

CHAPTER 9 ACCIDENT INVESTIGATION AND ACCIDENT STATISTICS

9.1 REPORTING OF ACCIDENTS/INCIDENTS

9.1.1 Contractor's Responsibility

(a) Accidents involving death or serious injury

(i) The Contractor is required under Section 17 of the Factories and Industrial Undertakings Regulations to notify the Occupational Safety and Health Branch of Labour Department by telephone number 2815 0678 during office hours, and the respective following tel. nos. outside office hours:

- 9495 8966 for Hong Kong & Islands,
- 9132 0344 for Kowloon,
- 9132 0341 for New Territories (East) and
- 9495 8967 for New Territories (West)

or in person within 24 hours of an accident involving death or serious bodily injury. Serious bodily injury here means that the injured person is admitted to a hospital immediately following the accident for observation or treatment. The Contractor should then submit a Form 2 (a prescribed form in the Employees' Compensation Ordinance, see Appendix I) within seven days of the accident to the Employees' Compensation Division of Labour Department;

- (ii) In the case of death following serious bodily injury, the Contractor must within 24 hours of becoming aware of the death, report either by telephone, in person or in writing (Form 2) to the Occupational Safety and Health Branch of Labour Department;
- (iii) The Contractor must report orally or in writing all fatal accidents within 24 hours to the police station nearest to the place of accident. The Contractor is considered to have discharged this obligation if he has telephoned '999' to report the accident;
- (iv) In the case of incapacity for more than three days, the Contractor must report to the Labour Department within 14 days of the

accident on a Form 2;

(v) The following information is required in reporting an accident to Labour Department :

- Particulars of the employer
- Particulars of the deceased or injured person - name, address, occupation, sex, age and identity card number
- The date, cause or circumstances of the accident;
- The nature of the injury, stating whether death or incapacity was caused by the injury.

(b) Dangerous Occurrence

(i) Section 18 of the Factories and Industrial Undertakings Regulations requires that all dangerous occurrences on site must be reported in writing to the Occupational Safety and Health Branch of Labour Department within 24 hours, irrespective of whether there are casualties or not. The following information has to be provided:

- The time of the occurrence;
- Damage to any building, machinery or plant; and
- The circumstances in which the accident occurred.

Labour Department's standard 'Dangerous Occurrence Report form' shown at Appendix II may be used.

(ii) A dangerous occurrence is defined in the First Schedule of the Factories and Industrial Undertakings Regulations as follows:

- Bursting of a revolving vessel, wheel, grindstone or grinding wheel moved by mechanical power.
- Collapse or failure of a crane, derrick, winch, hoist or other appliance (but not including a builder's lift or tower working platform to which the Builders' Lifts and Tower Working Platforms (Safety) Ordinance (Cap. 470 applies) used in raising or
- lowering persons or goods or any part thereof (except the breakage of chain or rope slings), or the overturning of a

crane.

- Explosion or fire causing damage to the structure of any room or place in which persons are employed, or to any machine or plant, resulting in the complete suspension of ordinary work.
- Electrical short circuit or failure of electrical machinery, plant or apparatus, attended by explosion or fire, causing structural damage involving its stoppage or disuse.
- Explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure of any gas or gases (including air) or any liquid or solid resulting from the compression of gas.
- Collapse in whole or part from any cause whatsoever of any roof, wall, floor, structure or foundation forming part of the premises of an industrial undertaking in which persons are employed.
- Total or partial collapse of any overburden, face, tip or embankment in a quarry.
- Overturning of, or collision with any object by any bulldozer, dumper, excavator, grader, lorry or shovel loader, or any mobile machine used for the handling of any substance in a quarry.

(iii) There are similar provisions under Section 14 of the Occupational Safety and Health Ordinance to report dangerous occurrence but the definition is slightly different from that under the Factories and Industrial Undertakings Regulations in (ii) above.

(c) Accidents/Incidents Occurring in Hong Kong Waters

(i) Under Section 67 of the Shipping and Port Control Ordinance, the owner or his agent or the master of a vessel is required to immediately report verbally to the Vessel Traffic Centre (on 2858 2163 or VHF Channel 12 or 14) and shall report in writing to the Director of Marine using the form shown at **Appendix III** within 24 hours of an accident/incident listed below occurring in Hong Kong waters:

- a vessel is involved in a collision with another vessel, a port

- facility or other property;
 - a vessel sinks or becomes stranded or disabled;
 - a person is killed or seriously injured on board a vessel as a result of an accident;
 - an explosion or fire occurs on board a vessel;
 - damage is caused by a vessel to a port facility or other property; or
 - a person, cargo or equipment is lost overboard from a vessel.
- (ii) Under Section 69 of the Shipping and Port Control Ordinance, where a fire occurs on board a vessel within the waters of Hong Kong, the owner or his agent or the master of the vessel shall report such occurrence forthwith to the Fire Services Department.
- (iii) Under Section 67 of Shipping and Port Control (Works) Regulation (Cap.313X), the following accidents must be reported immediately to the Director of Marine orally or in writing. Full particulars in writing shall be furnished within 24 hours :
- an accident involving death or serious bodily injury
 - a crane, winch, hoist, derrick or other appliance used in hoisting or lowering collapses or fails (other than breakage or a chain or rope sling)
 - a person, cargo or equipment is lost overboard.

Verbal reporting of accidents during office hours should be made to the Marine Industrial Safety Section of the Marine Department on 28524472-4.

Verbal reporting of accidents outside office hours can be made to the Vessel Traffic Centre on 2858 2163 or VHF Channel 12 or 14

- (iv) The Contractor should report in writing to the Marine Department within 7 days of a bodily injury which is not classified as a serious injury under the Shipping and Port Control Ordinance but which results in incapacity for more than 3 days. A photocopy of Form 2 under the Employees' Compensation Ordinance will serve the purpose.

(d) Reporting of Fires Extinguished by Contractor

The Contractor should report to FSD Communication Centre on 2723 2233 any fires that have been extinguish by the Contractor himself as FSD may send staff to investigate such fires. The following information has to be provided :

- time of fire
- location of fire
- means of extinguishing the fire
- injury to any person/damage to any property
- believed cause of fire.

(e) Reporting to the Architect/Engineer's Representative

- (i) The Contractor must verbally report dangerous occurrences and accidents involving death, serious injury, serious damage or with worker(s) admitted to the hospital to the Architect/Engineer's site staff immediately;
- (ii) The Contractor must deliver a written preliminary report within 24 hours of the dangerous occurrence/accident which should contain adequate information for the Architect/Engineer to prepare his Preliminary Report (see para. 9.1.2(h) below);
- (iii) The Contractor must provide the Architect/Engineer's Representative with a photocopy of any Form 2 or other accident reports he submits to the Labour Department or Marine Department when requested by the Architect/Engineer;
- (iv) The Contractor shall then investigate the incident/accident and complete any further report required by the Architect/Engineer on the detailed cause of the accident or dangerous occurrences, measures to prevent recurrence and complete standard forms provided by the Architect/Engineer to enable works departments to prepare an up-to-date database on site accident statistics;
- (v) The Contractor should send a monthly report to the Architect/Engineer's Representative of all accidents and dangerous occurrences whether they are of a serious nature or not;
- (vi) The Contractor shall, in addition to (iii) above, submit any other forms as the Commissioner for Labour may require including, but not limited to, forms requesting supplementary information used by the Labour Department for the purpose of accident analysis and Form 2B for reporting accidents that result in

incapacities of less than 3 days. Copies of such forms should be made available for inspection by the Architect/Engineer upon request.

9.1.2 Architect/Engineer's Site Staff's Responsibility in Reporting Accidents on construction sites to Works Bureau and Information Services Department

- (a) If a notifiable accident as described in sub-para.(b) below has occurred on site, the Architect/Engineer's most senior site staff shall immediately initiate the following reporting procedure
- (b) An accident is classified as a **notifiable** accident if:
- it has led to fatality, or
 - the victim is in critical condition, or
 - the media have arrived on site or have telephoned to ask information concerning the accident, or
 - it will arouse public interest/concern in view of the damage/inconvenience that has been caused or its potential harm to workers and/or the public, or
 - it has created a drawn-out situation which may lead to fatality or multiple injuries.
- (c) It is better for the Architect/Engineer's site staff to err on the safe side, by initiating the reporting procedure in marginal cases or doubtful cases.

During Office Hours

- (d) During office hours, verbal reports should be made within 30 minutes of the accident and follow by a brief note within 3 hours to :-
- (i) the Chief Information Officer, Secretariat Press Office (Development) by telephone (tel. no. 3509 8330), or in his absence the Senior Information Officer (Development) (tel. no. 3509 7591 or mobile no. 9094 3930), and
 - (ii) the Departmental Safety and Environmental Adviser (DSEA) who shall inform the Chief Assistant Secretary (Works)5 of DEVB by telephone (tel. no. 3509 8335 or mobile 9095 6875).

The latter shall inform the Secretary for Development (SDEV) and Permanent Secretary for Development (Works) (PS(W)) as appropriate.

- (e) The information to be given during the notification shall at least include the following:
- Contract no. & title
 - Time and location of accident
 - A brief account of the accident with number of persons injured/trapped
 - Seriousness of injury or extent of damage, if known
 - Has media arrived on site?
 - Name of officer and telephone number for further Contact
- (f) The Architect/Engineer's site staff shall keep the DSEA informed of any development and further details of the accident at frequent interval as necessary. The DSEA will then inform CAS(W)5, DEVB accordingly.

Outside Office Hours

- (g) Reports after office hours should be made within 30 minutes of the occurrence of an accident by telephone to the Duty Officer of the Information Services Department (ISD) (tel. no. 2842 8745 (3 lines), 2523 2721, 2842 8748 - 24 hours). The Architect/Engineer's site staff must make it clear that the accident has occurred on a Government site and keep the Duty Officer informed of any developments and further details of the accident at frequent intervals as necessary. In addition, the DSEA should be notified as soon as possible for reporting to CAS(W)5, DEVB as in para. d(ii) above. CAS(W)5, DEVB shall inform SPO(Dev) and/or the Secretary for Development (SDEV) and Permanent Secretary for Development (Works) (PS(W)) as appropriate.

Submission of Preliminary Report

- (h) After notification by telephone, the Architect/Engineer's site staff shall proceed to prepare a Preliminary Report in accordance with the format attached in Appendix VIII to the SPO(Dev) (Fax no. 2537 1877), with a copy each to the DSEA and the Architect/Engineer within 24 hours of

the accident, and should review the concerned safety procedure with the Contractor, if necessary. This report should enclose the Contractor's report if already received. The DSEA should also forward the Preliminary Report to CAS(W)5, DEVB as soon as possible.

- (i) For fatal accidents, additional information related to the next of kin of the deceased person should also be provided to CAS(W)5, DEVB in accordance with the format attached in Appendix IX. This is to enable PS(W) in sending a letter of condolence to the deceased person's family with a copy to the appropriate Family Services Centre of the Social Welfare Department for the purpose of offering prompt assistance.

Submission of Comprehensive Report

- (j) A comprehensive written report provided with sketches and photographs shall be submitted to the DSEA within seven working days of the accident. The DSEA shall then arrange the report be sent to CAS(W)5, DEVB.

9.1.3 Architect/Engineer's Site Staff's Responsibility in Reporting Accidents on construction sites to Labour Department and Other Bureaux/Departments

- (a) In the case of accidents involving death or serious injury, the Architect/Engineer's Site Staff should check with the Contractor whether he has taken prompt action in accordance with para. 9.1.1(a) above. If not, the Architect/Engineer's Site Staff should notify the Occupational Safety and Health Branch of Labour Department by telephone number 2815 0678 during office hours, and the respective telephone numbers outside office hours as soon as possible:
 - 9495 8966 for Hong Kong & Islands,
 - 9132 0344 for Kowloon,
 - 9132 0341 for New Territories (East) and
 - 9495 8967 for New Territories (West).

and where appropriate the Vessels Traffic Centre of Marine Department (tel. no. 2858 2163 - 24 hours) should also be informed of such accidents as soon as possible.

- (b) A flow chart outlining the above reporting procedures set out in para. no. 9.1.2 is attached in **Appendix X**.
- (c) The above reporting requirement is in general applicable to departments under the Development Bureau and in addition to, and separate from, accident reporting procedure required by other policy Bureaux or Departments. As such, Departmental Headquarters should continue to make their own arrangements for being kept informed of accidents occurring on their work sites. The Architect/Engineer's site staff should therefore check with the Departmental Safety and Environmental Advisory Unit for any additional or separate reporting requirements and prepare a set of site specific accident reporting procedure for use on a particular contract.

9.2 ACCIDENT INVESTIGATION

9.2.1 General

- (a) Dangerous occurrences and accidents which result in death, serious injury or serious damage must be investigated immediately by the contractor and the Architect/Engineer to determine the cause(s) of the occurrence/accident so that measures can be formulated to prevent recurrence. The investigation findings should also be reviewed by the DSEA.
- (b) Near misses and minor accidents should also be recorded and investigated by the contractor as soon as possible as they may indicate inadequacies in the safety management system.
- (c) Investigation should be conducted with an open and positive atmosphere to encourage the witness(es) to speak freely. The primary objective is to ascertain the facts with a view to preventing further and possibly more serious occurrences.

9.2.2 Investigation Procedure

(a) Information Gathering

- (i) Take photographs and make sketches;
- (ii) Examine involved equipment, workpiece or material and note the environmental conditions;
- (iii) Interview the injured, eye-witnesses and other involved parties;

- (iv) Consult expert opinion where necessary; and
- (v) Identify the specific employer of those involved.

(b) Analysis

- (i) Identify what is the task to be accomplished;
- (ii) Find out at what stage did the unplanned event take place;
- (iii) Link up the chain of events;
- (iv) Establish a full picture of the circumstance; and
- (v) Consider all possible causes and identify the most probable one.
The cause of an accident should never be classified as carelessness.
The specific act or omission that caused the accident must be identified.

(c) Follow-up Action

- (i) Report on the findings and the conclusion;
- (ii) Formulate preventive measures to avoid recurrence; and
- (iii) Publicize the findings and the remedial actions taken.

9.3 ACCIDENT STATISTICS

9.3.1 Introduction

Accident data, if properly collected and analysed, will indicate where and how problems arise and will also identify trends. Accident prevention efforts can then be focused on the problem areas.

9.3.2 Collection of Accident Statistics

- (a) The statistics cover dangerous occurrences and reportable accidents which result in death or incapacity for more than 3 days. Departmental Safety and Environmental Advisory Units are required to collect the accident data and arrange to input into the PCSES.
- (b) The procedures involved and the reporting forms to be used are given in **Appendices IV to VI** (Construction Accident Statistics for Contracts originally at Appendix VII has been subsumed in **Appendix V**).

9.3.3 Analysis of Accident Statistics

- (a) A computer system entitled “PWP Construction Site Safety & Environmental Statistics (PCSES)” is being maintained by the Development Bureau for handling of accident statistics of public

works contracts.

- (b) Development Bureau will analyse the accident statistics stored in the database and prepare consolidated reports to the PS(W), the Works Group of Directors and the Safety and Environmental Advisers' Committee.
- (c) Works departments are expected to use the software to analyse the accident statistics for contracts managed by them.

