# (JKKP 6)

**NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE**

Duration of current job

Date of first informing DOSH

State

District

Name and address of organization

Female

Male

Gender Occupation

Ethnic group

YY

MM

Name

Date of birth

DD

New IC/Passport no. Nationality

**Part B - Affected person** (If more than one person please list the name in Part C)

/ /

Send to:

Pengarah Kesihatan Negeri

Jabatan Kesihatan Negeri

Location of accident/incident

Date of accident/incident

Time of accident/incident occur

d) What were the actions taken following the accident?

c) Why did the accident happen?

b) What actually happened during the accident (agent involved and effect to the person involved)?

a) What were the activities involved prior to the accident?

**Part C - Description of accident or dangerous occurrence**

Signature of Notifier

Contact no.

Designation

Name and address of organization

Name

**Part A - Detail of Notifier**

Date

Date of Notification

Unit / Department / Ward

**Part I : Particulars of reporting unit**

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| **Part II : Particulars of patient** | |
| Date seen/treated/admitted |  |
| Medical certificate (MC) given | No |
|  | Yes |
| Duration of MC | days |

Name of facility

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| **Part III : Classification of accident** | | |
| (Tick | √ | more than one if relevant) |
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1. Nature of injury

Abrasions Amputation Asphyxia Burns (heat)

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Burns (chemical) Bruises and contusions Concussions

Cuts Dislocation

Effect of electric currents

Effect of radiation Fracture

Drown Laceration Sharp injuries Sprain & strain Internal injuries

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Splash of blood/body fluid Splash of chemicals

Other (please specify)

1. Part of Body Injured

## Head and Neck

F*or* R/L *: Please circle*

## Upper Limbs

**Torso**

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**Lower Limbs**

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Scalp Skull Eyes Ears Nose Mouth Teeth Face Neck

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R/L R/L

Upper arms Elbow Forearm Wrist

Hand Palm Fingers

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Other specify:

R/L R/L R/L R/L R/L R/L R/L

Back Chest Abdomen Pelvis Groin

Hip Thigh Leg Knee Ankle Feet Toes

R/L R/L R/L R/L R/L R/L R/L

1. Mechanism of accident

Struck against object

Struck by sliding, falling, flying or other moving object

motor vehicle accident Caught in/or between object Fall or slip on same level Fall from height

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Injured while handling, lifting or carrying

Contact with extreme temperature Others (please specify):

Exposure to/or contact with harmful substances/radiation

Exposure to/or contact with electric currents Exposure to explosion

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Drowning

Crush by moving/sliding object Needle stick/Needle prick Physical assault

**WEHU - A2 (cont'd)**

1. Agent involved in accident

Machine/Electrical equipment Lifting equipment

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Transport equipment/Vehicle Needles

Medical/Surgical/Dental instruments (other than needles) Lab instruments

Pressure Vessels Blood/Body fluids Chemicals/Gases Floors/Levels Ladders Stairs/steps

Others (please specify)

1. Existing control measure at workplace

Engineering Control

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Standard Operating Procedure (SOP) Training/Education/Work Schedule/Rotation Personal Protective Equipment (PPE)

Other (please specify)