementary information on accidents on construction sites
- Dangerous occurrence report form
- Fatal accident / serious incident report (DCMP - F758)
- Weekly report for hospitalization (DCMP - F7100)
- Summary



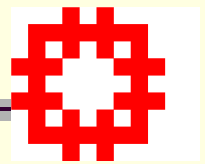
- Prevention is better than cure
- Site accidents and incidents reflect the effectiveness in the implementation of safety management system on individual sites, which may serve as a reactive indication or fore-warning of any deficiencies in site safety management
- Tackle potentially high risk activities being the common causes of serious accidents – reporting of near miss / incidents on site (though not serious by immediate effect, may have potentially serious consequence, such as those involving but not limited to falling from height, falling object, being struck by moving object, tower crane lifting, public safety etc.)
- Foster proper accident/incident management, by triggering action parties to provide timely reporting, develop response and implement actions to ensure successful recovery from incidents
- Contractor has to share lessons learnt from incidents, together with the development and implementation of appropriate corrective actions directed to preventing or mitigating the risk of similar occurrences in the future
- Be vigilant on all fronts to prevent accidents / incidents.



- Contractors have statutory obligation to report to the Labour Department occupational injuries (including industrial accidents) and Dangerous Occurrence (DO) that have occurred on site
- Report accidents and dangerous occurrence as defined in the Factories and Industrial Undertakings Regulations to the Labour Department in prescribed forms (Form 2 with Supplementary Information Sheet & Dangerous Occurrence Report Form)
- Copy such reports to the CM according to GCC Clause 27
- Notify the Housing Department (HD) Site Staff of all 'reportable accidents' as defined under the Factories and Industrial Undertakings Regulations and any other incidents to be reported under the accident/incident reporting procedures of HD
- Follow the accident/incident reporting procedures of HD
- Notify HD site staff immediately (i.e. within the day of the accident/incident) of –
 - Serious accident / incident
 - Reportable accidents, dangerous occurrence and near miss /incidents on site (though not serious by immediate effect, may have potentially serious consequence)
 - Death of person
- For accident / incident with serious consequence or potentially serious consequence on site, dangerous occurrence and death of persons, CTO-in-charge has to report ipso facto to respective CM and AD immediately by email

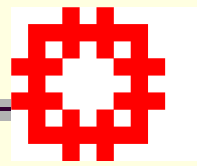


- Provide statistics and analysis of accidents/incidents, investigate and ascertain contributory factors and root causes, identify the trends and recommend means of prevention and improvement
- Provide necessary information to the Nominated Sub-contractors' Safety Supervisors for preparing Nominated Sub-contractors' accident report and investigation
- Provide means to communicate accident statistics information, recommendation to prevent recurrences and lessons learnt from previous accidents / incidents to all persons working on the Site
- For injury involving hospitalisation for over a week, contractor has to provide weekly report to CM via HD site staff
- Report to monthly site meetings findings and actions



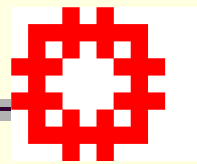
Reportable accident:

- Under the Factories and Industrial Undertakings Ordinance, refers to injuries arising from industrial activities, which incurs incapacity of the person injured for more than 3 days.



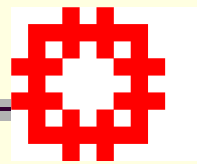
Serious (including fatal) incident:

- Loss of life at a construction site;
- Serious bodily injury at a construction site:
 - (a) resulting in a loss or amputation of a limb; or
 - (b) which has caused or is likely to cause permanent total disablement to the injured.
- Dangerous occurrence or incident at a construction site leading to or resulting in an injury that is considered serious, or damage to works or property on or adjacent to the construction site that poses a potential threat to public safety.



Dangerous Occurrence:

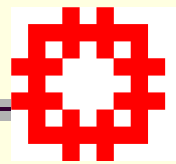
- Bursting of a revolving vessel, wheel, grindstone etc.
- Collapse or failure of a crane, derrick, winch etc.
- Explosion or fire causing damage to the structure etc.
- Electrical short circuit or failure of electrical machinery, plant or apparatus, attended by explosion or fire or causing structural damage etc.
- Explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure of any gas etc.
- Collapse in whole or part from any cause whatsoever of any roof, wall, floor, structure etc.
- Total or partial collapse of any overburden, face, tip or embankment in a quarry.
- Overturning of, or collision with any object by, any bulldozer etc.