9.3.4 Follow up Action

- (a) It is the responsibility of the Site Safety Management Committees and Site Safety Committees to study accident statistics and trends, so as to identify the unsafe conditions and unsafe practices, and then take appropriate actions to eliminate the major sources of accidents.
- (b) It is the responsibility of the consultants and project offices/divisions to take note of the levels and trends of accidents in contracts managed by them and take appropriate contractual/administrative actions where necessary.
- (c) The DSEA shall monitor the site accident statistics and prepare a list of contracts with average accident frequency rates in any rolling three-month period exceeding 80% of the accident frequency rate limit as stated in Chapter 1 of this Manual and having 2 or more reportable accidents occurred within that period, to the respective head of office / branch (at D2 level or above). The DSEA shall recommend to the head of office / branch whether the Contractor shall be required to submit a written report. If the head of office / branch decides that a written report is required, then he / she shall ensure that the following actions will be taken:
 - (i) The relevant D1 or above officer of the project office /branch should conduct an interview with the Contractor's site management to express concerns on the situation and request the Contractor to submit a report (which shall be copied to DSEA) within 2 weeks' time. The report shall cover the following :

- description of the causes and severity of each of the accidents that occurred during the period and actions taken to prevent recurrence;
- description of the problematic areas and weaknesses identified in the site safety management system and actions taken to improve the situation; and
- proposal for monitoring and upkeeping site safety improvement measures to lower down the accident rate.

(ii) In addition to (c)(i), the Contractor shall submit monthly reports on implementation of the mitigation measures. The Architect/Engineer should advise the head of office / branch, project office / division and DSEA on the effectiveness of the mitigation measures.

(iii) The Architect/Engineer's Representative should step up his / her involvement in the Weekly Safety Walks and SSMC meetings.

(iv) The Architect/Engineer should closely monitor the Contractor's implementation of the mitigation measures and reflect the Contractor's safety performance in the Report on Contractor's Performance. An Adverse Report should be given if warranted.

The above actions should continue until the Architect/Engineer is satisfied with the implementation of the improvement measures by the Contractor.

(d) If the rolling three-month average accident rate of a contract exceeds by 50% or more of the accident frequency rate limit as stipulated in Chapter 1 of this Manual (viz. 150% of the accident frequency rate limit) and having 2 or more reportable accidents, the DSEA shall recommend to the head of office / branch whether the Contractor shall be required to submit a written report. If the head of office / branch decides that a written report is required, then he / she shall ensure that actions under (c) above should be carried out likewise except that the interview under (c)(i) should be conducted by a D2 or above officer.

(e) Notwithstanding the above, the DSEA shall recommend to the

head of office / branch for asking the Contractor of any contract to submit a written report if the Contractor has exhibited persistent poor safety performance on the basis of DSEA's observation during regular site safety inspections, even though the thresholds on accident rates and number of reportable accidents mentioned in (c) and (d) above have not been exceeded. The written report shall also be copied to the DSEA.

9.3.5 Collection of Statistics of Severe Incidents

(a) Statistics of the following severe incidents shall be collected:

- fatal construction accidents; OR
- any injury arising from construction activity, which requires hospitalization for 3 or more nights*, between the day admitted to and the day discharged from the hospital; OR
- any injury arising from construction activity, which requires hospitalization for 2 nights* AND with admission to the Intensive Care Unit, between the day admitted to and the day discharged from the hospital.

* For instance, if an injured worker has been in-patient from 1 January 2017 to 3 January 2017, then the hospitalization is considered as 2 nights.

(b) For each of the non-fatal incidents mentioned in paragraph 9.3.5(a) above, the Contractor shall submit, with the consent of the injured worker obtained, the medical certificate issued by the hospital that the injured worker stayed, with the name of patient, name of hospital, period of hospitalization, cause(s) of hospitalization and the name of the doctor responsible indicated. The Architect/Engineer's Representative receiving the medical certificate shall pass a copy of it to the DSEA. In case the consent of the injured worker could not be obtained, then the Contractor shall report the same to the Architect/Engineer's Representative based on their understanding and/or communication with the injured worker or his/her family member(s), with a declaration that the information contained in the report is true and accurate to the Contractor's best knowledge.

- (c) If for whatever reason(s) the Contractor could not provide the medical certificate or report with declaration mentioned in (b) above for an injured worker with admission to the hospital, then the incident shall be regarded as a severe incident.

9.3.6 Handling of Under-reporting and Late-reporting of Reportable Accidents

- (a) If there is any under-reporting or late reporting of reportable accident received by or made known to the project team or the Architect/Engineer via other means (i.e. not via the Contractor direct), the Contractor shall provide the Architect/Engineer within three months after the Contractor being notified of the case the details of the reportable accident and the Injury Report Form for Works Department to upload to the PCSES system, or sufficient evidence to dismiss the case.
- (b) If the Contractor could not provide sufficient evidence to dismiss the case, the Works Department will include the accident case concerned into the accident statistics and the performance of the Contractor will be duly reflected in the Report on Contractor's Performance, based on the prevailing provisions provided in DEVB TC(W) No. 1/2020 on Score Card for Assessment of Site Safety Performance and its subsequent updates, if any.

FORM 2

**EMPLOYEES' COMPENSATION ORDINANCE
(CAP. 282)**

SECTION 15

**NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE
OR OF AN ACCIDENT TO AN EMPLOYEE RESULTING
IN DEATH OR INCAPACITY**

Important Notes

- (1) To be completed and returned in DUPLICATE to the Commissioner for Labour -
 - (a) WITHIN 7 DAYS of the accident in the case of death; or
 - (b) WITHIN 14 DAYS of the accident in the case of injury; or
 - (c) WITHIN such period of time as required by the Commissioner for Labour.
- (2) An employer who fails to give notice as required or who gives any false or misleading information to the Commissioner for Labour may be prosecuted.
- (3) Part I must be completed for each employee. Part II is to be completed only if the accident occurred on a construction site.
- (4) If more than one employee was injured or died as a result of an accident, please complete a separate form in duplicate for each employee.
- (5) Please '✓' in the appropriate box.
- (6) Please read the instructions carefully before completing this Form.

FORM 2
EMPLOYEES' COMPENSATION ORDINANCE
(CAP. 282)

SECTION 15

**NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE
OR OF AN ACCIDENT TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY**

To the Commissioner for Labour

I declare that the information given in this form is, to the best of my knowledge, true and accurate.

Signature : _____ (for and on behalf of the employer)

Name (in block letters) : _____

Position : Sole proprietor Partner
 Manager Officer

Date : _____

_____ Chop of Company *(Note 1)*

A. Particulars of the employee

➤ Part I ◀

Name of employee (Surname first)		Identity Card/Passport No.	
Telephone No.	Fax No.	Address	
Date of Birth ____/____/____ Day/Month/Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation	An apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Particulars of employer

Name of employing company/person		Business Registration Certificate No. <i>(Note 2)</i>	
Telephone No.	Address	Trade	
Fax No.			

C. Particulars of principal contractor/holding company (Note 3)

Name of principal contractor/holding company		Business Registration Certificate No.	
Telephone No.	Address	Trade	
Fax No.			

D. Description of accident

Describe how the accident happened and state what the employee was doing at the time *(Note 4)*

State whether the accident occurred in the course of work <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of accident ____/____/____ Day/Month/Year	Time of accident _____ a.m./p.m.	Result of accident <input type="checkbox"/> Death <input type="checkbox"/> Injury
Address of the place of accident		Name of hospital/clinic where the employee received treatment	

E. Details of insurance (Note 5)

Name and address of insurance company at the time of accident (Please refer to the insurance policy)	Policy No.
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F. Details of earnings of the employee

Average number of working days per month <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 30 <input type="checkbox"/> Others _____ (please specify)	Rest day is (a) <input type="checkbox"/> not paid <input type="checkbox"/> paid (b) <input type="checkbox"/> not fixed <input type="checkbox"/> fixed on _____ (Day of week)
Details of earnings per month for the month immediately preceding the date of accident: (Note 6)	
(a) Basic salary/wages	\$ _____ / month
(b) Food allowances/value of free food provided by employer	\$ _____ / month
(c) Other items : _____ (please specify)	\$ _____ / month
Total (a) + (b) + (c)	\$ _____ / month
Average monthly earnings of the employee for the past 12 months (or total period of employment, if less than 12 months) preceding the accident were \$ _____ / month	

G. Fatal accident (to be completed where accident results in death)

Whether police was notified <input type="checkbox"/> Yes _____ (name of police station) <input type="checkbox"/> No	Name and address of next-of-kin of the deceased employee	Relationship with the deceased employee
		Telephone No.

H. Direct settlement (to be completed only where the injury results in temporary incapacity for not more than 7 days and no permanent incapacity, and the employer and employee have chosen to directly settle the employees' compensation claim)

Period of sick leave from _____ / _____ / _____ to _____ / _____ / _____ Day / Month / Year Day / Month / Year _____ / _____ / _____ to _____ / _____ / _____ Day / Month / Year Day / Month / Year Total number of sick leave days : _____ days	Amount of compensation: \$ _____ <input type="checkbox"/> paid <input type="checkbox"/> to be paid on _____ / _____ / _____ Day / Month / Year
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I. Place of accident (tick one box)

The accident occurred in — (Note 7)

<u>Construction site</u>	<u>Shipyard</u>	<u>Manufactory</u>	<u>Others</u>
<input type="checkbox"/> 01 Building worksite	<input type="checkbox"/> 04 Floating vessel	<input type="checkbox"/> 07 Production area	<input type="checkbox"/> 11 Container yard
<input type="checkbox"/> 02 Civil worksite	<input type="checkbox"/> 05 Non-floating vessel	<input type="checkbox"/> 08 Maintenance workshop	<input type="checkbox"/> 12 Catering establishment
<input type="checkbox"/> 03 Renovation/repair of existing buildings	<input type="checkbox"/> 06 Maintenance workshop	<input type="checkbox"/> 09 Loading/unloading area	<input type="checkbox"/> 13 Please specify _____
		<input type="checkbox"/> 10 Storage area	

Activity carried out on the site at the time of accident (Note 8)

J. Nature of injury (Note 9)

Describe the nature of injury

Indicate nature of injury (tick one box) —

<input type="checkbox"/> 01 Abrasion	<input 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) _____

Part of body injured (tick one box) —

<u>Head</u>	<u>Neck & Trunk</u>	<u>Upper Limbs</u>	<u>Lower Limbs</u>	
<input type="checkbox"/> 21 Skull/scalp	<input type="checkbox"/> 31 Neck	<input type="checkbox"/> 41 Finger	<input type="checkbox"/> 51 Hip	<input type="checkbox"/> 61 Multiple locations (please specify) _____
<input type="checkbox"/> 22 Eye	<input type="checkbox"/> 32 Back	<input type="checkbox"/> 42 Hand/palm	<input type="checkbox"/> 52 Thigh	
<input type="checkbox"/> 23 Ear	<input type="checkbox"/> 33 Chest	<input type="checkbox"/> 43 Forearm	<input type="checkbox"/> 53 Knee	
<input type="checkbox"/> 24 Mouth/tooth	<input type="checkbox"/> 34 Abdomen	<input type="checkbox"/> 44 Elbow	<input type="checkbox"/> 54 Leg	
<input type="checkbox"/> 25 Nose	<input type="checkbox"/> 35 Trunk	<input type="checkbox"/> 45 Upper arm	<input type="checkbox"/> 55 Ankle	
<input type="checkbox"/> 26 Face	<input type="checkbox"/> 36 Pelvis/groin	<input type="checkbox"/> 46 Shoulder	<input type="checkbox"/> 56 Foot	

K. Type of accident (tick one box) (Note 9)

<input type="checkbox"/> 01 Trapped in or between objects	<input type="checkbox"/> 05 Striking against fixed or stationary object	<input type="checkbox"/> 10 Trapped by collapsing or overturning object	<input type="checkbox"/> 15 Exposure to fire
<input type="checkbox"/> 02 Injured whilst lifting or carrying	<input type="checkbox"/> 06 Striking against moving object	<input type="checkbox"/> 11 Struck by moving or falling object	<input type="checkbox"/> 16 Exposure to explosion
<input type="checkbox"/> 03 Slip, trip or fall on same level	<input type="checkbox"/> 07 Stepping on object	<input type="checkbox"/> 12 Struck by moving vehicle	<input type="checkbox"/> 17 Others (Please specify) _____
<input type="checkbox"/> 04 Fall of person from height* _____ metres	<input type="checkbox"/> 08 Exposure to or contact with harmful substance	<input type="checkbox"/> 13 Contact with moving machinery or object being machined	
	<input type="checkbox"/> 09 Contact with electricity or electric discharge	<input type="checkbox"/> 14 Drowning	

* distance through which person fell

L. Agents involved, if any (tick one or more boxes) (Note 9)

<input type="checkbox"/> 01 Equipment for lifting/ conveying	<input type="checkbox"/> 04 Material/product being handled or stored	<input type="checkbox"/> 07 Movable container or package of any kind	<input type="checkbox"/> 10 Electricity supply, wiring apparatus or equipment
<input type="checkbox"/> 02 Portable power or hand tools	<input type="checkbox"/> 05 Ladder or working at height	<input type="checkbox"/> 08 Floor, ground, stairs or any working surface	<input type="checkbox"/> 11 Vehicle or associated equipment or machinery
<input type="checkbox"/> 03 Other machinery, please specify: Type : _____ Part causing injury: <input type="checkbox"/> (a) prime mover <input type="checkbox"/> (b) transmission part <input type="checkbox"/> (c) working part	<input type="checkbox"/> 06 Sewage, manhole or other confined space	<input type="checkbox"/> 09 Gas, vapour, dust or fume	<input type="checkbox"/> 12 Others (Please specify) _____

Describe briefly the agents you have indicated (Note 9)

M. Sketch (to supplement the descriptions given above, if considered necessary)

	For official use only
	I.A./Non-I.A. <input type="text"/>
	Investigation <input type="text"/>
	Processed by <input type="text"/>

➤End of Part I◀

➤Part II◀

(To be completed if the accident occurred on a construction site)

N. Type of work performed by the employee at the time of accident (tick one box)

<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 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	
<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	

Whereabouts on the site such work was performed

O. Machinery involved, if any (tick one or more boxes) (Note 10)

<input type="checkbox"/> 01 Skip/material hoist	<input type="checkbox"/> 06 Hydraulic crane	<input type="checkbox"/> 11 Bar bender
<input type="checkbox"/> 02 Passenger hoist/builders' lift	<input type="checkbox"/> 07 Suspended working platform	<input type="checkbox"/> 12 Concrete mixer
<input type="checkbox"/> 03 Tower crane	<input type="checkbox"/> 08 Boatswain's chair	<input type="checkbox"/> 13 Air compressor/receiver
<input type="checkbox"/> 04 Mobile crane	<input type="checkbox"/> 09 Pile driver	<input type="checkbox"/> 14 Others (please specify)
<input type="checkbox"/> 05 Lorry-mounted crane	<input type="checkbox"/> 10 Boring jig	

P. Transporting or construction machinery involved, if any (tick one box)

<input type="checkbox"/> 01 Dump truck	<input type="checkbox"/> 04 Bulldozer	<input type="checkbox"/> 07 Others (please specify)
<input type="checkbox"/> 02 Loader	<input type="checkbox"/> 05 Grader	
<input type="checkbox"/> 03 Excavator	<input type="checkbox"/> 06 Compacting roller	_____

➤ End of Part II◀

Explanatory Notes

Note 1: The signature and company chop which appear in both copies of Form 2 submitted to the Commissioner for Labour should be in the original.

Note 2: If the Business Registration Certificate No. is not available, the Identity Card No. of the employing person should be entered.

Note 3: Section C on particulars of principal contractor/holding company should be completed only when the employer is either —

(a) a subcontractor; or

(b) a subsidiary of a holding company within the meaning of the Companies Ordinance (Cap. 622) and which is covered by and specified in the insurance policy taken out by the group of companies to which it belongs.

Note 4: Describe how the accident happened, state what the employee was doing at the time and give details of how the accident happened, e.g. what work was the injured doing, what factors (directly and indirectly) leading to the accident, and how he was injured, etc.

Note 5: The name and address of the insurer as appeared on the insurance policy, instead of those of the broker or agent, should be entered here.

