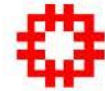


**Site Safety Seminar for  
Capital Works New Works Contracts  
30 October 2019**

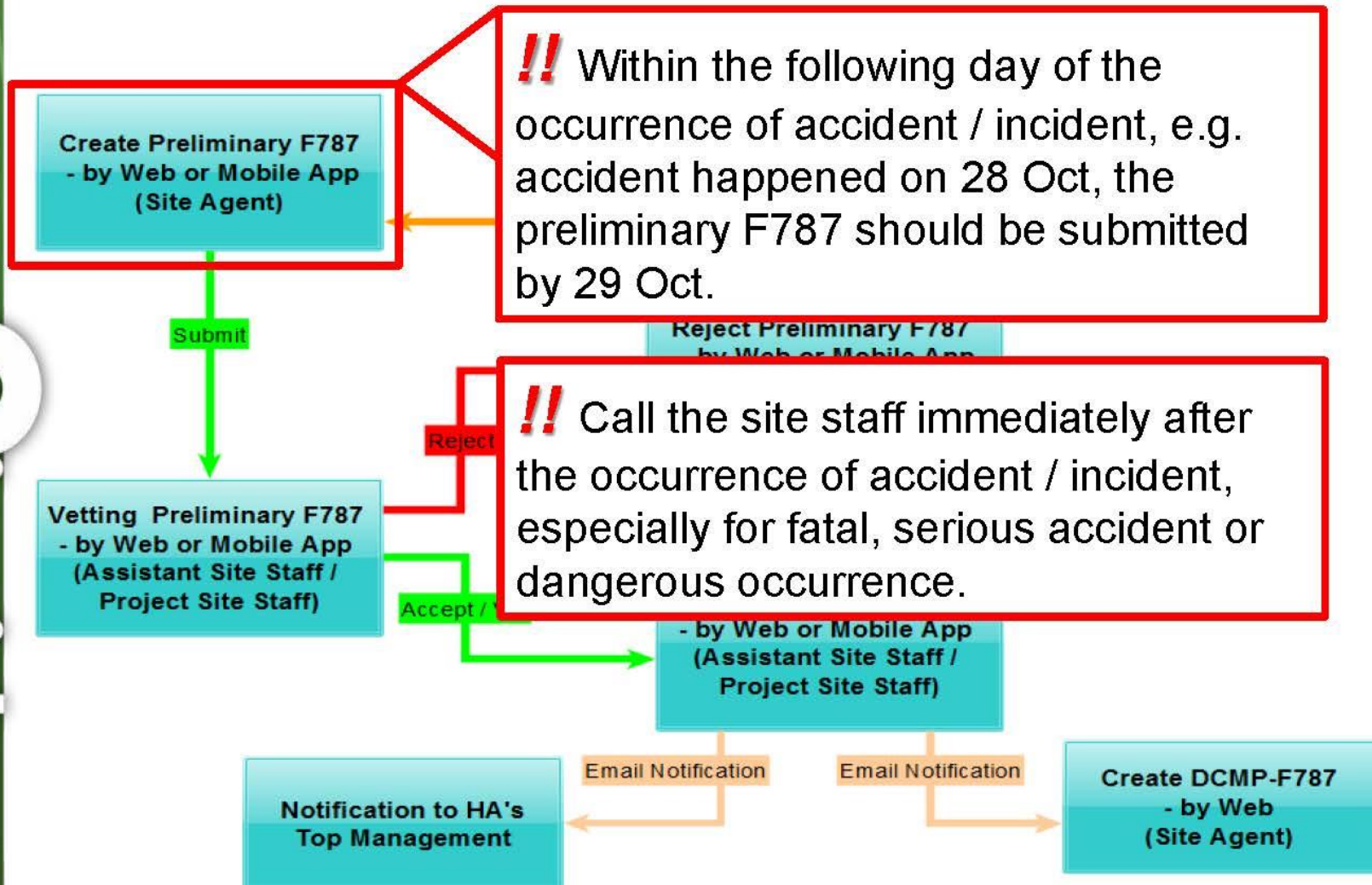
**Safety Alert Module -  
Special Attention for All Users**

Reported by Joanne Wan, M/SH

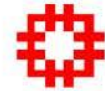
# Preliminary F787 (Workflow and special attention !!)



o  
incident



# Preliminary F787 (Workflow and special attention !!)



Preliminary F787

Contract No. - Project Title [Redacted]

Basic Information

Alert Type Select Item...