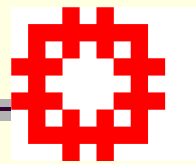
Near Miss Incident:

- A work related event during which injury, ill health, or fatality could have occurred, but didn't actually occur.
- Contractor has to notify HD site staff immediately (i.e. within the day of the accident/incident) incident with potentially serious consequence, such as those involving but not limited to :
 - falling object,
 - falling from height,
 - being struck by moving object,
 - tower crane lifting,
 - public safety, etc
- For incident with potentially serious consequence on site, CTO-in-charge has to report ipso facto to respective CM and AD immediately by email

Accident / Incident Reporting Workflow

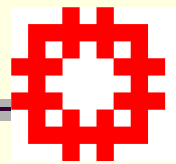


	Immediate Actions	Within 7 Days	Follow Up Actions
Accident (i.e. deaths or injuries which incur incapacity of the injured person for more than 3 days)			
(1) Serious / Fatal Accident	<p>Contractor to notify-</p> <ul style="list-style-type: none"> ● HD Site Staff immediately (i.e. within the same day of the accident). ● Police and LD within 24 hours. <p>CTO-in-charge to report ipso facto to respective CM,AD and DD(DC) immediately by email and telephone.</p>	<p>Contractor to submit –</p> <ul style="list-style-type: none"> ● Form 2 and Supplementary Information on Accidents on Construction Sites (SIS) to LD with copy to CM. ● Accident / Incident Report Form (DCMP-F787) to CM. <p>CM to submit –</p> <ul style="list-style-type: none"> ● Fatal Accident/ Serious Incident Report (DCMP-F758) to CRC. 	<p>Contractor to –</p> <ul style="list-style-type: none"> ● submit Investigation Report to CM. ● report findings and recommendations to Site Safety Committee & Monthly Site Meeting. ● provide weekly report to CM for injury involving hospitalization over 1 week. <p>CM to –</p> <ul style="list-style-type: none"> ● interview contractor. ● issue warning letter. ● trigger report to CRC.

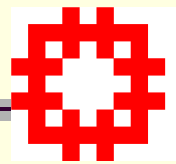


	Immediate Actions	Within 7 Days	Follow Up Actions
(2) Non-Serious Accident	<p>For accident with potentially serious consequence such as: falling object, falling from height, being struck by moving object, tower crane lifting, public safety,</p> <p>Contractor to notify HD Site Staff immediately (i.e. within the same day of the accident); and</p> <p>CTO-in-charge to report ipso facto to respective CM and AD immediately by email.</p>	<p>Contractor to submit –</p> <ul style="list-style-type: none"> ● Form 2 and SIS to LD with copy to CM. ● Accident / Incident Report Form (DCMP-F787) to CM. 	<p>Contractor to –</p> <ul style="list-style-type: none"> ● report findings and recommendations to Site Safety Committee and Monthly Site Meeting. ● provide weekly report to CM for injury involving hospitalization over one week. <p>For accident with potential serious consequence,</p> <p>CM to –</p> <ul style="list-style-type: none"> ● interview contractor. ● issue warning letter. ● trigger report to CRC

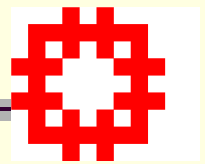
Accident / Incident Reporting Workflow



	Immediate Actions	Within 7 Days	Follow Up Actions
Incident			
(3) Dangerous Occurrence	<p>Contractor to -</p> <ul style="list-style-type: none"> ● notify HD Site Staff immediately (i.e. within the same day of the incident). ● notify LD within 24 hours and submit Dangerous Occurrence Report Form. ● submit Accident/ Incident Report Form (DCMP-F787) to CM within 24 hours. <p>CTO-in-charge to report ipso facto to respective CM and AD immediately by email.</p>	<p>Contractor to submit –</p> <ul style="list-style-type: none"> ● Form 2 and SIS to LD with copy to CM (injury case). <p>CM to submit –</p> <ul style="list-style-type: none"> ● Fatal Accident/ Serious Incident Report (DCMP-F758) to CRC for serious incident. 	<p>Contractor to –</p> <ul style="list-style-type: none"> ● submit Investigation report to CM. ● report findings and recommendations to Site Safety Committee and Monthly Site Meeting. <p>CM to –</p> <ul style="list-style-type: none"> ● interview contractor. ● issue warning letter. ● trigger report to CRC