Note 6: Earnings include —

(a) cash wages;

(b) the value of any privilege or benefit which can be estimated in cash, e.g. food, fuel or quarters supplied to the employee if, as a result of the accident, he is deprived of any of them;

(c) overtime or other special remuneration for work done, whether in the form of bonus, allowance or otherwise, if it is of a constant nature; and

(d) customary tips.

But remuneration for intermittent overtime, casual payments of a non-recurrent nature, the value of travelling allowances or concession and the employer's contributions to provident funds are not included.

Note 7: Construction Site

Building worksite: site for building substructure, superstructure, etc.

Civil worksite: site for building roads, bridges, etc.

Renovation/repair of existing buildings: internal or external renovation, repairing, painting or external wall cleaning, etc. (Note: Fitting-out in new buildings should be regarded as a building worksite.).

Shipyard

Floating vessel: ship building or repairing conducted on floating shipyard or floating vessel.

Non-floating vessel: ship building or repairing conducted on slipway or shore.

Maintenance workshop: maintenance workshop of the shipyard where parts of ships are machined, repaired or maintained.

Manufactory

Production area: production workshop or any location where actual production is being carried out.

Maintenance workshop: maintenance workshop of the manufactory where machinery parts are machined, repaired or maintained.

Loading/unloading area: location inside the manufactory assigned for loading and unloading activities including cargo handling.

Storage area: location inside the manufactory used for storage purpose.

Others

Container yard: the location where container handling, stacking and maintenance work, etc. are being carried out.

Note 8: Please briefly describe the main function of the workplace at the time of the accident.

Note 9: Please give details on the injury sustained, e.g. while working on a working platform, an employee twisted his ankle and fell 3 m onto the ground.

In the above example, the following boxes in sections J, K and L should be marked —

- In section J *Nature of injury*: Sprain & strain (box 14).
- In section J *Part of body injured*: Ankle (box 55).
- In section K *Type of accident*: Fall of person from 3 m (box 04).
- In section L *Agents involved*: Ladder or working at height (box 05).
- In the description of the agents indicated: A platform constructed of a plank which measured 5 m long by 2 m wide and by 5 mm thick.

Note 10: If none of the machinery provided is suitable, please tick box 14 and specify the name of the machinery or briefly describe the type of machinery involved.

Supplementary Information on Accidents on Construction Sites

Explanatory Note:

This is **not** a statutory form required to be submitted under the Employees' Compensation Ordinance for reporting accident. However, the co-operation of employers is sought to complete Sections I to VI below for accidents occurred on construction sites. The supplementary information will be used for the purpose of accident analysis within Government and by the public bodies concerned.

I. Particulars of Worksite

Commencement of Construction Work : _____ / _____ (Month / Year)	Expected Completion Date: _____ / _____ (Month / Year)
Name of Principal Contractor: _____ Site Address: _____ Contract No. (if available): _____ Date of Accident: _____ Contact Telephone: _____	Chop of Company

II. Particulars of Project

(A) Nature of Project <input type="checkbox"/> Civil Engineering <input type="checkbox"/> Superstructure <input type="checkbox"/> Maintenance and Repair
(B) Private Project <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give name and contact telephone no. of authorized person or project manager Name: _____ (Position: _____) project Tel. No.: _____ If No, please indicate in (C) below the type of public works, government or related organisation
(C) Public Works, Government or Related Organisation Project <input type="checkbox"/> 01 Architectural Services Department <input type="checkbox"/> 08 Water Supplies Department <input type="checkbox"/> 18 Food & Environmental Hygiene Department <input type="checkbox"/> 02 Buildings Department <input type="checkbox"/> 09 Housing Department <input type="checkbox"/> 19 Civil Engineering & Development Department <input type="checkbox"/> 04 Drainage Services Department <input type="checkbox"/> 14 Environmental Protection Department <input type="checkbox"/> 20 MTR Corporation Limited <input type="checkbox"/> 05 Electrical & Mechanical Services Department <input type="checkbox"/> 15 Home Affairs Department <input type="checkbox"/> 22 Hong Kong Housing Society <input type="checkbox"/> 06 Highways Department <input type="checkbox"/> 99 Others (please specify) _____

III. Imported Labour of Labour Importation Scheme for the Construction Sector

<input type="checkbox"/> Yes <input type="checkbox"/> No
--

IV. Particulars of Place of Fall (If Injured by Fall from Height)

<input type="checkbox"/> 01 Bamboo scaffold <input type="checkbox"/> 04 Working platform/falsework <input type="checkbox"/> 07 Ladder
<input type="checkbox"/> 02 Fragile structure <input type="checkbox"/> 05 Unfenced edges & lift shaft opening <input type="checkbox"/> 08 Others
<input type="checkbox"/> 03 Material hoistway <input type="checkbox"/> 06 Unfenced/insecurely covered opening _____

V. Ethnicity

<input type="checkbox"/> 01 Chinese <input type="checkbox"/> 04 Indonesian <input type="checkbox"/> 07 Pakistani <input type="checkbox"/> 10 Other Asian
<input type="checkbox"/> 02 Filipino <input type="checkbox"/> 05 Japanese <input type="checkbox"/> 08 Thai <input type="checkbox"/> 11 Others
<input type="checkbox"/> 03 Indian <input type="checkbox"/> 06 Nepalese <input type="checkbox"/> 09 White _____

VI. Language Ability

Spoken		Reading		Written	
Cantonese	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Nil	Chinese	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Nil	Chinese	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Nil
Putonghua	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Nil	English	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Nil	English	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Nil
Others _____	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair	Others _____	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair	Others _____	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair

Please '✓' in the appropriate box.



Employees' Compensation Division – Operations
Labour Department
Statement of Purpose of Collection of Personal Data

Important Notes to Employers
on Compliance with Personal Data (Privacy) Ordinance (Cap. 486)

By completing Form 2/2A/2B, you are providing personal data in respect of you and your employee to the Employees' Compensation Division, Labour Department. Please ensure that you have complied with the relevant requirements of Personal Data (Privacy) Ordinance (Cap. 486) when disclosing and transferring the personal data of your employee. For non-fatal cases, please also make sure that **you and your employee** have read the following Statement of Purpose of Collection of Personal Data before your submission of Form 2/2A/2B.

Purpose of Collection

1. Yours and the injured employee's personal data collected by the Employees' Compensation Division – Operations of the Labour Department (ECD) may be used for one or more of the following purposes –
 - (a) To process a claim for compensation under the Employees' Compensation Ordinance (the Ordinance), or an application for the Brewin Trust Fund or other assistance schemes.
 - (b) To conduct employees' compensation assessments under the Ordinance.
 - (c) To enforce relevant provisions of the Ordinance and other legislations administered by the Labour Department.
 - (d) To investigate accidents.
 - (e) To make case referrals and take follow-up actions for the Pilot Rehabilitation Programme for Employees Injured at Work.
 - (f) To compile statistics and conduct research.
 - (g) Any other purposes as may be required or permitted by law.
2. Except where required by the Ordinance, the provision of personal data is voluntary. However, the Labour Department may not be able to process the case or carry out the activities mentioned in paragraph 1 if the personal data concerned is not provided.

Classes of Transferees of Personal Data

3. For the purpose of carrying out the work mentioned in paragraph 1, ECD may transfer your personal data to the following parties, as well as collecting the personal data from them –
 - (a) Parties relevant to the employees' compensation claim including injured employee, family member(s) of the deceased employee, employer, principal contractor, sub-contractor, holding company, insurer or agents authorised by the aforementioned parties to handle the compensation claim.
 - (b) Employees' Compensation Assessment Board.
 - (c) The Judiciary / Legal Aid Department / lawyers appointed by you.
 - (d) Hospital Authority / relevant hospital(s), clinic(s) and medical practitioner(s).
 - (e) Employees Compensation Assistance Fund Board.
 - (f) Brewin Trust Fund Committee / government department(s) or organisation(s) administering other assistance schemes.
 - (g) The contractor and service providers engaged to implement the Pilot Rehabilitation Programme for Employees Injured at Work.
 - (h) Relevant divisions under the Labour Department.
 - (i) Government bureaux and department(s) and other relevant organisation(s).
 - (j) Consultant(s) engaged to compile statistics or conduct research.

Access to Personal Data

4. You have the right to request access to and correction of the personal data as provided under sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of the personal data subject to payment of a fee.

Enquiries

5. Any enquiries concerning the personal data provided to ECD, including making data access and correction request, should be addressed to the case officer who handles your employees' compensation claim.
6. For any request for access to personal data, please complete the latest Data Access Request Form as specified by the Privacy Commissioner for Personal Data.

Submission of Form 2 / 2A / 2B

Completed Form 2 / 2A / 2B should be submitted **in duplicate** to the following office of the Employees' Compensation Division of the Labour Department:

	Address of the Employees' Compensation Division's Office
Work Injury Cases	Employees' Compensation Division Operations – Central Processing Team Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
Fatal Cases	Fatal Cases Office Room 601, 6/F, Harbour Building, 38 Pier Road, Central, Hong Kong

- For any enquiries on submission of the forms, please call 2717 1771 (the hotline is handled by “1823”).
- The Employees' Compensation Division will normally inform you/your company of the case reference number as well as the handling office of your case within 1 month after the receipt of the completed forms. If no such information is received by then, please call 2150 6364 (for work injury cases) or 2852 3994 (for fatal cases) for enquiry.
- For the addresses of all offices of the Employees' Compensation Division, please visit the Labour Department's website (<https://www.labour.gov.hk/eng/tele/ec.htm>) or call 2717 1771 for details.



**Employees' Compensation Division
Labour Department**

**Notes on Application
for Settlement of Employees' Compensation Case
by 'Paper Medical Clearance'**

To speed up the processing of an employees' compensation case, both the employer and the employee may apply to the Labour Department (LD) to settle the case by 'Paper Medical Clearance' (PMC). Should the application be approved, the injured employee will not be required to attend the medical clearance interview in person at the Occupational Medicine Unit (OMU) of LD.

Conditions for Application

The application must fulfill **all of** the following conditions:

1. there is no dispute over the case;
2. the period of sick leave should last for more than 7 days (if the period of sick leave does not exceed 7 days, the employer and the employee should settle the case via direct payment by employer or agreement between employer and employee in accordance with S.10(11) or S.16CA of the Employees' Compensation Ordinance (ECO) respectively*);
3. the injury does not lead to any permanent incapacity;
4. the injury does not involve damage to teeth or the need for fitting of prostheses or surgical appliances;
5. all medical certificates are issued by registered medical practitioners, registered Chinese medicine practitioners or registered dentists;
6. the employee's sick leave has already come to an end;
7. the employer must provide copy of all of the employee's medical certificates in respect of the employees' compensation case; and
8. for occupational disease case, it should be the one specified in the Second Schedule of the Ordinance as advised by the Occupational Health Officer.

Application made by both parties (i.e. both the employer and the employee signed the attached Application Form)

If both the employer and the employee agree to settle the case by PMC, please complete and return the Application Form signed by both parties to LD. A Certificate of Compensation Assessment (Form 5) stating the amount of compensation payable under ECO to settle the case will be issued directly to both the employer and the employee after the application is approved.

* If the employer is unable to settle the employees' compensation case by the way specified under the ECO and wishes to apply for PMC, please contact the case handling office of Employees' Compensation Division first.

Application made solely by the employer (i.e. only the employer signed the attached Application Form) which is applicable in the following two situations

Situation 1:-

The employer proposes to settle the case by PMC, but is unable to have the employee sign the Application Form.

Situation 2:-

LD has issued a notification to the employee to attend the medical clearance interview in person at OMU, but despite being repeatedly urged to do so, the employee still fails to attend the appointment on time rendering the case cannot be formally settled.

In the above two situations, the employer may return the completed and signed Application Form to LD first, and LD will then issue a letter to inform the employee that the case will be handled by PMC. Unless the employee objects to this arrangement, LD will issue Form 5 direct to both parties stating the amount of compensation payable under ECO to settle the case after the application is approved.

Application Procedures

Please fill in the attached Application Form and send it back to the office of the Employees' Compensation Division which handles the relevant injury case, together with all documents specified in the Form. Please contact the case handling office if you have any enquiries.

- **For non-reported cases, please submit the Application Form while reporting the case to the following office:**

Employees' Compensation Division Operations – Central Processing Team	Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
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- **For reported cases, please submit the Application Form to the following offices in accordance with the case reference no.:**

Employees' Compensation Division Operations – Team A <ul style="list-style-type: none">● for cases with reference no. starting with “13” and “15” (e.g. 15-2019-00001, 13-2020-12345)	Room 1605, 16/F, Southorn Centre, 130 Hennessy Road, Wanchai Hong Kong
Employees' Compensation Division Operations – Team B <ul style="list-style-type: none">● for cases with reference no. starting with “05” and “07”	18/F, One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon

(e.g. 07-2019-00001, 05-2020-12345)	
Employees' Compensation Division Operations – Team C <ul style="list-style-type: none"> ● for cases with reference no. starting with “17” and “19” (e.g. 19-2019-00001, 17-2020-12345) 	6/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, New Territories
Employees' Compensation Division Operations – Team D <ul style="list-style-type: none"> ● for cases with reference no. starting with “02”, “03” and “04” (e.g. 03-2019-00001, 02-2020-12345, 04-2020-12345) ● for cases with reference no. starting with “21” (e.g. 21-2019-00001, 21-2020-12345) 	Rooms 05-06, 23/F, KOLOUR•Tsuen Wan I, 68 Chung On Street, Tsuen Wan, New Territories Room 239, 2/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories
Employees' Compensation Division Operations – Team E <ul style="list-style-type: none"> ● for cases with reference number starting with “09” (e.g. 09-2019-00001, 09-2020-12345) 	18/F, One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon

Important Notice

LD retains the final decision on the approval of the application of PMC. Should the application be approved, the employee will not be required to attend the medical clearance in person. LD will issue directly to the employer and the employee a Certificate of Compensation Assessment (Form 5) stating the amount of compensation payable under the Ordinance.

Settlement of Employees' Compensation Case by 'Paper Medical Clearance' Application Form

(Please read the Notes on Application before completing this form)

To: Commissioner for Labour

Case reference (if any): _____

Name of employer (in block letters): _____

Name of injured employee (in block letters): _____

HKID card number of injured employee: _____

Latest correspondence address of injured employee: _____

I. Information on the Employees' Compensation Case

Date of accident: _____ / _____ / _____ (DD/MM/YY)

(Note: The sick leave of the employee must have come to an end, all copies of medical certificates are submitted together with this application form, all the medical certificates are endorsed by a registered medical practitioner, a registered Chinese medical practitioner or a registered dentist)

Periods of sick leave:

From : _____ to : _____

From : _____ to : _____

From : _____ to : _____

From : _____ to : _____

From : _____ to : _____

From : _____ to : _____

From : _____ to : _____

From : _____ to : _____

(Please use separate sheet for insufficient space)

The injured employee worked and earned full pay for the following day(s), thus this day/these days was/were excluded in the calculation of periodical payment.

II. Application for Paper Medical Clearance is (please tick the appropriate box)

- with consent of both employer and employee
- made by employer only

III. Declaration

I/We hereby declare that the information given in this form is, to the best of my/our knowledge, true and accurate. I/we agree to make use of the Paper Medical Clearance by the Labour Department to settle the above employees' compensation case and understand that the injured employee will not be arranged to undergo medical assessment.

I/We have read and understood that the application must fulfill the following conditions:

1. there is no dispute over the case;
2. the period of sick leave should last for more than 7 days (if the period of sick leave does not exceed 7 days, the employer and the employee should settle the case via direct payment by employer or agreement between employer and employee in accordance with S.10(11) or S.16CA of the Employees' Compensation Ordinance respectively);
3. the injury does not lead to any permanent incapacity;
4. the injury does not involve damage to teeth or the need for fitting of prostheses or surgical appliances;
5. all medical certificates are issued by registered medical practitioners, registered Chinese medicine practitioners or registered dentists;
6. the employee's sick leave has already come to an end;
7. the employer must provide copy of all of the employee's medical certificates in respect of the employees' compensation case; and
8. for occupational disease case, it should be the one specified in the Second Schedule of the Ordinance as advised by the Occupational Health Officer.

