

**NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE**

Location of accident/incident   
Date of accident/incident  Time of accident/incident occur  hrs

Send to:  
Pengarah Kesihatan Negeri  
Jabatan Kesihatan Negeri

**Part A - Detail of Notifier**

Name   
Designation   
Name and address of organization   
Contact no.

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

Name   
Date of birth  /  /   
DD MM YY  
New IC/ Passport no.   
Nationality   
Gender ☐ Male ☐ Female  
Occupation   
Ethnic group   
Name and address of organization   
District  State   
Duration of current job   
Date of first informing DOSH

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

- a) What were the activities involved prior to the accident ?
- b) What actually happened during the accident (agent involved and effect to the person involved) ?
- c) Why did the accident happen?
- d) What were the actions taken following the accident ?

Signature of Notifier Date

## 4. Agent involved in accident

- ☐ Machine / Electrical equipment
- ☐ Lifting equipment
- ☐ 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) \_\_\_\_\_

## 5. Existing control measure at workplace

- ☐ Engineering Control
- ☐ Standard Operating Procedure (SOP)
- ☐ Training / Education / Work Schedule / Rotation
- ☐ Personal Protective Equipment (PPE)
- ☐ Other (please specify) \_\_\_\_\_

Date of notification **Part I : Particulars of reporting unit**Name of facility  
Unit / Department / Ward  
**Part II : Particulars of patient**Date seen/treated/admitted Medical certificate (MC) given ☐ No☐ YesDuration of MC  days**Part III : Classification of accident**(Tick ☒ more than one if relevant)

## 1. Nature of injury

- ☐ Abrasions  
☐ Amputation  
☐ Asphyxia  
☐ Burns (heat)  
☐ Burns (chemical)  
☐ Bruises and contusions  
☐ Concussions  
☐ Cuts  
☐ Dislocation  
☐ Effect of electric currents

- ☐ Effect of radiation  
☐ Fracture  
☐ Drown  
☐ Laceration  
☐ Sharp injuries  
☐ Sprain & strain  
☐ Internal injuries  
☐ Splash of blood/body fluid  
☐ Splash of chemicals  
☐ Others (please specify) \_\_\_\_\_

## 2. Part of Body Injured

**Head and Neck**

- ☐ Scalp  
☐ Skull  
☐ Eyes R/L  
☐ Ears R/L  
☐ Nose  
☐ Mouth  
☐ Teeth  
☐ Face  
☐ Neck

**Upper Limbs**

- ☐ Upper arms R/L  
☐ Elbow R/L  
☐ Forearm R/L  
☐ Wrist R/L  
☐ Hand R/L  
☐ Palm R/L  
☐ Fingers R/L  
☐ Other specify: \_\_\_\_\_

**Torso**

- ☐ Back  
☐ Chest  
☐ Abdomen  
☐ Pelvis  
☐ Groin

**Lower Limbs**

- ☐ Hip R/L  
☐ Thigh R/L  
☐ Leg R/L  
☐ Knee R/L  
☐ Ankle R/L  
☐ Feet R/L  
☐ Toes R/L

## 3. 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  
☐ Injured while handling, lifting or carrying  
☐ Contact with extreme temperature

- ☐ Exposure to / or contact with harmful substances / radiation  
☐ Exposure to / or contact with electric currents  
☐ Exposure to explosion  
☐ Drowning  
☐ Crush by moving / sliding object  
☐ Needle stick / Needle prick  
☐ Physical assault