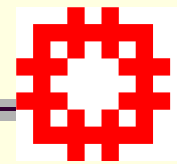


	Immediate Actions	Within 7 Days	Follow Up Actions
(4) Near Miss Incident	<p>For accident with potentially serious consequence such as: falling object, falling from height, being struck by moving object, tower crane lifting, public safety etc</p> <p>Contractor to -</p> <ul style="list-style-type: none"> ● notify HD Site Staff immediately (i.e. within the same day of the incident). <p>CTO-in-charge to report ipso facto to respective CM and AD immediately by email.</p>	<p>Contractor to submit –</p> <ul style="list-style-type: none"> ● Accident / Incident Report Form (DCMP-F787) to CM. 	<p>Contractor to –</p> <ul style="list-style-type: none"> ● submit Investigation report to CM. ● report findings and recommendations to Site Safety Committee and Monthly Site Meeting. <p>For incident with potential serious consequence, CM to –</p> <ul style="list-style-type: none"> ● interview contractor. ● issue warning letter. ● trigger report to CRC



	Immediate Actions	Within 7 Days	Follow Up Actions
<p>(5) Death of Person(s) not due to Industrial Accident</p>	<p>Contractor to -</p> <ul style="list-style-type: none"> ● notify HD Site Staff immediately (i.e. within the same day of the accident). ● notify Police and LD within 24 hours. <p>CTO-in-charge to report ipso facto to respective CM and AD immediately by email and telephone.</p>	<p>Contractor to submit –</p> <ul style="list-style-type: none"> ● Form 2 and SIS to LD with copy to CM. ● Accident/ Incident report Form (DCMP-F787) to CM. (via site staff) 	<p>Contractor to –</p> <ul style="list-style-type: none"> ● report findings and recommendations to Site Safety Committee and Monthly Site Meeting.

Housing Authority Accident / Incident Report Form (DCMP-F787)



Annex 5

Housing Authority Accident / Incident Report Form

(A) This box to be completed by Contractor and HD site staff

To: Contract Manager _____ (Post) via HD site staff

From: Contractor Name _____ Signature by Site Agent _____ Name _____ Signature by HD Site Staff _____
 Date _____ Date _____ Post _____ Date _____

(B) Project Information

B01 Project: _____ B02 Contract No.: _____
 B03 Contractor: _____ B04 Date of accident : _____
 (dd mm yyyy)

(C) Information about the site

(a) Stage of construction of the Contract :

C01 <input type="checkbox"/> Earthworks	C02 <input type="checkbox"/> Substructure / foundation	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

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

To: CRC via CRC secretary _____ (Post) Note : Trigger report to CRC for review Y
 c.c. SM/SH

From: Contract Manager Name _____ Signature by Contract Manager _____
 Post _____ Date _____

(E) Categories of Accident / Incident (can tick more than one box) and attached information

E01 Non-serious accident
 E02 Serious accident
 E03 Fatal accident
 E04 Dangerous occurrence
 E05 **Incident/Near miss**
 E06 Death of person not due to industrial accident
 E07 Others

Note :
 1. Refer to explanatory notes for definition of E01 to E07.
 2. Sensitive privacy data of employee to be concealed in Form 2 submission to CM, such as ID no., day/month of birth, address, tel/fax no. etc.

Other attached information
 a. Form 2 & SIS attached to be submitted in due course
 b. DO report attached to be submitted in due course N/A
 c. Accident Investigation report attached to be submitted in due course

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

F01 Age of injured _____ (Years old) F02 Sex of injured Male Female
 F03 Relevant experience in this occupation (to nearest year) _____ (Years)
 F04 No. of weeks the injured had been working on site _____ (Weeks)

(a) Occupation : (tick one box)