Signature of employer's rep.: _____ Signature of employee: _____

Name: _____ Name: _____

Post: _____ Date: _____

Company chop: _____

(No signature of employee is required for application made by employer only.)

Date: _____

Note: The signatures and chop must be original.

Important Notice

The Labour Department (LD) retains the final decision on the approval of the application of Paper Medical Clearance. Should the application be approved, the employee will not be required to attend the medical clearance (formerly known as sick leave clearance) in person. LD will issue directly to the employer and the employee a Certificate of Compensation Assessment (Form 5) stating the amount of compensation payable under the Ordinance.

表格 2

僱員補償條例
(第 282 章)

第 15 條

僱主呈報僱員死亡或引致僱員死亡
或喪失工作能力的意外的通知

重要附註

- (1) 請填寫一式兩份，並在以下限期內交回勞工處處長—
 - (a) 如僱員死亡，在意外發生後 7 天內交回；或
 - (b) 如僱員受傷，在意外發生後 14 天內交回；或
 - (c) 在勞工處處長規定的限期內交回。
- (2) 僱主如不按規定發出通知，或向勞工處處長提供虛假或具誤導性的資料，可被檢控。
- (3) 必須為每一名僱員填寫第 I 部；如有關意外在建築地盤內發生，始須填寫第 II 部。
- (4) 如多於一名僱員因意外受傷或死亡，請分別為每一位僱員一式兩份填寫此表格。
- (5) 請在適用方格內劃上“✓”號。
- (6) 在填寫本表格前，請小心閱讀有關的指示。

表格 2
僱員補償條例
(第 282 章)
第 15 條
僱主呈報僱員死亡或
引致僱員死亡或喪失工作能力的意外的通知

致：勞工處處長

謹此聲明，盡本人所知，在本表格內呈報的資料，全屬真實準確。

簽署： _____ (僱主代表)

姓名 (請用正楷)： _____

職位：
 獨資經營人 合夥人
 經理 高級人員

日期： _____

_____ 公司蓋印 (附註 1)

A. 僱員詳情 **《第 I 部》**

僱員姓名 (請先填寫姓氏)			身分證/護照號碼
電話號碼	傳真號碼	地址	
出生日期 ____ / ____ / ____ 年 / 月 / 日	性別 <input type="checkbox"/> 男 <input type="checkbox"/> 女	職業	學徒 <input type="checkbox"/> 是 <input type="checkbox"/> 否

B. 僱主詳情

僱用公司名稱/僱主姓名		商業登記證號碼 (附註 2)
電話號碼	地址	行業
傳真號碼		

C. 總承判商/控權公司詳情 (附註 3)

總承判商/控權公司名稱		商業登記證號碼
電話號碼	地址	行業
傳真號碼		

D. 意外的敘述

請敘述意外如何發生，並說明僱員當時正在進行的工作 (附註 4)

述明意外是否於工作期間發生 <input type="checkbox"/> 是 <input type="checkbox"/> 否	意外發生日期 ____ / ____ / ____ 年 / 月 / 日	意外發生時間 上/下午 ____ 時 ____ 分	意外結果 <input type="checkbox"/> 受傷 <input type="checkbox"/> 死亡
意外發生地點的地址		僱員接受治療的醫院/診所名稱	

E. 保險的細節 (附註 5)

意外發生時，承保的保險公司名稱及地址 (請參照保險單)	保險單號碼
-----------------------------	-------

F. 僱員收入細節

每月平均工作日數 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 30 <input type="checkbox"/> 其他 _____ (請指明)	休息日 (a) <input type="checkbox"/> 無薪 <input type="checkbox"/> 有薪 (b) <input type="checkbox"/> 非固定 <input type="checkbox"/> 固定於星期 _____ (請填寫星期的那一天)
僱員在緊接意外發生日期的上一個月的每月收入細節：(附註 6)	
(a) 底薪/基本工資	每月\$ _____
(b) 伙食津貼/僱主免費供應食物的價值	每月\$ _____
(c) 其他項目： _____ (請指明)	每月\$ _____
總收入 (a) + (b) + (c)	每月\$ _____
僱員在意外發生前 12 個月內 (如不足 12 個月，則以整段受僱期間計) 的每月平均收入為 每月\$ _____	

G. 死亡個案 (只須於意外引致死亡時填寫)

是否已報警 <input type="checkbox"/> 是 _____ (警署名稱) <input type="checkbox"/> 否	已故僱員的最近親姓名及地址	與已故僱員的關係
		電話號碼

H. 直接和解 (只在損傷引致暫時喪失工作能力為期不多於 7 天及並無引致永久喪失工作能力，而且僱主和僱員已選擇以直接和解方式來解決工傷個案時，始須填寫。)

病假期 由 ____ / ____ / ____ 至 ____ / ____ / ____ 年 / 月 / 日 年 / 月 / 日 由 ____ / ____ / ____ 至 ____ / ____ / ____ 年 / 月 / 日 年 / 月 / 日 病假總日數： _____ 日	補償額： \$ _____ <input type="checkbox"/> 已支付 <input type="checkbox"/> 將於 ____ / ____ / ____ 支付 年 / 月 / 日
---	--

I. 意外地點（在方格內劃上“✓”號）

這意外發生於 —（附註 7）

<u>建築地盤</u>		<u>船廠</u>		<u>製造廠</u>		<u>其他</u>	
<input type="checkbox"/> 01	樓宇地盤	<input type="checkbox"/> 04	水上船隻	<input type="checkbox"/> 07	生產區	<input type="checkbox"/> 11	貨櫃場
<input type="checkbox"/> 02	土木工程地盤	<input type="checkbox"/> 05	非水上船隻	<input type="checkbox"/> 08	維修工場	<input type="checkbox"/> 12	飲食供應機構
<input type="checkbox"/> 03	現有樓宇翻新/維修	<input type="checkbox"/> 06	維修工場	<input type="checkbox"/> 09	貨物裝卸區	<input type="checkbox"/> 13	請指明
				<input type="checkbox"/> 10	貯物區		

在意外發生時現場進行的活動（附註 8）

J. 損傷性質（附註 9）

敘述損傷性質

指出損傷性質（在方格內劃上“✓”號）—

<input type="checkbox"/> 01	擦傷	<input type="checkbox"/> 06	撞傷及瘀傷	<input type="checkbox"/> 11	電擊	<input type="checkbox"/> 16	中毒
<input type="checkbox"/> 02	截斷	<input type="checkbox"/> 07	腦震盪	<input type="checkbox"/> 12	骨折	<input type="checkbox"/> 17	受刺激
<input type="checkbox"/> 03	窒息	<input type="checkbox"/> 08	割傷	<input type="checkbox"/> 13	刺傷	<input type="checkbox"/> 18	惡心
<input type="checkbox"/> 04	燙傷（受熱）	<input type="checkbox"/> 09	脫臼	<input type="checkbox"/> 14	扭傷	<input type="checkbox"/> 19	多處受傷
<input type="checkbox"/> 05	其他類型燒傷	<input type="checkbox"/> 10	壓傷	<input type="checkbox"/> 15	凍傷	<input type="checkbox"/> 20	其他 （請指明）

身體的損傷部位（在方格內劃上“✓”號）—

<u>頭部</u>		<u>頸部及軀幹</u>		<u>上肢</u>		<u>下肢</u>	
<input type="checkbox"/> 21	頭顱/頭皮	<input type="checkbox"/> 31	頸	<input type="checkbox"/> 41	手指	<input type="checkbox"/> 51	臀
<input type="checkbox"/> 22	眼	<input type="checkbox"/> 32	背	<input type="checkbox"/> 42	手/手掌	<input type="checkbox"/> 52	大腿
<input type="checkbox"/> 23	耳	<input type="checkbox"/> 33	胸	<input type="checkbox"/> 43	前臂	<input type="checkbox"/> 53	膝
<input type="checkbox"/> 24	口/牙齒	<input type="checkbox"/> 34	腹	<input type="checkbox"/> 44	手肘	<input type="checkbox"/> 54	小腿
<input type="checkbox"/> 25	鼻	<input type="checkbox"/> 35	軀幹	<input type="checkbox"/> 45	上臂	<input type="checkbox"/> 55	足踝
<input type="checkbox"/> 26	面	<input type="checkbox"/> 36	盤骨/腹股溝	<input type="checkbox"/> 46	肩膀	<input type="checkbox"/> 56	腳
						<input type="checkbox"/> 61	多處部位 （請指明）

K. 意外類別 (在方格內劃上“✓”號) (附註9)

<input type="checkbox"/> 01 受困於物件之內或物件之間	<input type="checkbox"/> 05 與固定或不動的物件碰撞	<input type="checkbox"/> 10 受困於倒塌或翻側的物件	<input type="checkbox"/> 15 火警燒傷
<input type="checkbox"/> 02 提舉或搬運物件時受傷	<input type="checkbox"/> 06 與移動的物件碰撞	<input type="checkbox"/> 11 遭移動或墮下的物件撞擊	<input type="checkbox"/> 16 爆炸受傷
<input type="checkbox"/> 03 滑倒、絆倒或在同一高度跌倒	<input type="checkbox"/> 07 踏在物件上	<input type="checkbox"/> 12 遭移動中的車輛撞倒	<input type="checkbox"/> 17 其他 (請指明)
<input type="checkbox"/> 04 人體從高處墮下 * _____ 米	<input type="checkbox"/> 08 暴露於有害物質中或接觸有害物質	<input type="checkbox"/> 13 觸及開動中的機器或觸及以機器製造中的物件	_____
	<input type="checkbox"/> 09 觸電或接觸放出的電流	<input type="checkbox"/> 14 遇溺	

* 人體墮下的距離

L. 引致受傷的媒介 (如有的話) (在一個或多於一個方格內劃上“✓”號) (附註9)

<input type="checkbox"/> 01 吊重/運輸設備	<input type="checkbox"/> 04 處理中或貯存中的物料/產品	<input type="checkbox"/> 07 可移動的容器或任何類別的包裝物	<input type="checkbox"/> 10 供電系統、設有線路裝置的器具或設備
<input type="checkbox"/> 02 手提動力工具或手動工具	<input type="checkbox"/> 05 在梯上或高空工作	<input type="checkbox"/> 08 樓面、地面、樓梯或任何工作面	<input type="checkbox"/> 11 車輛或相聯的設備或機器
<input type="checkbox"/> 03 其他機器 請指明： 機器類別： _____	<input type="checkbox"/> 06 坑渠、沙井或其他密閉空間	<input type="checkbox"/> 09 氣體、蒸氣、塵埃或煙霧	<input type="checkbox"/> 12 其他 (請指明)

令僱員受傷的機器部分：
 (a) 原動部分
 (b) 傳動部分
 (c) 運作部分

簡述你如上所指的媒介 (附註9)

M. 草圖 (如認為需要補充以上敘述不足之處)

	只供本處填寫	
	工業意外/ 非工業意外	
	調查	
	處理	

《第 I 部完》

《第 II 部》
(如意外發生在建築地盤內則須填寫此部)

N. 在意外發生時僱員所進行的工作類別 (在方格內劃上“✓”號)

<input type="checkbox"/> 01 混凝土傾注	<input type="checkbox"/> 07 油漆	<input type="checkbox"/> 13 坑道工程	<input type="checkbox"/> 19 斜坡工程
<input type="checkbox"/> 02 木器工程	<input type="checkbox"/> 08 批盪	<input type="checkbox"/> 14 安裝氣體輸送管	<input type="checkbox"/> 20 其他
<input type="checkbox"/> 03 玻璃工程	<input type="checkbox"/> 09 電焊/氣焊	<input type="checkbox"/> 15 安裝水管	(請指明)
<input type="checkbox"/> 04 拗鋼筋	<input type="checkbox"/> 10 搭建板模	<input type="checkbox"/> 16 安裝電線	
<input type="checkbox"/> 05 竹棚工程	<input type="checkbox"/> 11 鋪砌磚塊	<input type="checkbox"/> 17 處理物料	_____
<input type="checkbox"/> 06 通架棚工程	<input type="checkbox"/> 12 沉箱工程	<input type="checkbox"/> 18 安裝升降機	

上述工作在建築地盤內何處進行

O. 涉及的機器 (如有的話) (在一個或多於一個方格內劃上“✓”號) (附註 10)

<input type="checkbox"/> 01 吊斗吊重機/物料吊重機	<input type="checkbox"/> 06 液壓起重機	<input type="checkbox"/> 11 拗鋼筋機
<input type="checkbox"/> 02 載人吊重機/建築工地升降機	<input type="checkbox"/> 07 吊船	<input type="checkbox"/> 12 混凝土攪拌機
<input type="checkbox"/> 03 塔式起重機 (天秤)	<input type="checkbox"/> 08 工作吊板	<input type="checkbox"/> 13 風泵/風鼓
<input type="checkbox"/> 04 流動起重機	<input type="checkbox"/> 09 打樁機	<input type="checkbox"/> 14 其他 (請指明)
<input type="checkbox"/> 05 安裝在貨車上的起重機	<input type="checkbox"/> 10 鑽探機	_____

P. 涉及的運輸機器或建築機器 (如有的話) (在方格內劃上“✓”號)

<input type="checkbox"/> 01 倒泥卡車	<input type="checkbox"/> 04 推土機	<input type="checkbox"/> 07 其他 (請指明)
<input type="checkbox"/> 02 搬土機	<input type="checkbox"/> 05 平土機	
<input type="checkbox"/> 03 挖土機	<input type="checkbox"/> 06 壓土機	_____

《第 II 部完》

註 釋

附註 1：在兩份向勞工處處長呈交的表格 2 上的簽署及公司蓋印須為正本。

附註 2：如沒有商業登記證號碼，應填上僱主的身分證號碼。

附註 3：載有總承判商/控權公司詳情的 C 條，只有在以下情況始須填寫 —

(a) 僱主為次承判商；或

(b) 僱主為《公司條例》（第 622 章）所指的控權公司的附屬公司，而該附屬公司是由其所屬的公司集團投購的保險單所涵蓋和指明的。

附註 4：敘述意外如何發生，說明僱員當時進行的工作以及提供意外如何發生的細節，例如：受傷僱員當時正進行的工作、直接和間接導致意外的因素以及該僱員如何受傷等。

附註 5：請依保險單上的資料填寫承保人的姓名或名稱及地址，但請勿填寫經紀或代理人的姓名或名稱及地址。

附註 6：收入包括 —

(a) 現金工資；

(b) 任何可以現金評定的特惠或利益的價值，例如：因僱員遭受意外以致喪失享有由僱主提供僱員的食物、燃料或宿舍；

(c) 屬經常性質的超時工作酬金或因工作而獲得的其他特別酬金，不論是否以花紅、津貼或其他形式而獲得的；及

(d) 習慣性的小賬。

但間歇性超時工作的酬金、非經常性的偶然付款賞金、交通津貼或特惠的價值以及僱主所作出的公積金供款並不包括在收入之內。

附註 7：建築地盤

樓宇地盤：指興建樓宇地面以下建築物、上蓋建築物等的地盤。

土木工程地盤：指興建道路、橋樑等的地盤。

現有樓宇翻新/維修：指現有樓宇內外翻新、維修、油漆或清潔外牆等。

（附註：在新建成樓宇內進行的裝修工程須視為樓宇地盤）。

船廠

水上船隻：指在浮塢或水上船隻上進行造船或修船工程。

非水上船隻：指在船排或岸上進行造船或修船工程。

維修工場：指船廠的製造、修理或維修船舶部件的維修工場。

製造廠

生產區：指生產工場或任何進行實際生產的地點。

維修工場：指製造廠的製造、修理或維修機械零件的維修工場。

貨物裝卸區：指製造廠內指定作為貨物裝卸活動（包括貨物處理）的地點。

貯物區：指製造廠內用作貯存用途的地點。

其他

貨櫃場：指貨櫃處理、堆放和維修等的地點。

附註 8：請簡述在意外發生時有關的工作地點的主要功能。

附註 9： 請提供受傷的細節，例如：當僱員在工作台上工作時，他扭傷他的足踝，並從 3 米高處墮下地面。

在上述的例子中，須在第 J、K 及 L 條的以下方格內劃上“✓”號 —

- 在 J 條中，“指出損傷性質”欄：“扭傷”方格（第 14 號方格）。
- 在 J 條中，“身體的損傷部位”欄：“足踝”方格（第 55 號方格）。
- 在 K 條中，“意外類別”欄：“人體從高處墮下*3米”方格（第 04 號方格）。
- 在 L 條中，“引致受傷的媒介”欄：“在梯上或高空工作”方格（第 05 號方格）。
- 在“簡述你如上所指的媒介”欄內填上：一個 5 米長 x 2 米闊 x 5 毫米厚的木製工作台。

