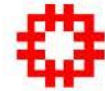


**Site Safety Seminar for
Capital Works New Works Contracts
30 October 2019**

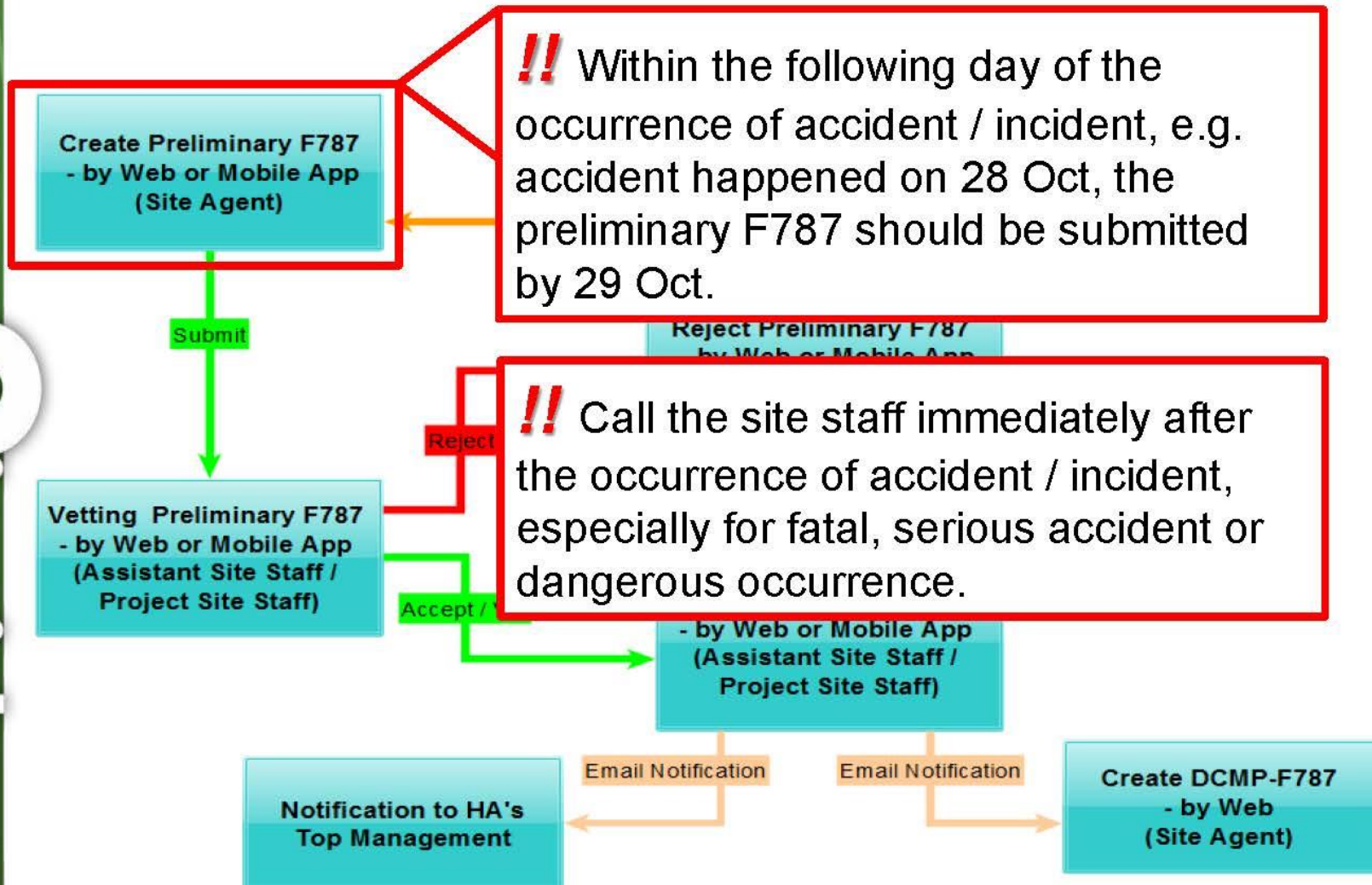
**Safety Alert Module -
Special Attention for All Users**

Reported by Joanne Wan, M/SH

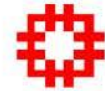
Preliminary F787 (Workflow and special attention !!)



o
incident



Preliminary F787 (Workflow and special attention !!)



Preliminary F787

Contract No. - Project Title

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

Brief Description

Late Report from Contractor No

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

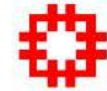
No.	File Name	Action
1	Penguins.jpg	Download Delete

Select files... Done

Penguins.jpg X

!! 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 [X]

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.

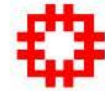
No Yes

!!! 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 _____

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

Remember to upload the documents after submitting hard copies !!

Selected N/A

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.)