F05 <input type="checkbox"/> Painter / Plasterer	F06 <input type="checkbox"/> Welder	F07 <input type="checkbox"/> Glazier
F08 <input type="checkbox"/> Rigger / Piling worker	F09 <input type="checkbox"/> Surveyor / Leveller	F10 <input type="checkbox"/> Electrician
F11 <input type="checkbox"/> Foreman	F12 <input type="checkbox"/> Plant operator	F13 <input type="checkbox"/> Steelbender / Fixer
F14 <input type="checkbox"/> Drain layer	F15 <input type="checkbox"/> Vehicle Driver	F16 <input type="checkbox"/> Carpenter Formworker
F17 <input type="checkbox"/> Concretor	F18 <input type="checkbox"/> Mason	F19 <input type="checkbox"/> Plumber
F20 <input type="checkbox"/> Fitter / Mechanic	F21 <input type="checkbox"/> Labourer	F22 <input type="checkbox"/> Lift worker
F23 <input type="checkbox"/> Scaffold Worker	F24 <input type="checkbox"/> Bricklayer	F25 <input type="checkbox"/> Other : (Please Specify) _____

(b) Status of injured : (tick in appropriate box)
 F27 Subcontracted worker F28 Direct labour
 F29 Self-employed F30 Not employed (e.g. public)

(c) Had the injured person undergone formal training ?
 F31 Yes F32 No
 if the answer was yes, indicate what type of training had been given: F33 Craft training F34 Safety training

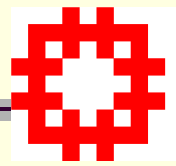
(d) Hospitalization over a week : weekly report to be submitted to CM via site staff
 F35 Yes F36 No F37 To be ascertained

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

Incident/
near miss

Remind CM
to trigger
report to
CRC if CM
considered
necessary

Housing Authority Accident / Incident Report Form (DCMP-F787)



Annex 5

(G) Accident / Incident details

G01 Time of accident / incident: (eg 13.21 or 1.21 pm) _____

Result of accident / incident: G02 Minor Injury G03 Serious Injury
 G04 Fatality G05 Damage of property

(a) Place of Accident / Incident

G06 G/F G07 Upper Roof F _____ G08 Working Floor F _____
 G09 Roof G10 External Area

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

G11 Window opening G12 External wall / Scaffold G13 Internal wall
 G14 External works G15 Lift shaft G16 Stair edge
 G17 General opening G18 Steel bending yard / area G19 Pre-casting workshop
 G20 G/F internal work surface G21 General edge G22 Roof / top of building
 G23 Foundation G24 Upper floor + internal work surface G25 Excavation / trench
 G26 Storage yard G27 Slope / haul road G28 Workshop
 G29 Others (Please Specify): _____

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

G30 Setting out G31 Demolition G32 Ground works
 G33 Formwork / Carpentry (wood) G34 Bricklaying G35 Turn
 G36 Structural erection G37 Cutting / welding G38 Mixing
 G39 Concreting G40 Falsework (metal) G41 Piling
 G42 Plant use G43 Roadworks G44 Surface treatment
 G45 Finishing work G46 Electrical work G47 Glazing
 G48 Pipe laying G49 Accessing & conveying G50 Lifting
 G51 Patrolling G52 Material landing G53 Others (Please Specify) _____

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

G54 Slipping on object G55 Slip, trip / fall on same level G56 Contact with hot surface
 G57 Trapped in / between object G58 Striking against stationary object G59 Electrocuttion
 G60 Fall of person from height G61 Struck by moving vehicle G62 Intoxication / poisoning
 G63 Burning G64 Injured by fall of ground G65 Falling object
 G66 Contact with moving machinery G67 Collapse (Ground/Wall/Scaffold*) G68 Injured by hand tool
 G69 Injured whilst lifting / carrying G70 Others (Please Specify) _____

(D) COMPLETE THIS BOX FOR FALL OF PERSON FROM HEIGHT

(a) Indicate the height from which the injured person fell G71 _____ (Metres)

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

G72 Ladder G73 General access scaffold G74 Suspended scaffold
 G75 Steelwork G76 Roof edge / hole in roof G77 Tower scaffold
 G78 Stairs G79 Gangway / other means of access G80 Into excavation
 G81 Gondola G82 Lift shaft G83 Vehicle / Machinery
 G84 Formwork G85 Others (Please Specify) _____

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

G86 Debris G87 Non-power driven hand tools G88 Materials being lifted
 G89 Harmful / toxic substances G90 Stored materials G91 Electricity
 G92 Vehicle / mobile plant G93 Lifting / Conveying machinery G94 Heat
 G95 Dust / sand / chippings G96 Portable power driven hand tools G97 Fixed structure / Part of site
 G98 Others (Please Specify) _____

(f) 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.)