附註 10： 如此欄提示的機器不適用的話，請在第 14 號方格內劃上“✓”號，並指明有關的機器名稱或簡要地描述涉及的機器的類別。

建築地盤意外之附加資料

註釋：

本表格並非《僱員補償條例》內作為呈報意外的法定表格，但仍請僱主合作，就發生在建築地盤內的意外填寫本表格的第I至第VI部份。填報的資料會被政府及有關的公營機構作為意外分析之用。

I. 工地細節

建築工程開始施工日期: _____ / _____ / _____ (年 / 月)	預計完工日期: _____ / _____ / _____ (年 / 月)
總承判商名稱: _____ 地盤地址: _____ 合約號碼(如有的話): _____ 意外發生日期: _____ 聯絡電話: _____	_____ 公司蓋印

II. 工程細節

(A) 工程性質	<input type="checkbox"/> 土木工程	<input type="checkbox"/> 上蓋工程	<input type="checkbox"/> 保養及維修
(B) 私人工程	<input type="checkbox"/> 是	<input type="checkbox"/> 否	
若果是的話，請填寫授權人士或工程經理的名字及聯絡電話 姓名: _____ (職位: _____) 電話: _____		若果否的話，請在下方(C)欄指出該工務工程、政府或有關機構工程的類別	
(C) 工務工程、政府或有關機構工程			
<input type="checkbox"/> 01 建築署	<input type="checkbox"/> 08 水務署	<input type="checkbox"/> 18 食物環境衛生署	
<input type="checkbox"/> 02 屋宇署	<input type="checkbox"/> 09 房屋署	<input type="checkbox"/> 19 土木工程拓展署	
<input type="checkbox"/> 04 渠務署	<input type="checkbox"/> 12 香港機場管理局	<input type="checkbox"/> 20 香港鐵路有限公司	
<input type="checkbox"/> 05 機電工程署	<input type="checkbox"/> 14 環境保護署	<input type="checkbox"/> 22 香港房屋協會	
<input type="checkbox"/> 06 路政署	<input type="checkbox"/> 15 民政事務總署	<input type="checkbox"/> 99 其他 (請說明) _____	

III. 是否建造業輸入勞工計劃的輸入勞工

<input type="checkbox"/> 是	<input type="checkbox"/> 否
----------------------------	----------------------------

IV. 墮下地點細節 (如從高處墮下受傷)

<input type="checkbox"/> 01 竹棚	<input type="checkbox"/> 04 工作台/臨時支架	<input type="checkbox"/> 07 梯子
<input type="checkbox"/> 02 承托力弱的構築物	<input type="checkbox"/> 05 沒有護欄的邊緣及電梯槽的洞口	<input type="checkbox"/> 08 其他
<input type="checkbox"/> 03 吊重機槽	<input type="checkbox"/> 06 沒有護欄/沒有穩固覆蓋的孔洞	_____

V. 種族

<input type="checkbox"/> 01 華人	<input type="checkbox"/> 04 印尼人	<input type="checkbox"/> 07 巴基斯坦人	<input type="checkbox"/> 10 其他亞洲人
<input type="checkbox"/> 02 菲律賓人	<input type="checkbox"/> 05 日本人	<input type="checkbox"/> 08 泰國人	<input type="checkbox"/> 11 其他
<input type="checkbox"/> 03 印度人	<input type="checkbox"/> 06 尼泊爾人	<input type="checkbox"/> 09 白人	_____

VI. 語文能力

會話		閱讀		書寫	
廣東話	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂	中文	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂	中文	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂
普通話	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂				
英文	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂	英文	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂	英文	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般 <input type="checkbox"/> 不懂
其他 _____	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般	其他 _____	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般	其他 _____	<input type="checkbox"/> 良好 <input type="checkbox"/> 一般

請於適當方格上加上 '✓' 號。



勞工處僱員補償科（執行） 收集個人資料的目的聲明

有關僱主符合《個人資料（私隱）條例》（第 486 章）的重要須知

僱主填寫表格 2/2A/2B 時，須提供其個人資料及其僱員的個人資料予勞工處僱員補償科。在披露及轉交僱員的個人資料時，請確保符合《個人資料（私隱）條例》（第 486 章）的相關規定。如屬非死亡個案，請確保在提交表格 2/2A/2B 前，你和僱員均已參閱以下的「收集個人資料的目的聲明」。

收集資料的目的

- (一) 勞工處僱員補償科（執行）收集你和受傷僱員的個人資料，旨在用作下列一項或多項用途：
- (1) 處理根據《僱員補償條例》（下稱《條例》）提出的申索，或處理向蒲魯賢慈善信託基金或任何援助計劃的申請。
 - (2) 根據《條例》進行僱員補償評估。
 - (3) 執行《條例》及其他由勞工處執行的法例的有關條款。
 - (4) 調查意外。
 - (5) 進行有關「工傷僱員復康先導計劃」的個案轉介及跟進工作。
 - (6) 進行統計及研究。
 - (7) 法例規定或准許的其他用途。
- (二) 除《條例》另有規定外，提供個人資料是自願的。不過，如果你們未能提供有關的個人資料，本處或許不能處理有關的個案或執行第一段所述的工作。

個人資料承轉人的類別

- (三) 為執行第一段所述的工作，僱員補償科（執行）可能會向以下機構／人士轉移你們的個人資料，同時亦有可能向有關機構／人士索取你們的個人資料：
- (1) 與僱員補償申索有關的當事人，包括受傷僱員、死亡僱員的家庭成員、僱主、總承判商、次承判商、公司集團、保險承保人或獲上述機構／人士授權處理補償申索的代理人。
 - (2) 僱員補償評估委員會。
 - (3) 司法機構／法律援助署／你委託的律師。
 - (4) 醫院管理局／有關的醫院、診所及醫生。
 - (5) 僱員補償援助基金管理局。
 - (6) 蒲魯賢慈善信託基金委員會／執行其他援助計劃的政府部門或機構。
 - (7) 獲委任實施「工傷僱員復康先導計劃」的承辦機構及服務提供者。
 - (8) 勞工處轄下的相關科別。
 - (9) 政府決策局和部門及其他有關機構。
 - (10) 獲委任進行統計或研究的顧問。

查閱個人資料

- (四) 根據《個人資料（私隱）條例》第 18 條、第 22 條及附表 1 的第 6 項原則，你們有權查閱及改正個人資料。查閱的權利包括在繳交有關費用後，索取個人資料的副本。

查詢

- (五) 有關你們在勞工處僱員補償科（執行）的個人資料的查詢，包括查閱及更改個人資料的要求，可向處理有關僱員補償個案的個案主任提出。
- (六) 任何有關查閱個人資料的要求，請填妥個人資料私隱專員所指明的最新「要求查閱資料表格」。

表格 2 / 2A / 2B 的呈交方式

填妥的表格 2 / 2A / 2B，應一式兩份呈交以下勞工處僱員補償科辦事處：

	僱員補償科辦事處及地址
工傷個案	僱員補償科（執行）綜合處理組 九龍長沙灣道 303 號 長沙灣政府合署 10 字樓 1007 室
死亡個案	死亡案件辦事處 香港中環統一碼頭道 38 號 海港政府大樓 6 字樓 601 室

- 如對呈交表格有任何疑問，請致電 2717 1771（此熱線由「1823」接聽）查詢。
- 僱員補償科一般會在收到填妥的表格1個月內，發信通知你／貴公司有關的個案編號及處理個案的僱員補償科辦事處資料。如屆時仍未收到有關資料，請致電2150 6364（工傷個案）或2852 3994（死亡個案）查詢。
- 有關僱員補償科各辦事處地址，可瀏覽勞工處網頁（網址：<https://www.labour.gov.hk/tc/tele/ec.htm>）或致電2717 1771。

採用「書面病假跟進方式」解決工傷個案

申請須知

為加快處理工傷個案，僱傭雙方可向本處申請以「書面病假跟進方式」解決工傷個案。如成功以「書面病假跟進方式」解決個案，工傷僱員無須親身前往勞工處職業醫學組辦理工傷病假跟進手續。

申請條件

申請個案必須符合以下所有條件：

1. 個案並無任何爭議事項；
2. 工傷病假超過 7 天（如工傷病假不超過 7 天，僱主應根據《僱員補償條例》第 10(11)條或第 16CA 條以「直接支付補償」或與僱員「協議決定補償」方式解決其工傷個案*）；
3. 損傷並無引致永久喪失工作能力；
4. 損傷並不涉及牙齒或需要安裝義製人體器官/外科器具；
5. 所有病假證明書均由註冊醫生、註冊中醫或註冊牙醫所簽發；
6. 僱員工傷病假已經完結；
7. 僱主必須提供僱員所有的工傷病假證明書副本；及
8. 如屬職業病個案，有關職業病須為根據勞工處職業健康醫生的意見屬於《僱員補償條例》附表 2 指明的職業病。

由僱傭雙方提出申請（即由僱主及僱員雙方簽署此表格）

如僱主及僱員均同意以「書面病假跟進方式」解決個案，請將僱傭雙方已簽署的申請表交回本處。本處在完成審批後，直接向僱傭雙方發出列明僱員補償款額的「補償評估證明書」（表格5）。

*如僱主未能以《僱員補償條例》規定的方式解決工傷個案，而欲申請以「書面病假跟進方式」解決，請先與負責有關個案的僱員補償科分區辦事處聯絡。

由僱主單方面提出申請 (即只由僱主簽署此表格)，適用於以下兩種情況

情況一:

僱主提出以「書面病假跟進方式」解決個案，但未能獲得僱員簽署申請表。

情況二:

本處已向僱員發出辦理工傷病假跟進手續通知，惟僱員在本處再三敦促下，仍未有按時完成工傷病假跟進手續或出席判傷，以致個案未能正式解決。

在以上兩個情況下，僱主均可將已填妥並其簽署的申請表交回本處，本處將去信通知僱員其個案將以「書面病假跟進方式」處理。除非僱員就此安排表示反對，本處會在完成審批後，直接向僱傭雙方發出列明僱員補償款額的「補償評估證明書」(表格5)。

申請辦法

請填妥夾附的申請表，連同申請表內列明的資料寄回負責有關個案的僱員補償科辦事處。如有任何疑問，請向有關辦事處查詢。

- 如尚未呈報工傷個案，請於呈報時將申請表一併交予以下辦事處跟進：

僱員補償科(執行)綜合處理組	九龍長沙灣道 303 號 長沙灣政府合署 10 字樓 1007 室
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- 就已呈報的工傷個案，請按照檔案編號將申請表交予下列分區辦事處跟進：

僱員補償科(執行)第一分處 ● 處理檔案編號以「13」及「15」開首的個案 (如: 15-2019-00001, 13-2020-12345)	香港灣仔軒尼詩道 130 號 修頓中心 16 字樓 1605 室
僱員補償科(執行)第二分處 ● 處理檔案編號以「05」及「07」開首的個案 (如: 07-2019-00001, 05-2020-12345)	九龍旺角道 1 號 旺角道壹號商業中心 18 樓

<p>僱員補償科(執行)第三分處</p> <ul style="list-style-type: none"> ● 處理檔案編號以「17」及「19」開首的個案 (如: 19-2019-00001, 17-2020-12345) 	<p>新界荃灣西樓角路 38 號 荃灣政府合署 6 字樓</p>
<p>僱員補償科(執行)第四分處</p> <ul style="list-style-type: none"> ● 處理檔案編號以「02」「03」及「04」開首的個案 (如: 03-2019-00001, 02-2020-12345, 04-2020-12345) ● 處理檔案編號以「21」開首的個案 (如: 21-2019-00001, 21-2020-12345) 	<p>新界荃灣眾安街 68 號 荃灣千色匯 I 期 23 樓 05-06 室</p> <p>新界沙田上禾輦路 1 號 沙田政府合署 2 字樓 239 室</p>
<p>僱員補償科(執行)第五分處</p> <ul style="list-style-type: none"> ● 處理檔案編號以「09」開首的個案 (如: 09-2019-00001, 09-2020-12345) 	<p>九龍旺角道 1 號 旺角道壹號商業中心 18 樓</p>

重要事項

勞工處對工傷個案能否以「書面病假跟進方式」解決有最終決定權。如成功以「書面病假跟進方式」解決個案，僱員便毋須前來本處辦理工傷病假跟進手續。本處將於審批後直接發出「補償評估證明書」(表格 5)予僱主及受傷僱員，列明僱員補償款額。

採用「書面病假跟進方式」解決工傷個案

申請表

(填寫此表格前，請先參閱申請須知)

致勞工處處長：

檔案編號 (如有)：_____

僱主名稱 (請以正楷填寫)：_____

受傷僱員姓名 (請以正楷填寫)：_____

受傷僱員身份證號碼：_____

受傷僱員最近期的通訊地址：_____

(一) 工傷個案資料

工傷日期：_____年_____月_____日

(請注意：僱員的工傷病假必須已經完結，請隨申請表遞交所有病假證明書副本，而所有病假證明書必須由註冊醫生、註冊中醫或註冊牙醫發出。)

病假日期：

由：_____	至：_____
由：_____	至：_____
由：_____	至：_____
由：_____	至：_____
由：_____	至：_____
由：_____	至：_____
由：_____	至：_____
由：_____	至：_____

(如不敷應用，請另頁填寫。)

僱員在以下日子上班並收取全薪，故該段日子不應計算在工傷病假補償金額內：

(二) 申請以「書面病假跟進方式」解決個案是：(請以代表)

得到僱主與僱員雙方同意

由僱主單方面提出

(三) 聲明

謹此聲明，盡本公司/本人所知，就此申請所呈交的資料，全屬真實準確。本公司/本人同意勞工處為上述工傷個案以「書面病假跟進方式」處理，並明白受傷僱員將不會獲安排接受僱員補償評估。

本公司/本人已細閱及明白申請須符合以下條件：

1. 個案並無任何爭議事項；
2. 工傷病假超過 7 天（如工傷病假不超過 7 天，僱主應根據《僱員補償條例》第 10(11)條或第 16CA 條以「直接支付補償」或與僱員「協議決定補償」方式解決其工傷個案）；
3. 損傷並無引致永久喪失工作能力；
4. 損傷並不涉及牙齒或需要安裝義製人體器官/外科器具；
5. 所有病假證明書均由註冊醫生、註冊中醫或註冊牙醫所簽發；
6. 僱員工傷病假已經完結；
7. 僱主必須提供僱員所有的工傷病假證明書副本；及
8. 如屬職業病個案，有關職業病須為根據勞工處職業健康醫生的意見屬於《僱員補償條例》附表 2 指明的職業病。

僱主代表簽名：_____

僱員簽名：_____

姓名：_____

姓名：_____

職位：_____

日期：_____

(如由僱主單方面提出申請，毋需僱員簽署。)

公司蓋印：_____

日期：_____

註：簽名及蓋印須為正本。

重要事項

勞工處對是次工傷個案能否以「書面病假跟進方式」解決有最終決定權。如成功以「書面病假跟進方式」解決個案，僱員便毋須前來本處辦理工傷病假跟進手續（前稱「銷假」手續）。本處將於審批後直接發出「補償評估證明書」（表格 5）予僱主及受傷僱員，列明僱員補償款額。

DANGEROUS OCCURRENCE REPORT FORM
呈報危險事故表格

To : The Commissioner for Labour, Labour Department
致 : 勞工處處長

In accordance with Regulation 18 of the Factories and Industrial Undertakings Regulations, I submit below details of a dangerous occurrence:-

茲根據工廠及工業經營規例第十八條，謹向 貴處呈報以下之危險事故:-

Name and Address of Industrial Undertaking 工業經營之名稱及地址	
Date and Time of the Dangerous Occurrence 危險事故發生之日期及時間	
Nature of the Dangerous Occurrence 危險事故之性質	
Circumstances 危險事故之現場情況	
Structural/Plant Damage 樓宇 / 機器或設備受損壞之程度	
Casualties * 有沒有人受傷 *	
Extent of Work Suspended 工作停止程度	

* In case of injury, the accident reporting form (Form 2) must be followed within seven days.
如有人受傷，必須於事故發生後七天內以表格 2 向勞工處呈報。

Signature

簽署 _____

Position

職位 _____

(CHOP OF COMPANY)

(公司蓋印)

Date

日期 _____

Note : This form must be sent to an Occupational Safety Officer of Labour Department within 24 hours after the dangerous occurrence concerned.

