WEHU A1
(JKKP 6)

NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE

Location of accident/incident

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

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Detail of Notifier

Name

Designation

Name and address of organization

Contact no.

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

Name

Date of birth / / (DD MM YY)

New IC/ Passport no.

Nationality

Gender ☐ Male ☐ Female

Occupation

Ethnic group

Name and address of organization

District | State

Duration of current job

Date of first informing DOSH

Part C - Description of accident or dangerous occurrence

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

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

c) Why did the accident happen?

d) What were the actions taken following the accident ?

Signature of Notifier | Date

4. Agent involved in accident

- ☐ Machine / Electrical equipment
- ☐ Lifting equipment
- ☐ Transport equipment / Vehicle
- ☐ Needles
- ☐ Medical / Surgical / Dental instruments (other than needles)
- ☐ Lab instruments
- ☐ Pressure Vessels
- ☐ Blood / Body fluids
- ☐ Chemicals / Gases
- ☐ Floors/Levels
- ☐ Ladders
- ☐ Stairs / steps
- ☐ Others (please specify) _____

5. Existing control measure at workplace

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

Date of notification _____

Part I : Particulars of reporting unit

Name of facility

Unit / Department / Ward

Part II : Particulars of patient

Date seen/treated/admitted _____

Medical certificate (MC) given ☐ No ☐ Yes

Duration of MC _____ days

Part III : Classification of accident

(Tick ☑ more than one if relevant)

1. Nature of injury

- ☐ Abrasions
- ☐ Amputation
- ☐ Asphyxia
- ☐ Burns (heat)
- ☐ Burns (chemical)
- ☐ Bruises and contusions
- ☐ Concussions
- ☐ Cuts
- ☐ Dislocation
- ☐ Effect of electric currents
- ☐ Effect of radiation
- ☐ Fracture
- ☐ Drown
- ☐ Laceration
- ☐ Sharp injuries
- ☐ Sprain & strain
- ☐ Internal injuries
- ☐ Splash of blood/body fluid
- ☐ Splash of chemicals
- ☐ Others (please specify) _____

2. Part of Body Injured

Head and Neck

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

Upper Limbs

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

Torso

- ☐ Back
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Groin

Lower Limbs

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

3. Mechanism of accident

- ☐ Struck against object
- ☐ Struck by sliding,falling, flying or other moving object
- ☐ Motor vehicle accident
- ☐ Caught in / or between object
- ☐ Fall or slip on same level
- ☐ Fall from height
- ☐ Injured while handling, lifting or carrying
- ☐ Contact with extreme temperature
- ☐ Exposure to / or contact with harmful substances / radiation
- ☐ Exposure to / or contact with electric currents
- ☐ Exposure to explosion
- ☐ Drowning
- ☐ Crush by moving / sliding object
- ☐ Needle stick / Needle prick
- ☐ Physical assault