Construction Stage

<input type="checkbox"/> Earthworks	<input type="checkbox"/> Site Formation
<input type="checkbox"/> Road & Underground Service Works	<input type="checkbox"/> Superstructure
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Site Clearance
<input type="checkbox"/> Substructure	<input type="checkbox"/> ELSW
<input type="checkbox"/> Foundation	<input type="checkbox"/> Piling
<input type="checkbox"/> Finishing	<input type="checkbox"/> Demolition
<input type="checkbox"/> Others	

Date of Accident / Incident Select Item...

Place of Accident / Incident [Redacted]

Brief Description [Redacted]

Late Report from Contractor No

Attachment (Max 5MB with type [jpg", "jpeg", "png", "pdf", "docx", "doc"])

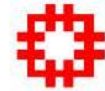
No.	File Name	Action
1	Penguins.jpg	<span>Download</span> <span>Delete</span>

Select files... Done

Penguins.jpg 719 KB

**!! AIM**  
Collect the **basic and factual information** only.  
(Details information and investigation report could be supplemented in the submission of DCMP-F787 stage. )

# DCMP-F787 (Workflow and special attention !!!)



Create DCMP-F 758  
(HD Professional)

Part A Part B Part C Part D Part E Part F Part G Part H Part J Part K Remark

To be completed by contractor for all parts below  
(E) Categories of Accident / Incident (Except Dangerous Occurrence, you can tick one box only)

- E01  Non-serious accident
- E03  Fatal accident
- E05  Incident / Near Miss
- E07  Accident resulting in absence from work for not more than 3 days
- E08  Death or incapacity due to occupational disease

Please confirm to create form F758

Please Note:

If E05 "Near Miss" was selected, professional staff can optionally create DCMP-F758.

If it is not required to submit Form F758, please select "No" below, or else F758 will be automatically created for professional staff's submission to CM.

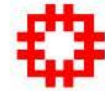
No Yes

!!! F758 would be automatically created for:

- E02-Serious accident;
- E03-Fatal accident; or
- E04-Dangerous occurrence.

!!! Professional to decide whether creation of F-758 is required for E05-Incident / Near Miss.

# Observations on Reporting DCMP-F787



## 1. Reminder on Timely submission (within 7 days)

(A) This box to be completed by Contractor

To: Contract Manager

Name

Post

[Redacted Name and Post fields]

via HD professional and site staff

From: Contractor (Site Agent)

Signature

Name

Date

[Redacted Signature and Name fields]

COMPANY LIMITED

20/09/2019

Over 7 days



2019年9月						
日	一	二	三	四	五	六
1 初三	2 初四	3 初五	4 初六	5 初七	6 初八	7 初九
8 白露	9 十一	10 十二	11 十三	12 十四	13 中秋節	14 十六
15 十七	16 十八	17 十九	18 二十	19 廿一	20 廿二	21 廿三
22 廿四	23 秋分	24 廿六	25 廿七	26 廿八	27 廿九	28 三十
29 九月	30 初二	1 初三	2 初四	3 初五	4 初六	5 初七

(B) Project Information

B01 Project:

B02 Contract No.:

B03 Contractor:

B04 Date of accident / incident :

[Redacted Project Information fields]

06/09/2019

B05 Subcontractor (if applicable)



# Observations on Reporting DCMP-F787

## 2. Investigation Report would generally be required

DCMP-F787

**(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 checked="" 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: \_\_\_\_\_

temporary in \_\_\_\_\_ on \_\_\_\_\_

Remember to upload the documents after submitting hard copies !!

Selected N/A

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 checked="" type="checkbox"/> N/A	<input type="checkbox"/> uploaded	<input type="checkbox"/> to be submitted
b. SIS	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> uploaded	<input type="checkbox"/> to be submitted
c. DO report	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> uploaded	<input type="checkbox"/> to be submitted
d. Investigation report	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> uploaded	<input type="checkbox"/> to be submitted

## 3. Text field should be input if 'Others' was selected

DCMP-F787

**(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 tool	Gh12 <input type="checkbox"/> Fixed structure / Part of site
Gh13 <input checked="" type="checkbox"/> Others (Please Specify):		

Not specified



# Observations on Reporting DCMP-F787

## 4. Personal Data (Privacy) Ordinance

**!! Personal Data** means information which relates to a living individual and can be used to identify that individual. It must also exist in a form which access to or processing of is practicable.