註 : 此表格必須在有關的危險事故發生後的 24 小時內向勞工處職業安全主任呈報。

勞工處職業安全及健康部
收集個人資料之目的
(意外、危險事故的呈報及提供聲明)

收集目的

1. 你這次所提供的個人資料會被勞工處職業安全及健康部用作以下用途：
 - (a) 有關執行工廠及工業經營條例、職業安全及健康條例及其他由勞工處執行的法例；
 - (b) 有關職業安全主任調查意外和危險事故；及
 - (c) 有關視察違例事項和進行法律聆訊。

資料轉移

2. 為了上述第一段提到的目的，你所提供的個人資料我們或會向其他有關人士或機構(如政府部門、律師樓...等)透露。

查閱個人資料

3. 根據個人資料(私隱)條例第18及22條及附表1保障原則第6原則的規定，你有權要求查閱及更正個人資料。要求查閱的權利包括要求獲得一份你所提供的個人資料複本。

查詢個人資料

4. 有關你個人資料的查詢，包括查閱及更正個人資料，應向下列人士提出：

勞工處職業安全及健康部
職業安全 – 行動科
分區職業安全主任(總部)
香港中環統一碼頭道三十八號
海港政府大樓十三樓

STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY OCCUPATIONAL SAFETY AND HEALTH BRANCH
LABOUR DEPARTMENT

(Reporting Accident or Dangerous Occurrence and Giving Declaration)

Purpose of Collection

1. The personal data provided by you by means of this form will be used by the Occupational Safety and Health Branch of the Labour Department for the following purposes:
 - (a) activities relating to the administration of the Factories and Industrial Undertakings Ordinance and Occupational Safety and Health Ordinance and other legislation administered by the Labour Department;
 - (b) activities relating to the investigation of accidents and dangerous occurrence by Occupational Safety Officer; and
 - (c) activities relating to checking compliance with legislative requirements and carrying on legal proceedings.

Classes of Transferees

2. The personal data you provide may be disclosed to relevant parties and authorities (e.g. Government Bureaux and Departments, law firms, etc.) for the purposes mentioned in paragraph 1 above.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided to this department.

Enquiries

4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

Divisional Occupational Safety Officer (HQ)
Occupational Safety – Operations Division
Occupational Safety and Health Branch
Labour Department
13/F., Harbour Building,
38 Pier Road, Central, Hong Kong



HONG KONG MARINE DEPARTMENT 香港海事處

REPORT OF MARINE INCIDENT 海上事故報告

1. This form is to facilitate the reporting of the following marine incidents:
- on Hong Kong registered vessels and Hong Kong licensed local vessels outside Hong Kong waters: incidents involving the vessels; personnel on board; and dangerous occurrence; or
 - on all vessels within Hong Kong waters: incident involving the vessels; personnel on board; and marine industrial incident.

(Note : Please also complete Annex 1 - Additional Information for Reporting of Shipping Incident Happened within Hong Kong Waters, and Annex 2 - Particulars of Personnel Injured/Death/Missing in the Incident, if applicable)

此表格用於報告以下海上事故:

- 在香港水域外香港註冊的船隻和香港本地領牌船隻上：事故涉及船隻；船上人員；及危險事故；或
- 在香港水域內所有船隻上：事故涉及船隻；船上人員；及海上工業事故。

(註：如適用，請同時填寫附件一“發生於香港水域內船舶事故附加資料”和附件二“受傷、死亡、失蹤人員資料”)

2. The information collected will be used solely for investigation to find out whether there are any new lessons to be learnt and what actions need to be taken to prevent the re-occurrence of similar incidents. Please provide all information requested in the form as far as practicable and return the completed form to the Marine Accident Investigation Section (MAIS) of Hong Kong Marine Department (HKMD) as soon as possible within 24 hours after the incident by Fax: (852) 2543 0805 or e-mail: ss-mai@mardep.gov.hk

此等資料只作調查用途，汲取新教訓，找出有效措施防止同類事故再次發生。請盡量提供表格內所需資料，完成後盡可能在 24 小時內將表格傳真到 +852 2543 0805 或電郵至 ss-mai@mardep.gov.hk 香港海事處海事意外調查組收。

3. Please refer to <https://www.mardep.gov.hk/en/legislation/home.html> for regulations requiring the reporting of marine incident to the Marine Department.

請參閱連結 <https://www.mardep.gov.hk/hk/legislation/home.html> 內關於向海事處報告海上事故的法例要求。

I. Particulars of the Vessel 船隻資料：

Name of Vessel (Block Letters) 船隻名稱 (正楷)	IMO / Official / Licence / C.O.O. No or Call Sign* IMO / 正式 / 牌照 / 擁有權證明書 號碼 或 呼號 *	Nationality 船籍	Port of Registry 註冊港口

Date of Construction 建造日期	Gross Tonnage 總噸位	Length and Breadth (metres) 長及寬 (米)	Draught (metres) 吃水 (米)	Type of Vessel 船隻類別	Area of trade 航區
(ddmmyyyy) (日月年)		Length Overall 總長: Extreme Breadth 最大寬度:	Fwd 前 : Aft 後 :		<input type="checkbox"/> Worldwide 環球 <input type="checkbox"/> Coastal 沿海 <input type="checkbox"/> River-trade 內河 <input type="checkbox"/> Local 本地

Name and address of owner/operator/ship manager/agent * 船東、經營人、管理公司、代理人名稱和地址 *	Tel. No. 電話號碼:
	Fax No. 傳真號碼:
	E-mail 電郵:

II. Particulars of the Incident : 事故資料

Please select one type of incident below 請選擇以下其中一種事故:

Ship Incident 船舶事故			
<input type="checkbox"/> Collision 撞船	<input type="checkbox"/> Contact / Striking with object 觸碰 / 與物件撞擊	<input type="checkbox"/> Stranding/Grounding 擱淺 / 觸礁	<input type="checkbox"/> Foundering/Sinking 沉沒 / 下沉
<input type="checkbox"/> Fire / Explosion 失火 / 爆炸	<input type="checkbox"/> Capsizing / Listing 翻覆 / 傾側	<input type="checkbox"/> Structural Failure 結構故障	<input type="checkbox"/> Machinery Damage 機械損壞
<input type="checkbox"/> Damage to Equipment 器材損壞	<input type="checkbox"/> Heavy Weather Damage 惡劣天氣損壞	<input type="checkbox"/> Vessel Missing 船隻失蹤	<input type="checkbox"/> Lifeboat Operation 救生艇操作
<input type="checkbox"/> Others (please specify) : (for example : flooding, oil pollution, etc) : 其他 (請注明) : (例如 : 水浸、油污 等)			
Note : If the incident happened within Hong Kong Waters, please also complete the Annex 1 註 : 如事故於香港水域內發生, 請同時填寫附件一			
Marine Industrial Incident 海上工業事故		<input type="checkbox"/> Cargo Handling 貨物處理	<input type="checkbox"/> Ship Repairing 船舶修理
		<input type="checkbox"/> Marine Construction 海上建造工程	
Dangerous occurrence 危險事故		<input type="checkbox"/> (While some information requested in this form may not be applicable for the reporting of dangerous occurrence, please enter as much information as possible) 一些表格內要求填報的資料可能不適用於報告危險事故, 請盡量提供有關資料	
Incident involving personnel (passengers, crew or other persons) 事故涉及人員 (乘客、船員或其他人員)		<input type="checkbox"/>	

Please give details below if there is any injury, death and missing of personnel arising from above incident :
如以上事故做成任何人員受傷、死亡或失蹤, 請提供以下資料 :

No. of injury on own vessel 本船受傷人數			No. of death on own vessel 本船死亡人數			No. of missing from own vessel 本船失蹤人數		
Crew : 船員	Passenger : 乘客	Other person: 其他人員	Crew : 船員	Passenger : 乘客	Other person: 其他人員	Crew : 船員	Passenger : 乘客	Other person: 其他人員

(Please complete Annex 2 for the information of each of the above personnel as far as practicable)
請盡可能填寫附件二內以上每名人員的資料

Date and Time (local time) of the incident 事故日期和時間 (當地時間)	Vessel position and/or name of port 船隻位置及或港口名稱	Name of pilot on board, if applicable : 船上領港員姓名, 如適用
(ddmmyyy) (日月年) :	(Lat/Long) (經緯度) :	
(hh mm) (時分) :	Name of port 港口名稱 :	

Departure 啟航	Destination 目的地	Vessel in transit HK waters? 船隻是否途經香港水域	Had transit reported to HKMD? 過境時有否向海事處報告
Port / Country 港口/國家 :	Port / Country 港口/國家 :		
Date (ddmmyyy) 日期 (日月年)	ETA(ddmmyyy) 預計到達日期(日月年) :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 是 否 不適用	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 是 否 不適用

State of Weather 天氣狀況	Wind Direction and Force 風向和風力	State of sea & swell 海面 and 湧浪狀況	Visibility (nautical miles / metres*) 能見度 (海浬/米*)

Damage to own vessel and / or cargo (Fill in IMO damage card if applicable)
 本船及或貨物的損毀情況 (如適用者, 請填寫國際海事組織的損毀報告)
 (Note : This part is only applicable to the reporting of shipping incident) (註 : 此部份只為適用於報告船舶事故)

The particulars of any other vessel involved; and the damage to other vessel, cargo and/or property (pier, bridge etc.) :
 任何其他涉事船隻的詳情和他船貨物及或財產(碼頭、橋樑等)的損毀情況:
 (Note : This part is only applicable to the reporting of shipping incident) (註 : 此部份只為適用於報告船舶事故)

Was the vessel seaworthy in all respects? Yes 是 No 否
 船隻是否各方面均為適航

Oil on board (tonnes) 船上油量 (公噸)	Bunker fuel : 重油	Diesel oil : 柴油	Lube oil : 潤滑油
------------------------------------	---------------------	--------------------	-------------------

Name and rank of the person in charge of the vessel at the time of the incident :
 事故發生時船上負責人的姓名和職級

Name of Master / Coxswain * 船長姓名	Name of Chief Engineer / Engine Operator* 輪機長/輪機操作員姓名
Certificate No.: 證書號碼	Certificate No.: 證書號碼
Grade of Certificate : 證書級別	Grade of Certificate : 證書級別
Date and Place of Issue : 簽發日期和地點	Date and Place of Issue : 簽發日期和地點
Contact Tel. No.: 聯絡電話號碼	Contact Tel. No.: 聯絡電話號碼

III. Account of incident 事故描述:

Please give a brief description of the sequence of events leading to the incident, and comment upon how similar incident might be avoided, and any safety factors arising from the events. For example: what improvement in supervision, training or maintenance had you made; what new safety equipment, safety measures, or safe working systems will you introduce or have been requested? (You may refer to the appended guidance in completing this section)

請簡述導致事故的序列，並對如何避免同類事故發生和事件所引起的任何安全問題提供意見。例如：監工、訓練、或維修上可作甚麼改善；你將會引入或已要求改善那些安全設備、安全措施、或安全工作系統？（你可以參考附加的指導，完成本節）

(Use extra sheet of paper if the space is insufficient) (如果空間不足，請使用額外的紙張)

IV. Signature & Stamp 簽署和蓋章:

Signature, full name, designation and address of person providing the above information
提供以上資料者的簽署、全名、職位和地址：

Signature 簽署	Vessel/Company Stamp 船隻/公司蓋章	Full Name 全名	Designation 職位
-----------------	---------------------------------	-----------------	-------------------

Correspondence address :
通訊地址

Contact Tel. No. :
聯絡電話號碼:

Date :
日期

Signature and Title of officer completing this Form (if applicable)
填寫這份表格人員的簽署和職銜（如果適用）

Signature 簽署	Vessel/Company Stamp 船隻/公司蓋章	Full Name 全名	Designation 職位
-----------------	---------------------------------	-----------------	-------------------

Contact Tel. No. :
聯絡電話號碼:

Date :
日期

(Additional Information for Reporting of Shipping Incident Happened within Hong Kong Waters)
(發生於香港水域內船舶事故附加資料)

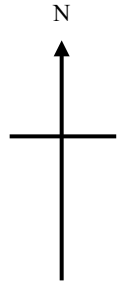
Locations and Duties of Officers and Ratings on Board
(值班高級船員和值班普通船員的站崗和職責)

Name 姓名	Rank 職位	Location Wheelhouse / Engine Room 位置 駕駛台/機艙	Duties (Steering, Lookout, Command or others) 職務 (操舵、瞭望、指揮或 其它)	Watch Keeping Hours 值班時間	Name of previous watch officer / rating 對上一更值班高級船員、普通船員 的姓名

Signature of Master and Vessel's Stamp: _____
船長簽名及船章

日期 Date: _____

Sketch Plan 草圖



(Use extra sheet of paper if the space is insufficient) (如果空間不足，請使用額外的紙張)