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

Time of incident

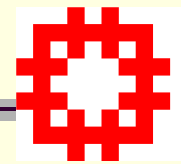
Place of incident

Type of incident

Work process

Sequence of events leading to the incident

Housing Authority Accident / Incident Report Form (DCMP-F787)



Annex 5

(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)

H01 <input type="checkbox"/> Failure to warn	H02 <input type="checkbox"/> Removing safety devices	H03 <input type="checkbox"/> Improper loading
H04 <input type="checkbox"/> Failure to secure	H05 <input type="checkbox"/> Using defective equipment	H06 <input type="checkbox"/> Improper lifting
H07 <input type="checkbox"/> Using improper equipment	H08 <input type="checkbox"/> Servicing equipment in operation	H09 <input type="checkbox"/> Improper position for job
H10 <input type="checkbox"/> Improper placement	H11 <input type="checkbox"/> Under influence of alcohol / drugs	H12 <input type="checkbox"/> Working at improper speed
H13 <input type="checkbox"/> Horseplay	H14 <input type="checkbox"/> Making safety devices inoperable	H15 <input type="checkbox"/> Operating without permission
H16 <input type="checkbox"/> Failure to use personal protective equipment	H17 <input type="checkbox"/> Working on incomplete scaffold / work platform	H18 <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)

H19 <input type="checkbox"/> Inadequate guards / barriers	H20 <input type="checkbox"/> Defective-tools / equipment	H21 <input type="checkbox"/> Congestion
H22 <input type="checkbox"/> Unsafe access	H23 <input type="checkbox"/> Poor housekeeping	H24 <input type="checkbox"/> Inadequate ventilation
H25 <input type="checkbox"/> Lack of guard-rails	H26 <input type="checkbox"/> Unsafe footing, slippery, ground	H27 <input type="checkbox"/> Inadequate / excess lighting
H28 <input type="checkbox"/> Inadequate warning system	H29 <input type="checkbox"/> Fire and explosive hazards	H30 <input type="checkbox"/> Adverse weather
H31 <input type="checkbox"/> Inadequate / Improper personal protective equipment	H32 <input type="checkbox"/> Hazardous environmental conditions (smoke, dust etc.)	H33 <input type="checkbox"/> Damaged scaffold & catch fan & nylon mesh
H34 <input type="checkbox"/> Inadequate protective canopy	H35 <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)

H36 <input type="checkbox"/> Inadequate ability	H37 <input type="checkbox"/> Lack of knowledge	H38 <input type="checkbox"/> Lack of skill
H39 <input type="checkbox"/> Stress	H40 <input type="checkbox"/> Improper motivation	H41 <input type="checkbox"/> Lack of training
H42 <input type="checkbox"/> Tiredness	H43 <input type="checkbox"/> Sick	H44 <input type="checkbox"/> Lack of communication
H45 <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)

H46 <input type="checkbox"/> Inadequate engineering	H47 <input type="checkbox"/> Inadequate leadership/supervision	H48 <input type="checkbox"/> Inadequate maintenance
H49 <input type="checkbox"/> Unrealistic work schedule	H50 <input type="checkbox"/> Inadequate tools / equipment	H51 <input type="checkbox"/> Inadequate equipment
H52 <input type="checkbox"/> Inadequate work standards	H53 <input type="checkbox"/> Hazardous purchasing / materials management	H54 <input type="checkbox"/> Inadequate equipment
H55 <input type="checkbox"/> Others (Please Specify) _____		

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

H56 <input type="checkbox"/> Negligible	H57 <input type="checkbox"/> Unlikely	H58 <input type="checkbox"/> Fair
H59 <input type="checkbox"/> Likely	H60 <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 (if applicable)
 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))

I01 <input type="checkbox"/> Burn, scald	I02 <input type="checkbox"/> Fracture / dislocation	I03 <input type="checkbox"/> Amputation
I04 <input type="checkbox"/> Asphyxiation, radiation etc.	I05 <input type="checkbox"/> Internal Injury	I06 <input type="checkbox"/> Sprain, strain, twist
I07 <input type="checkbox"/> Crush	I08 <input type="checkbox"/> Electrocution	I09 <input type="checkbox"/> Abrasion, cut, bruise, laceration or foreign body
I10 <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))

