

INFORMATION ON OCCUPATIONAL POISONING / DISEASE

**(OCCUPATIONAL SAFETY AND HEALTH NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE,
OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASES) 2004**

DATA FOR OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASES			
1. JKKP Reg. No.		2. Case Ref. No.	
3. Name of Organisation			
4. Address of Organisation			
5. Postcode		6. Size of Industry	(Refer Table 1)
7. R.O.C Number		8. Date of Submission JKKP 7	
9. Industrial Classification			(Refer Table 3)
10. Name & Address Where Diseases & Poisoning Occurred			
11. Date of Disease Detected		12. Time	
13. Area of Occurrence		14. No. of Victim	
	(Refer Table 4)		
15. No. of Fatalities	16. Permanent Disability	17. Non Permanent Disability	
18. Brief Report on the Diseases and Poisoning			
19. If Self-Employed, is the patient a member of the family		<input type="checkbox"/> Y	<input type="checkbox"/> N
20. Name of Reporter			
21. Designations		22. Tel. No.	

INFORMATION ON OCCUPATIONAL POISONING / DISEASE PATIENT'S INFORMATION FORM FOR OCCUPATIONAL POISONING / DISEASE

PATIENT'S DATA			
1. I/C No. / Passport No.			
2. Name of Patient			
3. Address			
4. Age		5. Sex	<input type="checkbox"/> M <input type="checkbox"/> F
6. Status of Employment <i>(Refer Table 7)</i>		7. Date of Birth	/ /
8. Race			
9. Nationality		10. Marital Status	
11. PREVIOUS JOB HISTORY			
NOTA: Important Data required are Name of Premise, Job Description, Length of Service, Hazard Identified and P.P.E. used			
CURRENT JOB STATUS			
12. Employment Date	/ /	13. Job Description <i>(Refer Table 8)</i>	
14. Types of Hazards <i>(Refer Table 15)</i>			
15. P.P.E. used			
16. Shift Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Total Working Hours (1 day is equivalent to 8 hours)	

**INFORMATION ON OCCUPATIONAL SAFETY AND HEALTH
 PATIENT'S INFORMATION FORM FOR OCCUPATIONAL DISEASE AND POISONING**

DATA FOR INDUSTRIAL DISEASE AND POISONING	
1. Types of Poisoning/ Diseases <i>(Refer Table 16)</i>	
2. Site of Poisoning/Disease <i>(Refer Table 12)</i>	
3. What was the patient's activity during the incident?	
4. What was the symptom on the worker?	
5. Route of Entry? <i>(Refer Table 17)</i>	
6. Mechanism of Poisoning/Disease <i>(Refer Table 18)</i>	
7. Agent of Poisoning/Disease <i>(Refer Table 11)</i>	
8. Immediate cause <i>(Refer Table 13)</i>	
9. Type of hazard monitoring and what are the results?	
10. Was risk analysis to the worker's health conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Remarks on the results	
12. Was Health Surveillance programme conducted to the worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Remarks on Biological Monitoring, Pre Medical Examination and Medical Surveillance	
14. Implication from the poisoning/disease? <i>(Refer Table 19)</i>	
15. No. of lost working days	
16. What are the prevention steps taken by the employer?	

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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 Poisoning/Disease Reported								
5. Date of Investigation				6. Date of Further Investigation				
7. Date of Report								
8. Investigator's Comment Including the Basic and Immediate Cause of Poisoning/Disease								
9. Comments by Unit Head								
10. Comments by Director								