- ✓ **Surname** instead of ✗ full name for the subject person.
- ✗ **NO ID number, telephone number, address** in the submission to HD.

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

The Injured Person **Mr. Lee Yu** slipped and injured his left wrist when walking on the access to the d...ing point on ground level.  
Mr. Lee has worn safety shoes at the time of accident.

Should be rejected

DCMP-F787

A. 僱員詳情

僱員姓名 (請先填寫姓氏) <b>Chan Sun</b>		身分證 / 護照號碼 <b>陳新</b>
電話號碼 <b>65</b>	傳真號碼	地址 <b>[Redacted]</b>
出生日期 <b>98</b>	性別 <input checked="" type="checkbox"/>	

Tried to mask information but not successful.

Should be rejected

Form 2



# Observations on Reporting DCMP-F787

## 5. Reminder on the Consistency of Information

Item J of Form 2 VS item (I)(a) of DCMP-F787

*J. Nature of injury (Note 9)*

Describe the nature of injury

**Form 2**

---

Indicate nature of injury (tick one box) —

<input type="checkbox"/> 01 Abrasion	<input checked="" type="checkbox"/> 06 Contusion & bruise	<input type="checkbox"/> 11 Electric shock	<input type="checkbox"/> 16 Poisoning
<input type="checkbox"/> 02 Amputation	<input type="checkbox"/> 07 Concussion	<input type="checkbox"/> 12 Fracture	<input type="checkbox"/> 17 Irritation
<input type="checkbox"/> 03 Asphyxia	<input type="checkbox"/> 08 Laceration and cut	<input type="checkbox"/> 13 Puncture wound	<input type="checkbox"/> 18 Nausea
<input type="checkbox"/> 04 Burn (heat)	<input type="checkbox"/> 09 Dislocation	<input type="checkbox"/> 14 Sprain & strain	<input type="checkbox"/> 19 Multiple injuries
<input type="checkbox"/> 05 Burn	<input type="checkbox"/> 10 Crushing	<input type="checkbox"/> 15 Freezing	<input type="checkbox"/> 20 Others (please specify)

**Inconsistent**



**DCMP-F787**

**(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))

- |   |   |   |
|---|---|---|
| la01 <input type="checkbox"/> Burn, scald                       | la02 <input checked="" 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):          |   |   |



# Observations on Reporting DCMP-F787



## 5. Reminder on the Consistency of Information

Item N of Form 2 VS item (G)(d) of DCMP-F787

N. Type of work performed by the employee at the time of accident (tick on box)

**Form 2**

<input type="checkbox"/> 01 Concreting	<input type="checkbox"/> 07 Painting	<input type="checkbox"/> 13 Trench work	<input type="checkbox"/> 19 Slope work
<input type="checkbox"/> 02 Woodworking	<input type="checkbox"/> 08 Plastering	<input type="checkbox"/> 14 Gas pipe fitting	<input checked="" type="checkbox"/> 20 Others
<input type="checkbox"/> 03 Glazier work	<input type="checkbox"/> 09 Arc/gas welding	<input type="checkbox"/> 15 Water pipe fitting	(please specify)
<input type="checkbox"/> 04 Reinforcement bar bending	<input type="checkbox"/> 10 Formwork erection	<input type="checkbox"/> 16 Electrical wiring	<u>Walking</u>
<input type="checkbox"/> 05 Bamboo scaffolding	<input type="checkbox"/> 11 Brick laying	<input type="checkbox"/> 17 Material handling	
<input type="checkbox"/> 06 Tubular scaffolding	<input type="checkbox"/> 12 Caisson work	<input type="checkbox"/> 18 Lift installation	

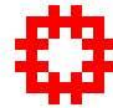
**Inconsistent**

**DCMP-F787**

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

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

Housekeeping (use the water pump to remove stagnant water)



~ The End ~

*Thank you*

Visit HA Site Safety Website:

<http://www.housingauthority.gov.hk/sitesafety>

For enquiry:

Joanne WAN, M/SH (Tel: 2129 3499)