(Particulars of Personnel Injured/Death/Missing in the Incident)
受傷、死亡、失蹤人員資料

Crew, passenger or other person 船員、乘客或其他人員 *

Name 姓名:		Gender 性別:	Age 年歲:	No. of HKID/Passport/SERB No. or equivalent 香港身份證/護照/海員僱用登記簿或同等級的 號碼			
English (Surname First) 英文 (姓在前)		male / female * 男 / 女 *					
Chinese (If applicable) 中文 (如適用)							
<input type="checkbox"/> Passenger 乘客 <input type="checkbox"/> Crew 船員 What is his rank 所屬職級:		<input type="checkbox"/> Other person, please specify his occupation: 其他人員, 請註明其職業					
Correspondence address 通訊地址 :				Contact Tel. No. 聯絡電話號碼:			
Sea Experience: 航海經驗	Overall: 總共 :	Year(s) 年	Month(s) 月	Worked in present vessel: 在本船工作	Year(s) 年	Month(s) 月	
The highest qualification achieved: 已考獲的最高資格			Training: 訓練	<input type="checkbox"/> Pre-sea 出海前	<input type="checkbox"/> In-service 在職	<input type="checkbox"/> Advance 高級	<input type="checkbox"/> Nil 沒有
Nature of Injury 受傷類別							
<input type="checkbox"/> Fracture of the skull, spine or pelvis 頭顱骨、脊柱、盆骨骨折		<input type="checkbox"/> Fracture of any bone in the arm other than in the wrist or hand or in the leg other than in the ankle or foot 手臂 (不包括手腕或手掌)、腳 (不包括足踝或腳掌) 的任何部位骨折裂					
<input type="checkbox"/> Loss of a hand or foot 喪失手掌或腳掌		<input type="checkbox"/> Loss of sight of an eye 任何眼睛失去視力		<input type="checkbox"/> Multiple injuries 身體多處受傷		<input type="checkbox"/> Loss of consciousness 失去知覺	
<input type="checkbox"/> Other, please specify (e.g. bruise, minor cuts, bleeding etc) 其他, 請註明 (例如 瘀傷、割傷、流血 等等)							
Degree of disability (Fatalities, temporary or permanent disabilities) Please state period of incapacity 傷殘程度 (死亡, 暫時或永久殘疾) 請指出喪失工作能力時期							
Name of his Employer or the Employing Company (except passenger) : 僱主或僱用公司名稱 (乘客除外) :							
Correspondence address 通訊地址 :				Contact Tel. No. 聯絡電話號碼 :			

(Use a separate sheet of Annex 2 for particulars of each person) (請使用新的附件二填寫每一人員資料)

Construction Accident Statistics
Administrative Procedures

(Note : These procedures apply to dangerous occurrences and construction accidents which result in death or incapacity for more than 3 days. *The detailed arrangement and timings can be modified to suit departmental administrative procedures.*)

- 1 The computer system entitled “PWP Construction Site Safety & Environmental Statistics (PCSES)” is being maintained by the Development Bureau which is an upgrade of the PWP Construction Accident Statistics (PCAS) system developed in 1994 for compiling and analyzing accident statistics of public works. The accident statistics covered in the PCSES system include severe incidents, dangerous occurrences and reportable accidents resulting in death, serious injury and injury with incapacity for more than 3 days.
- 2 The Architect/Engineer’s Representative shall collect information according to the schedule listed below for public works contracts including term contracts under his control and copy to the Departmental Safety Advisory Unit after uploading the information into the PCSES system.
 - (a) Construction Accident Statistics Monthly Summary (**Appendix V(a)**) – to be submitted for each contract on or before the 15th day of each month following the reporting month since the contract commencement till completion or substantially completion as determined by the Architect/Engineer’s Representative.
 - (b) Summary of Data on Details of Contract (**Appendix V(b)**) – to be submitted within 30 days after the award of contract.
 - (c) Injury Report Form (**Appendix VI**) – to be submitted within 7 days from the date of an accident (including accidents happened not within the construction sites but related to the work activities of a public works contract).
- 3 One purpose of establishing the PCSES system is for the monitoring and analysis of construction accident statistics for public works contracts. The following types of accidents should be separately reported under individual contracts/departments and should not be input into the PCSES system:
 - (a) accident occurred in a site office or works site but was not related to any construction activity of a public works contract;

- (b) accident concerning the injury of a government staff;
 - (c) accident concerning the injury of resident site staff of the HK SAR Government or its agents including those employed by consultants; and
 - (d) accident concerning the injury of visitors or the public to the site and was not related to any construction activity of a public works contract.
- 4 The following points should be noted in calculating the man-days lost for Item 4 of Part A of the Construction Accident Statistics Monthly Summary:
- (a) The number of man-days lost for a contract during the reported month should be separated into two types, namely: -
 - i) the number of man-days lost due to non-fatal reportable accidents occurred within the reported month; and
 - ii) the number of man-days lost in the reported month due to non-fatal reportable accidents occurred in the previous months but with sick leave carried forward to the reported month;
 - (b) public holidays within the sick leave period should be counted; and
 - (c) the day of the reportable accident should be excluded in calculating man-days lost.
- 5 “Man-hours worked” is defined as the man-hours worked by all persons employed by principal contractor and his sub-contractors who are exposed to risk, including the contractor’s site managerial and supervisory staff, workers and watchmen etc.. The man-hours worked of Architect/Engineer’s site staff are to be excluded.
- 6 “Man-days worked” should only cover man-days worked by workers, foremen and gangers employed on the site but excluding managerial and supervisory staff of principal contractor and sub-contractors. The man-days worked of Architect/Engineer’s site staff are to be excluded.

- 7 The Injury Report Form should be completed by the contractor's Safety Officer or Site Agent who should take note of the followings in completion:
- (a) The contractor can develop a system for the "Ref. No. of Injury" to represent accidents of different sub-contractors. For example, the reference number of the first injury involving sub-contractor G may be designated as G001 and that involving sub-contractor M can be M001 etc.
 - (b) A serious injury means that the injured person is admitted to a hospital immediately following the accident for observation or treatment with duration for more than 24 hours.
 - (c) The sick leave end date in Section C10 should be provided when known.
 - (d) The selection for some of the Sections in the Injury Report Form can have more than one tick. Moreover, "Carelessness" is not an acceptable entry for "Others" under various Sections of the Injury Report Form and the known facts should be specified as far as possible.
- 8 Whenever there was a fatal or non-fatal reportable construction accident happened for a public works contract, the contractor shall complete Part C of Appendix V(a) on monthly basis and submit to the Architect/Engineer's Representative to advise the end date of sick leave and the cost of each injury including sick leave pay and compensation of permanent disability until the settlement of compensation of all injury cases under the same contract have been completed.

Construction Accident Statistics Monthly Summary[for the month ending * / (mm/yyyy)](To be submitted on or before the 15th day of each month)

Please tick your DEPARTMENT *

1. ArchSD2. CEDD3. DSD4. EMSD5. HyD6. WSD

Office _____

Division _____

Contract No. : * _____

Works Order No. : _____

Part A: SummaryThis Month

1. Number of fatal accidents _____
2. Number of dangerous occurrences _____
3. Number of non-fatal accidents (with incapacity for more than 3 days) _____
4. No. of man-day lost (i) due to accident(s) occurred in this month _____
(ii) due to accident(s) of previous months _____ (To be input in Part C)
5. No. of Form 2B submitted to LD (with incapacity of 3 days or less) _____
6. Number of LD inspection conducted _____
7. Number of Improvement Notice(s) issued by LD _____
8. Number of Suspension Notice(s) issued by LD _____
9. Number of "Part 1" issued by LD _____
10. Sum certified (in HK\$) _____
(including retention money)

Note Key points to note when calculation man-days lost:

- (a) Public holidays within the sick leave period should be counted; and
- (b) The day of the reportable accident should be excluded in calculating man-days lost.

**Part B: Number of man-days and man-hours worked by Trades
(based on the return of GF 527 to the Census and Statistics Department)**

C9-AV(a)-P02 (Ver. Mar. 2023)

	<u>Man-days</u>	<u>Man-hours</u>
1. Bar Bender & Fixer [or Steelbender]	1	
2. Concretor	2	
3. Drainlayer	3	
4. Plumber	4	
5. Leveller	5	
6. Bamboo Scaffolder	6	
7. Carpenter & Joiner	7	
8. Carpenter (Formwork)	8	
9. Joiner	9	
10. Plant & Equipment Operator (Load Shifting) [or Plant Operator (exc. driver, bulldozer driver, etc.)]	10	
11. Truck Driver	11	
12. Rock-Breaking Driller [or Pneumatic Driller]	12	
13. Blacksmith	13	
14. General Welder	14	
15. Metal Worker	15	
16. Glazier	16	
17. Excavator (male)	17	
18. Excavator (female)	18	
19. Labourer (male)	19	
20. Labourer (female)	20	
21. Concretor's Labourer (male)	21	
22. Concretor's Labourer (female)	22	
23. Heavy Load Labourer [or Heavy Load Coolie]	23	
24. Diver's Linesman	24	
25. Painter & Decorator	25	
26. Plasterer	26	
27. Terrazzo & Granolithic Worker	27	
28. Plasterer's Labourer (male)	28	
29. Plasterer's Labourer (female)	29	
30. Bricklayer	30	
31. Bricklayer's Labourer (male)	31	
32. Bricklayer's Labourer (female)	32	
33. Marble Worker	33	
34. Mason (incl. rubble mason, splitting mason and ashlar mason)	34	
35. Structural Steel Welder	35	
36. Structural Steel Erector	36	
37. Rigger/Metal Formwork Erector	37	
38. Asphalter (Road Construction)	38	
39. Construction Plant Mechanic [or Fitter]	39	
40. Diver	40	
41. Electrical Fitter (incl. Electrician)	41	
42. Mechanical Fitter	42	
43. Refrigeration/AC/Ventilation Mechanic	43	
44. Fire Service Mechanic	44	
45. Lift and Escalator Mechanic	45	
46. Building Services Maintenance Mechanic	46	
47. Cable Jointer (Power)	47	
48. Others not included in the above	48	
Total of this month :		

Part C: Injury Information

Ref No. *	Name of Injured Person *	Date of Injury *	No. of Man-day Lost in Reporting Month	End Date of Sick Leave	Percentage of Permanent Incapacity (PI) Finalized by LD (%)	Compensation Settled
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Add Items

Part D: Monthly Return for Construction Worker with/without Specified Trade Safety Training Certificate (Silver Card)

Specified Trade	Worker with Silver Card		Worker without Silver Card		
	No. of Worker	Total No. of Man-days worked	No. of Worker	Total No. of Man-days worked	No. of Worker who have been arranged to attend Silver Card Course
Painter and Decorator					
Carpenter					
Demolition Worker (Building)					
Plumber					
Bar Bender and Fixer					
Plasterer and Tiler					
Bamboo Scaffold and Metal Scaffold					
Curtain Wall Installer					
Lift Mechanic (Installation and Maintenance)					
Tower Crane Worker (Erecting, Dismantling, Telescoping & Climbing)					
Construction Materials Rigger					
Tunnel Worker					
Rigger and Signaller					
Concretor					
Others					
Total					

Summary of Details of Contract

(To be submitted within 30 days after award of contract)

Part A (Data that can be obtained from Construction Management Information System)

1. Contract No.: * _____
Contract Title: * _____
2. Department: * ArchSD CEDD DSD EMSD HyD WSD
Office: * _____ Division: _____
3. Contractor Name: * _____
4. Contract Sum: * _____

Part B (Additional information to be input into the PCSES system)

5. (a) Contract Commencement Date: * _____
(b) Contractual Completion Date: * _____
6. Management Party: * In House
 Consultant Management Contract Consultant Name _____
7. Category for Tender Assessment: * Building Non-building
8. Type of Works: * New Works Maintenance
(Including RMAA & Demolition)
9. Nature of Works: * (Tick not more than two boxes)

<input type="checkbox"/> Building	<input type="checkbox"/> Port Works
<input type="checkbox"/> Roads and Drainage	<input type="checkbox"/> Site Formation
<input type="checkbox"/> Water Works	<input type="checkbox"/> Landscape
<input type="checkbox"/> Geotechnical Works	<input type="checkbox"/> Investigation (Ground / Marine)
<input type="checkbox"/> Electrical and Mechanical Works	<input type="checkbox"/> Tunneling
<input type="checkbox"/> Slope Works	<input type="checkbox"/> Other Specialist Works
10. Form of Contract: * (Tick one box only)

<input type="checkbox"/> Works Order Type / Term Contract	<input type="checkbox"/> Design & Build
<input type="checkbox"/> BQ Re-measurement	<input type="checkbox"/> Lump Sum Contract

 NEC Approach Project A B C D E F Others
 Others _____
11. Others:

<input type="checkbox"/> under Pay for Safety Scheme (PFSS)
<input type="checkbox"/> under Pay for Safety Performance Merit Scheme (PFSPMS)
<input type="checkbox"/> under Pay for Safety and Environment Scheme (PFSES)

* is a mandatory field.

Injury Report Form

The Form should be completed by Safety Officer or Site Agent of Principal Contractor within seven days on occurrence of accident resulting in death, hospitalization for more than two nights or injury with incapacity for more than three days.

Contract number * _____ Ref. No. of injury * _____

Works Order number _____

A. Please fill in or tick the **PERSONAL INFORMATION OF THE INJURED WORKER**

1. Name (surname first) * _____ Not Specified
2. CWRB No. * _____
3. Age * _____ Not Specified
4. Sex * Male Female Not Specified
5. Imported labourer * Yes No Not Specified
6. Years of construction site experience * _____ years
7. No. of months worked at this site * _____ months
8. First Language Cantonese English Mandarin Japanese Korean French German Thai
 Tagalog Malay/Indonesian Javanese Urdu Pashto Punjabi Sindhi
 Balochi Nepali Arabic Vietnam Others
9. Race Chinese Filipino Indian Nepali Pakistanian Japanese Korean Thai
 Vietnamese Burmese Russian European Others (specify) _____

B. Please fill in the **PARTICULARS OF EMPLOYER** of injured worker

Name of company / employer (If not principal contractor) _____

C. Please fill in or tick the **DESCRIPTION OF ACCIDENT**

1. Date of accident (in dd/mm/yyyy) : * _____ Time of accident (in hh:mm) : _____
2. Date of Notification to Labour Department (in dd/mm/yyyy) : * _____
3. Reason of Late Submission to Labour Department

4. Preliminary View on Severity of Injury *

- i. Minor (with no hospitalization or hospitalization less than 24 hours)
- ii. Serious (with hospitalization more than 24 hours)
- iii. Severe (as defined in paragraph 9.3.5(a) of the Manual but excluding fatal accidents)

No. of Nights in Hospital * _____
 Stayed in ICU * Yes No

(Remark: Please attach medical certificate, or Contractor's report with declaration, as described in paragraph 9.3.5(b) of the Manual)

- iv. Fatal

5. Air Quality Health Index 1 2 3 4 5 6
 7 8 9 10 10+

6. Rain / Rainstorm Signal

- i. N/A
 ii. Rainy
 iii. Amber Rainstorm Warning Signal
 iv. Red Rainstorm Warning Signal
 v. Black Rainstorm Warning Signal

7. Temperature Condition N/A Cold Weather Warning Very Hot Weather Warning

8. Tropical Cyclone N/A No. 1 No. 3 No. 8 or Above

9. Flooding in the Northern New Territories Yes No Not Specified

10. Period of Incapacity:

Start date of sick leave (in dd/mm/yyyy) : _____ (if different from the date of accident)

End date of sick leave (in dd/mm/yyyy) : _____ (to be provided when known)

D. Please tick the appropriate TRADE of the injured worker (tick one box only) *

Semi-skilled worker / General worker

1. Chainman
 2. Concreting labourer
 3. Drilling assistant
 4. Excavator
 5. Labourer

Management / Foreman

11. Manager / Site Engineer / General Foreman
 12. Ganger

Tradesman

21. Bamboo scaffolder
 22. Bar bender and fixer
 23. Bricklayer
 24. Building services / E&M worker
 25. Carpenter (fender)
 26. Carpenter (formworker)
 27. Concretor
 28. Construction / Mechanical plant mechanic or fitter
 29. Diver
 30. Drainlayer / Mainlayer
 31. Demolition worker
 32. General welder
 33. Joiner
 34. Leveller
 35. Marine construction plant operator
 36. Mason
 37. Metal worker
 38. Metal scaffolder
 39. Painter and decorator
 40. Piling operative
 41. Plant & equipment operator (builders lift & other machinery)
 42. Plant & equipment operator (earthmoving machinery)
 43. Plant & equipment operator (hoist and crane)
 44. Plant & equipment operator (piling)
 45. Plant & equipment operator (tunnelling)
 46. Plasterer
 47. Plumber
 48. Pneumatic driller
 49. Rigger / Metal formwork erector
 50. Structural steel erector
 51. Truck and other vehicle driver
 52. Tunnel worker

60. Others please specify, e.g. security staff / watchman _____

E. Please tick the PLACE OF ACCIDENT (tick one box only) *

1. Roof / Top of building
 2. Lift shaft / Internal work surface
 3. Stair / Passage
 4. Excavation / Underground / Basement
 5. Tunnel / Sewer / Drain / Nullah
 6. Ladder
 7. External work / Scaffolding / Gondola
 8. Steel bending yard
 9. Pre-casting / Prestressing yard
 10. Floor / Floor opening
 11. Falsework and formwork
 12. Others (specify) _____

F. Please refer to the list below and write down the code of the **NATURE OF INJURY AND PART OF BODY INJURED** respectively. The information to be collected is similar to **Section J of Labour Department Form 2**.
(If the victim has more than one injury in the accident, please specify separately. For example, in the case of burn in face and dislocation in elbow, please write down "5, 26" in first injury and "9, 44" in second injury.)