I11 <input type="checkbox"/> Head	I12 <input type="checkbox"/> Spine (including neck)	I13 <input type="checkbox"/> Hand (including fingers)
I14 <input type="checkbox"/> Eye	I15 <input type="checkbox"/> General or systemic (e.g. poisoning)	I16 <input type="checkbox"/> Foot (including toes)
I17 <input type="checkbox"/> Ear	I18 <input type="checkbox"/> Trunk (including chest, abdomen, pelvis, waist)	I19 <input type="checkbox"/> Leg (including hip & ankle)
I20 <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 I06, I19 in the "First Injury" box and I09, I13 in the "Second Injury" box

First Injury	Second Injury	Third Injury	Fourth Injury
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sub-standard actions which had contributed to the incident

Sub-standard condition which had contributed to the incident

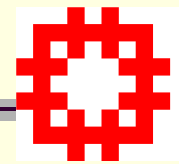
Personal factors which had contributed to the incident

Organisational factors which had contributed to the incident

The probability of recurrence of the incident

Corrective action

Housing Authority Accident / Incident Report Form (DCMP-F787)



Annex 5

(J) Additional Information

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

J01 <input type="checkbox"/> Gloves	J02 <input type="checkbox"/> Safety belt	J03 <input type="checkbox"/> Safety shoes / boots
J04 <input type="checkbox"/> Independent life line	J05 <input type="checkbox"/> Safety harness	J06 <input type="checkbox"/> Ear defenders
J07 <input type="checkbox"/> Goggles	J08 <input type="checkbox"/> Protective mask	J09 <input type="checkbox"/> Breathing apparatus
J10 <input type="checkbox"/> Safety Helmet (Chin strap fastened Y / N ? (Delete as Appropriate))		
J11 <input type="checkbox"/> Others (please specify) _____		

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

Machinery involved

Transporting or construction machinery involved

(K) Construction Machinery

(a) Machinery involved, if any (tick one or more boxes (Note 10))

K01 <input type="checkbox"/> Skip / material hoist	K02 <input type="checkbox"/> Hydraulic crane	K03 <input type="checkbox"/> Bar bender
K04 <input type="checkbox"/> Passenger hoist / builder's lift	K05 <input type="checkbox"/> Suspended work platform	K06 <input type="checkbox"/> Concrete mixer
K07 <input type="checkbox"/> Tower crane	K08 <input type="checkbox"/> Pile driver	K09 <input type="checkbox"/> Boring Jig
K10 <input type="checkbox"/> Mobile crane	K11 <input type="checkbox"/> Air compressor / receiver	K12 <input type="checkbox"/> Lorry-mounted crane
K13 <input type="checkbox"/> Others (please specify) _____		

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

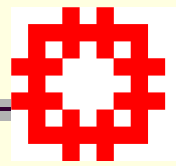
K15 <input type="checkbox"/> Dump truck	K16 <input type="checkbox"/> Bulldozer	K17 <input type="checkbox"/> Excavator
K18 <input type="checkbox"/> Loader	K19 <input type="checkbox"/> Grader	K20 <input type="checkbox"/> Compacting roller
K21 <input type="checkbox"/> Others (please specify) _____		

Explanatory notes:

- ED1 Non-serious accident : Reportable industrial accident resulting in injury with incapacity for more than 3 days.
- ED2 Serious accident : Serious 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.
- ED3 Fatal accident : Reportable industrial accident resulting in death.
- ED4 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 lower 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 (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 of any building or 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, loader, shovel, loader, or any mobile machine used for the handling of any substance in a quarry.
- ED5 Near Miss / incident is a non-reportable incident not involving any injury.
- ED6 Death of person on site: Death of person on site to be reported as occupational injury to Labour Department within 24 hours and might not be classified as 'CD3 fatal accident' by the Occupational Safety Officer of Labour Department Initially.
- ED7 Others: Any accident/ incident to be brought up to CRC's review if it is considered necessary by the Contract Manager.

Near miss / incident is a non-reportable incident not involving any injury

Supplementary Information on Accidents on Construction Sites



Supplementary Information on Accidents on Construction Sites

Annex 3B

Notes:

A statutory form required to be submitted under the Employees' Compensation Ordinance for an accident. However, the co-operation of employers is sought to complete Sections I, II and III for accidents occurred on construction sites. The supplementary information will be used for the 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: _____	
Site Address: _____	
Contract No. (if available): _____	
Date of Accident: _____	Chop of Company _____
Contact Telephone: _____	

II. Particulars of Project

(A) Nature of Project
 Civil Engineering Superstructure Maintenance and Repair

(B) Private Project
 Yes No
 If Yes, please give name and contact telephone no. of authorized person or project manager
 Name: _____
 Position: _____
 Tel. No.: _____
 If No, please indicate below the type of public works/government project

(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.