W. M. WONG, SCOW/SSIP (Tel: 2129 3984)

Y.Y. YUEN, COW/SH (Tel: 2129 3269)

o  
incident

Here is the footage of

“Site Safety Seminar for Capital Works New Works Contracts”

which was held on 30 October 2019

by the Hong Kong Housing Authority

The Speaker is

Ms. Wan Chung Yan, Manager / Safety & Health of the Housing Department

Her topic is Safety Alert Module - Special attention for users

Thank you, Jack

I am Joanne

Today, I will speak on the Safety Alert Module

which has been in use since 31 August 2018

You might have used it before

We have held introductory sessions before

to explain how to use this Safety Alert Module

So, I will not go into details today

I will highlight some main points

This is the preliminary DCMP-F787 workflow

Please note that there is a time limit for creating preliminary DCMP-F787

A day after the accident or incident

it must be submitted to our site staff

For example, if an accident happens on 28 Oct

theoretically, preliminary DCMP-F787 must be submitted by 29 Oct

If the following day is a public holiday

then submit on the next working day

Sometimes if it is difficult to submit on the day or next

Maybe it could only be submitted on the following day

we hope when an accident or incident happens

you will call our site staff or the project team promptly

to let them know the accident

This is an online form of preliminary DCMP-F787

The resolution is not high

I only want to say, sometimes, contractors may say  
they are not yet clear about the accident  
and thus are not ready to report on the next day

The purpose of the preliminary DCMP-F787  
is to get the soonest notice about accidents and incidents  
and to know what has happened on the site

The main thing is to provide basic information  
such as where, when and the number of casualties

As simple as that

By the time to submit the actual DCMP-F787  
everyone here is familiar with the workflow

But I want to remind you that DCMP-F758 will be generated  
when you have chosen E02, 03 or 04

They are for serious accidents, deaths or dangerous occurrences

They are for serious accidents, deaths or dangerous occurrences

If you have chosen these

a form DCMP-F758 will be generated automatically

The DCMP-F758 is for recommendation from the Contract Manager  
and Contract Manager's Representative (CMR) of Housing Authority  
to the Contractors Review Committee (CRC) for review

Here's a special reminder for CMRs

If the contractor has chosen E05 (Near Miss Incidents)

where the outcome may not be very serious

you may decide whether it is necessary to make a DCMP-F758

and to submit the incident to the CRC

CMRs should take note of this

Below were real cases in the past year

This accident happened on 6 September

but the contractor only submitted DCMP-F787 on 20 September

later than the 7-day deadline

Please take note of the 7-day reporting deadline

Second, I will talk about investigation reports

For all general accidents and incidents

an investigation report is required

If a contractor has chosen E05 (Near Miss Incident)

Do not fill in "Not Applicable" for the investigation report

Even if you are not ready to submit it yet

submission is a must, perhaps a bit late

Site colleagues please take note

If a contractor has made an incorrect submission

you can reject it for resubmission

Another scenario

many of you are used to submitting a printed version first

A key reminder, after completing all the procedures

all documents must be uploaded online to finish the reporting

Item 3 is for other details. Fill in the details in the box below

Item 3 is for other details. Fill in the details in the box below

"Personal Data"

In submitting Form 2 or DCMP-F787

many would fill in all the personal information of the victim

For DCMP-F787, only the victim's family name is needed

For DCMP-F787, only the victim's family name is needed

Do not provide the full name in DCMP-F787

not the identification card number

nor the telephone or address

We expect the contractor to hide the given name

or simply leave it blank

Only the family name will be sufficient

Another example of Form 2

The contractor has attempted to hide some personal data

by crossing it out with a black pen

However, the information reappeared after scanning

Thus, we have to be careful

Contractors should be careful

Site staff should be alert also when receiving the form

there should be no personal information

Another reminder

The information in Form 2 and DCMP-F787 must be consistent

Check carefully when you enter the data

Make sure the information is consistent on both forms

If you need further information about site safety

First, you can visit our site safety webpage for information

You will find Housing Authority Safety Auditing System

Housing Authority Lift and Escalator

Nominated Sub-contracts Safety Auditing System

and Surprise Safety Inspection Programme

The procedures, the latest guidelines

and information are available online

Contact me or my colleagues in case of queries

Thank you

Thank you for watching