DCMP-F787

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

Should be rejected

A. 僱員詳情

僱員姓名 (請先填寫姓氏) Chan [redacted] Sun		身分證 / 護照號碼 [redacted] 850
電話號碼 65 [redacted]	傳真號碼	地址 [redacted]
出生日期 98 [redacted] 22 年 / 月 / 日	性別 <input checked="" type="checkbox"/>	

Form 2

Tried to mask information but not successful.

Should be rejected



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	

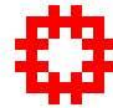
Inconsistent

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

現在放映的是

2019年10月30日

香港房屋委員會

「新工程合約工地安全講座」的片段

台上的講者是

房屋署經理(工程安全及健康)溫頌恩女士

她的講題是意外及事故模組 - 用戶特別注意事項

先感謝 Jack 方立行先生

我是 Joanne 溫頌恩女士

今天要和眾談意外及事故模組

模組由 2018 年 8 月 31 日就已經開始使用

相信大家可能有機會用過

而我們以前都舉行過專題簡介會

說過意外及事故模組如何使用

所以今天不會詳細說明

只會提醒大家要注意少許重點

這個就是初步 DCMP-F787 的流程

想提醒大家關於建立初步 DCMP-F787

有時限性的

要在意外或事故發生之後一日內

提交給我們的工地工程監督

舉例來說，譬如 10 月 28 日發生意外

理論上 10 月 29 日那日內要提交初步 DCMP-F787

如果第二天是公眾假期的話

那就在之後的工作日

就算你即日或之後那天未能趕及提交

可能第二天才可以報初步 DCMP-F787

都希望那事件發生後

大家可以盡快以電話通知我們的工地工程監督

或者項目團隊，讓他們知道事件發生了

這張就是初步 DCMP-F787 網上的表格
沒有放高解像圖片於此
只是想說，有時承建商可能會說
我還沒有查清楚那事件的來龍去脈
所以未必可以在第二天報告
所以我們特別提醒初步 DCMP-F787 的目的
只是想盡快得到一個通知
知道工地發生了什麼事
所以重點是給一些事實及很基本的資訊
譬如地點、日期及受傷的人數，這樣而已
到正式要入表格 DCMP-F787，大家對流程都已經很熟悉
不過我想重點提一提關於 DCMP-F758
DCMP-F758 就是當你們選擇了 E02、03 或者 04
都是嚴重的意外、死亡或是
危險事件的時候才會選擇
若果選擇了的話
便會自動製作了一張 DCMP-F758
這張 F758 的作用是由我們
房屋署的合約經理(CM)和合約經理代表(CMR)
建議給承建商檢討委員會去做審視
這裡特別提醒我們的合約經理代表
如果承建商選擇了 E05(意外或是險失事故)
事件後果未必會很嚴重的話
那你們可以選擇是否有需要去製作 DCMP-F758
是否需要將事件升級到承建商檢討委員會
合約經理代表要注意這一點
以下是一些過去一年，發生了的實例
這宗意外發生在 9 月 6 日
但到 9 月 20 日承建商才提交 DCMP-F787
超過了最多 7 天的要求

所以大家要留意時限

第二件事是關於調查報告

一般所有意外、事故都應該要入調查報告的

所以在這事件承建商選擇了 E05(事故或險失)

就調查報告一項，就不應該剔不適用

就算不可以馬上提交，都應該要稍後提交

可能我們工地同事都要留意一下

如果承建商選擇錯了

就拒絕審核，讓他們重新提交

另外一種情況

很多時大家習慣先提交了列印版本

所以特別提醒大家，做了所有程序之後

文件都要在系統內上傳，以完成整個紀錄

這個項目 3 就是說如果你選擇了其他有事情要陳述的話

記得要填下方的那個文字填充

個人資料

大家常常都會在提交表格 2，或者在 DCMP-F787 內

填寫事主的個人資料的

對於我們來說 DCMP-F787

有事主的姓氏已經足夠了

在 DCMP-F787 裡大家不用填寫事主的全名

更加不要把他們的身份證號碼

電話或者地址寫出來

我們希望承建商可以遮蔽名字的部分

或是直接不要填

就這樣姓氏已經可接受了

而另一例子承建商填寫了表格 2

承建商嘗試遮蔽一些私人資料，他用黑筆塗了

不過當他掃描了後，那些字又現了出來

所以這個大家都要小心一些

承建商自己要小心

工地同事收到的時候亦要留意

是否有個人資料

接下來再提醒大家

在表格 2 和 DCMP-F787 裡的資料要一致的

大家輸入的時候要核對一下資料

兩邊寫的是不是一樣

最後如果大家對於工地安全有些什麼的問題

第一步可以登入我們的工地安全網頁看看資料

那裡有房委會安全稽核制度

房屋委員會升降機及電梯指定分包合約安全稽核制度

突擊安全巡查計劃

如何運作

或者最新的指引及資料都在網上

或者有什麼疑問可以聯絡我

或者我的同事

感謝大家

多謝觀看