L.D. 27(C) Rev (12/2007)

Commencement of construction work

Expected date of Completion

Contractor's name

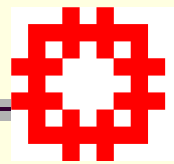
Site Address

Contact Telephone

Contract No.

Particulars of Project

Date of Accident



Dangerous Occurrence Report Form

Annex 4

DANGEROUS OCCURRENCE REPORT FORM 呈報危險事故表格

To : The Commissioner for Labour, Hong Kong
致 : 香港勞工處處長

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

現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 工業經營的名稱及地址	
Date and Time of the Dangerous Occurrence 危險事故發生的日期及時間	
Nature of the Dangerous Occurrence 危險事故的性質	
Circumstances 事故發生的現場情況	
Structural/Plant Damage 樓宇、機器或設備受損壞的程度	
Casualties * 有沒有人受傷	
Extent of Work Suspended 工作暫停程度	

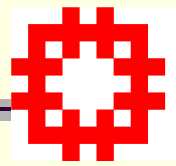
* In case of injury, the accident reporting form (Form II) must be followed within seven days.
如有工人受傷，必須於危險事故發生後七天內以表格第二款向勞工處呈報。

(CHOP OF COMPANY)
(公司蓋印)

Signature
簽署 _____
Position
職位 _____
Date
日期 _____

Note : This form must be sent to the Commissioner for Labour within 24 hours of a Dangerous Occurrence.
註 : 此表格必須於危險事故發生後二十四小時內向勞工處職業安全主任呈報。

OS-F-DO



Dangerous Occurrence Report Form

勞工處職業安全及健康部 收集個人資料之目的

(意外、危險事故的報告及提供聲明)

收集目的

- 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途：
 - 有關執行工廠及工業經營條例、職業安全及健康條例及其他由勞工處執行的法例；
 - 有關職業安全主任調查意外和危險事故；及
 - 有關觀察違例事項和進行法律聆訊。

資料轉移

- 為了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人士或機構(如政府部門、律師樓...等)透露。

查閱個人資料

- 根據個人資料(私隱)條例第18及22條及附表1保障原則第6原則的規定，你有權要求查閱及更正個人資料。要求查閱的權利包括要：獲得一份你所提供的個人資料複本。

查詢個人資料

- 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人士提出：
勞工處職業安全及健康部
職業安全 - 行動科
分區職業安全主任(總部)
香港中環統一碼頭道三十八號
海港政府大樓十三樓

STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA BY OCCUPATIONAL SAFETY AND HEALTH BRANCH LABOUR DEPARTMENT

(Reporting Accident or Dangerous Occurrence and Giving Declaration)

Purpose of Collection

- The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:
 - activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
 - activities relating to the investigation of accidents and dangerous occurrences by Occupational Safety Officer; and
 - activities relating to checking compliance with legislative requirements and carrying on legal proceedings.

Classes of Transferees

- The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, Law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data

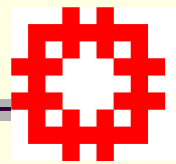
- You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries

- Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

Divisional Occupational Safety Officer (HQ)
Occupational Safety - Operations Division
Occupational Safety and Health Branch
Labour Department
13/F, Harbour Building,
38 Pier Road, Central, Hong Kong

Fatal Accident / Serious incident Report (DCMP-F758)



[Please click here to download DCMP-F758 for updated form](#)

Annex 6

Without Prejudice

From: Contract Manager

To: *CRC/BNW secretary (currently SM/P1)
*CRC/E Secretary (currently SM/P3)

Fatal Accident / Serious Incident Report

This is reported to CRC on account of –

- Fatal accident ^{Note 1} Others (specify): _____
 Serious incident ^{Note 1}

Contract No. : _____
 Project Title : _____
 Contractor : _____
 Date : _____
 Name of Deceased : Name in English (Chinese name) _____
 Sex : *Male / Female Age : _____
 Trade : _____
 Description of Accident/ Incident : _____

