

INFORMATION ON ACCIDENT
OCCUPATIONAL SAFETY AND HEALTH (NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE,
OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) REGULATIONS 2004

DATA FOR ACCIDENT				
1. JKKP Reg. No.		2. Case Ref No.		
3. Name of Organisation				
4. Address of Organisation				
5. Postcode		6. Size of Industry		<i>(Refer Table 1 1)</i>
7. R.O.C. Number		8. Date of Submission of JKKP 6		
9. Industrial Classification				<i>(Refer Table 3)</i>
10. Name and Address Where The Accident Occurred				
11. Date of Accident			12. No. of Permanent	
13. Area of Accident		<i>(Refer Table 4)</i>	14. No. of Victim	
15. No. of Fatalities		16. No. of Permanent Disability	17. No. of Non Permanent Disability	
18. Brief Report of The Accident				
19. Responsible Person (Construction Site Only)				<i>(Refer Table 5)</i>
20. If Self Employed, Is The Victim a Member of The Family	<input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Name of Notifier				
22. Designation				
23. Telephone No.				
24. Type of Report	<input type="checkbox"/> Accident <input type="checkbox"/> Dangerous Occurrence			
25. If Dangerous Occurrence Enter The Code				<i>(Refer Table 6)</i>

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1. Name of Victim			
2. I/C No. / Passport No.			
3. Address of Victim			
4. Age		5. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
6. Status of Employment		(Refer Table 7)	7. Date of Start Work
8. Job Description		(Refer Table 8)	9. Race
10. Nationality			
11. No. of Safety and Health Training Attended			
12. Type of Accident			(Refer Table 9)
13. Type of Injury			(Refer Table 10)
14. Agent Causing Accident			(Refer Table 11)
15. Location of Injury			(Refer Table 12)
16. No. of Days The Victim Doing Same Task Before Accident			
17. Outcome of Accident	<input type="checkbox"/> Fatality	<input type="checkbox"/> Permanent Disability	<input type="checkbox"/> Without Permanent Disability
18. Lost Time Injury (Days)			

INFORMATION OF ACCIDENT

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INVESTIGATION INFORMATION								
1. Investigator (1)								
2. Investigator (2)								
3. Action Taken	NOP	NOI	PLS	PL	Sealed	Directive	Compound	Court
4. Date of Accident Reported								
5. Date of Investigation				6. Date of Further Investigations				
7. Date of Report								
8. Investigator's Comment Including The Basic and Immediate Cause of Accident								
9. Comments by Unit Head								
10. Comments by Director								