	1 st injury *	2 nd injury	3 rd injury
Nature of injury incurred (1-20)	_____	_____	_____
Part of body injured (21-57)	_____	_____	_____

Nature of injury

- | | |
|---------------------------------------|--|
| 1. Abrasion | 11. Electric shock / Effects of electric current |
| 2. Amputation | 12. Fracture |
| 3. Asphyxia | 13. Puncture |
| 4. Burn (heat) | 14. Sprain / Strain / Twist |
| 5. Burn / Scald | 15. Freezing |
| 6. Contusion & bruise | 16. Poisoning and gassing |
| 7. Concussion & other internal injury | 17. Irritation |
| 8. Laceration and cut | 18. Nausea |
| 9. Dislocation | 19. Multiple Injuries |
| 10. Crushing | 20. Others (specify) _____ |

Part of body injured

- | <u>HEAD</u> | <u>NECK & TRUNK</u> | <u>UPPERLIMBS</u> | <u>LOWERLIMBS</u> |
|-----------------------|-------------------------|-------------------|----------------------------|
| 21. Skull / Scalp | 31. Neck | 41. Finger | 51. Hip |
| 22. Eye | 32. Back | 42. Hand / Palm | 52. Thigh |
| 23. Ear | 33. Chest | 43. Forearm | 53. Knee |
| 24. Mouth/ Tooth/ Lip | 34. Abdomen | 44. Elbow | 54. Leg |
| 25. Nose | 35. Trunk | 45. Upper arm | 55. Ankle |
| 26. Face/ Cheek/ Chin | 36. Pelvis / Groin | 46. Shoulder | 56. Foot / Toe |
| | 37. Waist | 47. Wrist | 57. Others (specify) _____ |

G. Please tick the appropriate **TYPE OF ACCIDENT**. (Tick one box only) *

The information to be collected is similar to **Section K of Labour Department Form 2** with additional items.

- | | |
|--|--|
| 1. <input type="checkbox"/> Trapped in or between objects
Injured whilst lifting or carrying / manual | 11. <input type="checkbox"/> Struck by moving or falling object |
| 2. <input type="checkbox"/> lifting / manual handling / Handling without
machinery | 12. <input type="checkbox"/> Struck by moving vehicle / Traffic accident |
| 3. <input type="checkbox"/> Slip, trip or fall on same level | 13. <input type="checkbox"/> Contact with moving machinery or object
being machined |
| 4. <input type="checkbox"/> Fall of person from height _____ metres | 14. <input type="checkbox"/> Drowning or asphyxiation |
| 5. <input type="checkbox"/> Striking against fixed or stationary object | 15. <input type="checkbox"/> Exposure to fire / burning |
| 6. <input type="checkbox"/> Striking against moving object | 16. <input type="checkbox"/> Exposure to explosion |
| 7. <input type="checkbox"/> Stepping on object / nail | 17. <input type="checkbox"/> Dust / foreign particle in eye |
| 8. <input type="checkbox"/> Exposure to or contact with harmful substance
(e.g. poison gas, toxic, corrosive substance) | 18. <input type="checkbox"/> Hand tool accident |
| 9. <input type="checkbox"/> Contact with electricity or electric discharge | 19. <input type="checkbox"/> Crushing / Burial |
| 10. <input type="checkbox"/> Trapped by collapsing or overturning object | 20. <input type="checkbox"/> Machinery operation accident |
| 21. <input type="checkbox"/> Others (specify) _____ | |

H. Please tick the appropriate AGENT INVOLVED. (Can tick more than one box)

The information to be collected is similar to **Section L of Labour Department Form 2** with additional items.

- | | |
|--|--|
| 1. <input type="checkbox"/> Equipment for lifting / conveying | 11. <input type="checkbox"/> Vehicle or associated equipment or machinery |
| 2. <input type="checkbox"/> Portable power or hand tools | 12. <input type="checkbox"/> Construction formwork, shuttering & falsework |
| 3. <input type="checkbox"/> Other machinery (specify) _____ | 13. <input type="checkbox"/> Nail, splinter or chipping |
| 4. <input type="checkbox"/> Material / Product being handled or stored | 14. <input type="checkbox"/> Scaffolding / Gondola |
| 5. <input type="checkbox"/> Ladder or working at height | 15. <input type="checkbox"/> Excavation / Underground work |
| 6. <input type="checkbox"/> Sewerage, manhole or other confined space | 16. <input type="checkbox"/> Slope |
| 7. <input type="checkbox"/> Movable container or package of any kind | 17. <input type="checkbox"/> Steel bar / rod |
| 8. <input type="checkbox"/> Floor, ground, stairs or any working surface | 18. <input type="checkbox"/> Pipe |
| 9. <input type="checkbox"/> Gas, vapour, dust or fume | 19. <input type="checkbox"/> Others (specify) _____ |
| 10. <input type="checkbox"/> Electricity supply, wiring apparatus or equipment | |

I. Please tick the TYPE OF WORK PERFORMED by the injured worker at the time of accident. (Tick one box only) *

The information to be collected is similar to **Section N of Labour Department Form 2** with additional items.

- | | |
|---|--|
| 1. <input type="checkbox"/> Concreting | 16. <input type="checkbox"/> Electrical Wiring |
| 2. <input type="checkbox"/> Woodworking | 17. <input type="checkbox"/> Material handling |
| 3. <input type="checkbox"/> Glazier work | 18. <input type="checkbox"/> Lift installation |
| 4. <input type="checkbox"/> Reinforcement bar bending | 19. <input type="checkbox"/> Slope work |
| 5. <input type="checkbox"/> Bamboo scaffolding | 20. <input type="checkbox"/> Mixing |
| 6. <input type="checkbox"/> Metal scaffolding | 21. <input type="checkbox"/> Demolition |
| 7. <input type="checkbox"/> Painting | 22. <input type="checkbox"/> Road work |
| 8. <input type="checkbox"/> Plastering | 23. <input type="checkbox"/> Erection of structural elements |
| 9. <input type="checkbox"/> Arc / Gas welding | 24. <input type="checkbox"/> Falsework |
| 10. <input type="checkbox"/> Formwork erection | 25. <input type="checkbox"/> Surface treatment |
| 11. <input type="checkbox"/> Brick laying | 26. <input type="checkbox"/> Cutting |
| 12. <input type="checkbox"/> Caisson work | 27. <input type="checkbox"/> Piling |
| 13. <input type="checkbox"/> Trench work | 28. <input type="checkbox"/> Finishing work |
| 14. <input type="checkbox"/> Gas Pipe fitting | 29. <input type="checkbox"/> Others (specify) _____ |
| 15. <input type="checkbox"/> Water pipe fitting | |

J. Please tick the appropriate UNSAFE ACTION. (Can tick more than one box)

- | | |
|---|--|
| 1. <input type="checkbox"/> Operating without authority | 11. <input type="checkbox"/> Failure to use eye protector |
| 2. <input type="checkbox"/> Failure to secure objects | 12. <input type="checkbox"/> Failure to use respirator |
| 3. <input type="checkbox"/> Making safety devices inoperative | 13. <input type="checkbox"/> Failure to use proper clothing |
| 4. <input type="checkbox"/> Working on moving or dangerous equipment | 14. <input type="checkbox"/> Failure to warn others or give proper signals |
| 5. <input type="checkbox"/> Use unsafe equipment / Use equipment unsafely | 15. <input type="checkbox"/> Horseplay |
| 6. <input type="checkbox"/> Adopting unsafe position or posture | 16. <input type="checkbox"/> Smoking / Burning |
| 7. <input type="checkbox"/> Operating or working at unsafe speed | 17. <input type="checkbox"/> Failure to use safety belt / harness |
| 8. <input type="checkbox"/> Unsafe loading, placing, mixing etc | 18. <input type="checkbox"/> Failure to use gloves |
| 9. <input type="checkbox"/> Failure to use helmet | 19. <input type="checkbox"/> Use unsuitable access / Failure to use access |
| 10. <input type="checkbox"/> Failure to use proper footwear | 20. <input type="checkbox"/> Lapse of attention |
| | 21. <input type="checkbox"/> Others (specify) _____ |

K. Please tick the appropriate UNSAFE CONDITION. (Can tick more than one box)

- | | |
|---|--|
| 1. <input type="checkbox"/> No protective gear | 11. <input type="checkbox"/> Lack of warning system |
| 2. <input type="checkbox"/> Defective protective gear | 12. <input type="checkbox"/> Defective tool, machinery or material |
| 3. <input type="checkbox"/> Improper dress / footwear | 13. <input type="checkbox"/> Improper stacking / storage |
| 4. <input type="checkbox"/> Improper guarding / No guarding | 14. <input type="checkbox"/> Adverse weather |
| 5. <input type="checkbox"/> Improper ventilation | 15. <input type="checkbox"/> Inadequate working space / platform |
| 6. <input type="checkbox"/> Improper illumination | 16. <input type="checkbox"/> Slippery area |
| 7. <input type="checkbox"/> Improper procedure | 17. <input type="checkbox"/> Inadequate tools and protective equipment |
| 8. <input type="checkbox"/> Unsafe layout of job, traffic etc | 18. <input type="checkbox"/> Others (specify) _____ |
| 9. <input type="checkbox"/> Unsafe process or job methods | |
| 10. <input type="checkbox"/> Poor housekeeping | |

L. Please tick the appropriate PERSONAL FACTOR which cause the accident. (Can tick more than one box)

- | | |
|--|--|
| 1. <input type="checkbox"/> Incorrect attitude / motive | 5. <input type="checkbox"/> Fatigue / Exhaustion |
| 2. <input type="checkbox"/> Lack of knowledge or skill | 6. <input type="checkbox"/> Carelessness |
| 3. <input type="checkbox"/> Physical defects | 7. <input type="checkbox"/> Others (specify) _____ |
| 4. <input type="checkbox"/> Unsafe act by another person | |

M. Please tick the MACHINERY INVOLVED in the accident. (Tick one box only)

The information to be collected is similar to **Section O of Labour Department Form 2.**

- | | |
|--|--|
| 1. <input type="checkbox"/> No Machinery Involved | 9. <input type="checkbox"/> Boatswain's chair |
| 2. <input type="checkbox"/> Skip / Material hoist / builders' lift | 10. <input type="checkbox"/> Pile driver |
| 3. <input type="checkbox"/> Mobile platform | 11. <input type="checkbox"/> Boring rig |
| 4. <input type="checkbox"/> Tower crane | 12. <input type="checkbox"/> Bar bender |
| 5. <input type="checkbox"/> Mobile crane | 13. <input type="checkbox"/> Concrete mixer |
| 6. <input type="checkbox"/> Lorry-mounted crane | 14. <input type="checkbox"/> Air compressor / receiver |
| 7. <input type="checkbox"/> Hydraulic crane | 15. <input type="checkbox"/> Others (specify) _____ |
| 8. <input type="checkbox"/> Suspended working platform | |

N. Please tick the CONSTRUCTION MACHINERY INVOLVED in the accident if appropriate. (Tick one box only)

The information to be collected is similar to **Section P of Labour Department Form 2.**

- | | |
|--|--|
| 1. <input type="checkbox"/> Dump truck | 5. <input type="checkbox"/> Grader |
| 2. <input type="checkbox"/> Loader | 6. <input type="checkbox"/> Compacting roller |
| 3. <input type="checkbox"/> Excavator | 7. <input type="checkbox"/> Others (specify) _____ |
| 4. <input type="checkbox"/> Bulldozer | |

O. Brief account of the accident (Sections O & P need not be completed if a separate report has been / will be submitted.)

P. What action(s) / measure(s) should be taken / have been taken to avoid recurrence of similar accidents?

Q. Injury Report Form completed by:

Name of Person * _____ Signed Signature _____ Date¹ _____

Post Title * _____

Acknowledged by:

Name of A/E's Representative * _____ Signed Signature _____ Date¹ _____

(Note: ¹ in format dd/mm/yyyy)

STATEMENT OF PURPOSE FOR THE COLLECTION OF PERSONAL DATA
BY DEVELOPMENT BUREAU (WORKS BRANCH)

(Reporting Accident or Dangerous Occurrence and Giving Declaration to PCSES)

Purpose of Collection

1. The personal data provided by the data owner or data provider by means of this form, which is on voluntary basis, will be used by Development Bureau and Works Departments (Architectural Services Department, Civil Engineering and Development Department, Drainage Services Department, Electrical and Mechanical Services Department, Highways Department, and Water Supplies Department) for the following purposes:
 - (a) activities relating to the administration of the Public Works Programme Construction Site Safety and Environmental Statistics System (PCSES) by Development Bureau; and
 - (b) analysis of the safety and related matters.

Classes of Transferees

2. The personal data provided by the data owner or data provider will not be disclosed to others parties or authorities.

Access to Personal Data

3. The data owner or data provider has a right of access and correction with respect to personal data as provided for in Section 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. The right of access includes the right to obtain a copy of his/her personal data provided to this bureau.

Enquiries

4. Enquiries concerning the personal data collected, including the making of access and corrections, should be addressed to:

Works Branch
Development Bureau
15/F, West Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
Email: pcses_admin@devb.gov.hk

Appendix VIII

To : _____

Urgent by Fax

**Department
Preliminary Report on Accident**

- 1 Contract No :
- 2 Contract Title :
- 3 Name of Contractor :
- 4 Location of Accident :
- 5 Date and Time of Accident :
- 6 Nature and Brief Account of Accident (with a sketch) :

- 7 Number of Person(s) Injured/killed :
- 8 Name(s) and Age(s) of Person(s) injured/killed :

- 9 Seriousness of Injury, or extent of damages :
- 10 Probable cause of the accident (if established) :

- 11 Measures introduced (or to be introduced) to prevent recurrence of similar accidents on site if established :

- 12 Effect of accident on progress of works :
- 13 Contractor's report attached (Yes/No)
- 14 Any other information :

Reported By :

Name Post Tel. No. Signature Date

Appendix IX – Supplementary Information for Fatal Accident**URGENT BY FAX**

TO:	FROM:
CAS(W)5, DEVB	(name)
FAX:	POST and DEPARTMENT
2524 9308	
DATE:	TEL. NO.:

Information of the Contract

Contract No.: _____

Contract Title : _____ (in English)

_____ (in Chinese)

Information of the Accident and the Deceased :

Date of Accident : _____

Name of Deceased : _____

(in English)

(in Chinese)

Age : _____

Information of the next of kin :

Name : _____ (in Chinese if the Deceased was of Chinese ethnic group)

Relationship with the Deceased : _____

Address : _____

(in Chinese if the Deceased was of Chinese ethnic group)

Contact Tel. No. : _____

Number of Children :

Age below 18 _____ Age 18 or above _____

Signature: _____

c.c. Departmental Safety Adviser, _____ Department

Appendix X

Revision Ref. No. R31

C9-AX (Ver. Jul 2022)

Flowchart for Reporting of Accidents to Development Bureau