 Apparent Cause : _____

 Way Forward / Recommendations : _____

[Please click here to download DCMP-F758 for updated form](#)

Annex 6

- 2 -

Signature of Contract Manager _____
 Name & Post : _____
 Note 2 Date : _____

Attachment:

- Attached Contractor's submitted form to Labour Department:
 Form 2; or
 Supplementary Information Sheet
- Attached HD Form no. DCMP-F787, Housing Authority Accident / Incident Report Form
- Accident Investigation Report
- c.c. SM/S&H (Ref.:HD(C)YS 4/34/17)
 SMS/SD (for BW maintenance/improvement contracts only)
 SBSE/BSM (for BS maintenance/improvement contracts only)

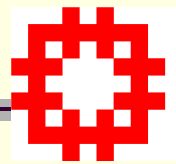
- Tick as appropriate
 * Delete as appropriate

^{Note 1} : Serious incident means an incident involving either one or a combination of the following (with reference to Development Bureau Technical Circular (Works) no. 3/2009):

- (i) loss of life at a construction site;
- (ii) serious bodily injury at a construction site:
 - resulting in a loss or amputation of a limb; or
 - which has caused or is likely to cause permanent total disablement to the injured;
- (iii) dangerous occurrence or incident at a construction site leading to or resulting in an injury that is considered serious (but not up to the extent as described in (ii) above), or damage to works or property on or adjacent to the construction site that posed a potential threat to public safety.

^{Note 2} : The report shall be issued to the CRC Secretary within a week after occurrence of fatal accident / serious incident.

Weekly Report for Injury Involving Prolonged Hospitalization (DCMP-F7100)



Annex 11
(sheet 21 of 22)

Weekly Report for Injury involving Prolonged Hospitalization

(A) This box to be completed by Contractor and HD site staff

To	: Contract Manager	<input type="text"/>	(Post)	via HD Site Staff
From	: Contractor			
		<u>Signature by Site Agent</u>		<u>Signature by HD Site Staff</u>
Name		<input type="text"/>	Name	<input type="text"/>
Date		<input type="text"/>	Post	<input type="text"/>
			Date	<input type="text"/>

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

To	: CRC via CRC Secretary	<input type="text"/>	(Post)
From	: Contract Manager		
		<u>Signature by Contract Manager</u>	
Name		<input type="text"/>	
Post		<input type="text"/>	
Date		<input type="text"/>	

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) : _____

/...2

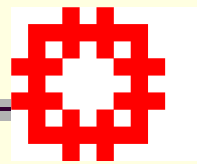
Annex 11
(sheet 22 of 22)

Submission status of DCMP-F787 : submitted previously.
 attached herewith.

c.c. SM/S&H (Ref.: HD(C)TS 4/49/15)
PBSI if the victim(s) is/are Nominated Contractor's employee(s)

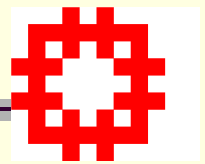
Tick as appropriate
* Delete as appropriate

Note 1 : For injury involving hospitalisation for over a week, contractor has to provide this weekly report to CM via site staff.



Accident / Incident Reporting:

- Accurate and timely.
- Covers all fatal and serious accidents, non-serious accidents, dangerous occurrence, death of person and near-miss incidents (with potentially serious consequence, such as those involving but not limited to
 - falling object,
 - falling from height
 - being struck by moving object,
 - tower crane lifting,
 - public safety, etc)
- Submit all required documents: Form 2, Supplementary Information Sheet, DCMP-F787, contractor's Investigation Report, Weekly report for hospitalization (DCMP-F7100) etc.



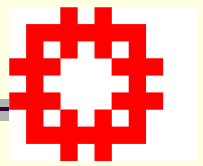
Accident / Incident Reporting (cont'd):

- Corrective action in DCMP-F787 to be beefed up to address the root causes of the accident / incident :
 - job hazard analysis
 - hazard elimination, substitution, mitigation, control
 - review of working procedure
 - strengthening of site supervision
 - enhancement of safety awareness

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

H56 <input type="checkbox"/> Negligible	H57 <input type="checkbox"/> Unlikely	H58 <input type="checkbox"/> Fair
H59 <input type="checkbox"/> Likely	H60 <input type="checkbox"/> Almost certain	

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



THANK YOU