
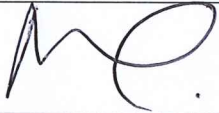
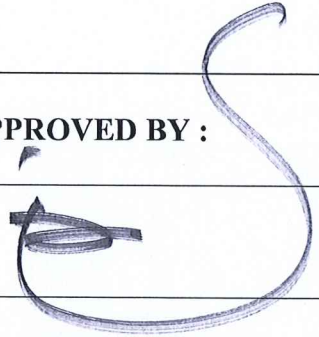



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HSE INCIDENT MANAGEMENT

PREPARED BY :	APPROVED BY :
SIGNATURE : 	SIGNATURE : 
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DATE : 04/10/2021	DATE : 04/10/2021

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REVISION HISTORY

Revision Number	Revision Date	Description of Amendment / Change
01	31/12/2017	Enhancement of documents.
02	02/01/2020	1. Conversion from OHSAS 18001:2007 and MS ISO 1722:2011 to MS ISO 45001:2018. 2. Enhancement of documents.
03	04/10/2021	Update the procedure to be registered in the KCA website for the purpose of QMS audit.

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1.0 Objective


- 1.1 To specific a procedure for reporting, investigating, taking action and manage incidents.

2.0 Scope

- 2.1 This procedure shall be applicable for all staff and relevant interested parties and shall cover the following when an incident occurs :
- 2.1.1 React in a timely manner, evaluate and review existing assessment of risks and other risks;
 - 2.1.2 Determine and implement any action needed;
 - 2.1.3 Assess risks that relate to new or changed hazards, prior to taking action;
 - 2.1.4 Review the effectiveness of any action taken, including corrective action; and
 - 2.1.5 Make changes to the HSEMS, if necessary.

3.0 Terms and Definitions

- 3.1 IIUM - International Islamic University Malaysia
- 3.2 KCDIOM - Kulliyah, Centre, Division, Institute, Office and Mahallah
- 3.3 OSHBE - Occupational Safety, Health and Built Environment Department
- 3.4 HSE - Health, Safety and Environment
- 3.5 HSEMS - Health, Safety and Environmental Management System
- 3.6 PROC - Procedure
- 3.7 IIUM's HSEMR - IIUM's HSE Management Representative
- 3.8 IIUM's DHSEMR - IIUM's Deputy HSE Management Representative
- 3.9 KCDIOM's HSEMR - KCDIOM's HSE Management Representative
- 3.10 KCDIOM's DHSEMR - KCDIOM's Deputy HSE Management Representative
- 3.11 NADOPOD - Occupational Safety and Health (Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Occupational Disease) Regulations, 2004
- 3.12 SHC - Safety and Health Committee
- 3.13 DOSH - Department of Occupational Safety and Health
- 3.14 DOE - Department of Environment


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- 3.15 JKKP - Jabatan Keselamatan dan Kesihatan Pekerjaan
- 3.16 JAS - Jabatan Alam Sekitar
- 3.17 PIC - Person In Charge
- 3.18 Injury and ill health - Adverse effect on the physical, mental or cognitive condition of a person
- Note 1 to entry: These adverse effects include occupational disease, illness and death.*
- Note 2 to entry: The term "injury and ill health" implies the presence of injury or ill health, either on their own or in combination.*
- MS ISO 45001:2018
- 3.19 Accident - An occurrence arising out of or in connection with work which results in fatal injury or non-fatal injury (NADOPOD, 2004)
- 3.20 Incident - Occurrence arising out of, or in the course of, work that could or does result in injury and ill health
- Note 1 to entry: An incident where injury and ill health occurs is sometimes referred to as an "accident".*
- Note 2 to entry: An incident where injury and ill health occurs, but has the potential to do so, may be referred to as a "near-miss", "near-hit" or "close-call".*
- Note 3 to entry: Although there can be one or more nonconformities related to an incident, an incident can also occur where there is no nonconformity.*
- MS ISO 45001:2018
- 3.21 Fatal injury - Injury leading to immediate death or death within one (1) year of the accident (NADOPOD, 2004)
- 3.22 Serious bodily injury - Any injury as listed in Schedule 1 (NADOPOD, 2004)
- 3.23 Non-fatal injury - A lost-time injury which prevents a worker from performing normal work and leads to permanent or temporary incapacity for work; or a no-lost-time injury where no work time is lost beyond that is required for medical attention (NADOPOD, 2004)
- 3.24 Dangerous occurrence - An occurrence arising out of or in connection with work and is of a class specified in Schedule 2 (NADOPOD, 2004)
- 3.25 Occupational poisoning and occupational disease - A poisoning or a disease arising out of or in connection with work and is of a class specified in Schedule 3 (NADOPOD, 2004)
- 3.26 Employee - A person who is employed for wages under a contract of service on or in connection with the work of an industry to which this Act applies and –

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- a) who is directly employed by the principal employer on any work of, or incidental or preliminary to or connected with the work of, the industry, whether such work is done by the employee at the place of work or elsewhere;
- b) Who is employed by or through an immediate employer at the place of work of the industry or under the supervision of the principal employer or his agent on work which is ordinarily part of the work of the industry or which is preliminary to the carried on in or incidental to the purpose of the industry; or
- c) Whose services are temporarily lent or let on hire to the principal employer by person with whom the person whose service are so lent or let on hire has entered into a contract of service

- 3.27 Employer - The immediate employer of the principal employer of both
- 3.28 Establishment - A single physical location where business is conducted or where services or industrial operations are performed; the place where the employees report for work, operate from, or from which they are paid
- 3.29 Exposure - The likelihood that a worker is or was subjected to some effect, influence, of any occupational hazards that can result in an occupational poisoning or occupational disease
- 3.30 First aid - Any one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such treatment and observation are considered first aid even though provided by a registered medical personnel. Examples of first aid cases are tetanus immunization, cleaning, flushing, soaking surface wounds, wound covering, hot or cold therapy, non-rigid support, eye patches, drilling fingernail or toenail, draining fluid from blister, massages, non prescription medication at non prescription strength and preventive administration of oxygen in the absence of symptom
- 3.31 First report of accident, dangerous occurrence, occupational poisoning and occupational disease - A report submitted by telephone or fax or other means and on the form JKKP 6 or JKKP 7 to DOSH
- 3.32 Register of Accident, Dangerous Occurrence, Occupational Poisoning and - The recordkeeping form used to list accidents, dangerous occurrence, occupational poisoning and occupational disease and to note the extent of each case for each year. The register should contain the following information: the calendar year covered, company's name, establishment address, fatality rate, severity rate, incident rate, frequency rate, signature of

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Occupational
Disease (Form
JKKP 8)

employer, title, and date

- 3.33 Lost-time
- Lost days (consecutive or not), counted from and including the day following the day of the accident, includes injury, diagnosis of occupational poisoning and occupational disease measured in calendar days, the employees was away from work
 - a) Lost workdays – away from work. The number of workdays (consecutive or not) on which the employee would have worked but could not because of occupational injury or occupational poisoning or occupational disease; or
 - b) the employee was assigned to another job on a temporary basis; or
 - c) the employee worked at a permanent job less than full time; or
 - d) the employee worked at a permanently assigned job but could not perform all duties normally connected with it


NOTE For fatal cases, the number of lost workdays is 6000 days.

The number of days away from work or days of restricted work activity does not include the day of injury or diagnosis of occupational poisoning or occupational disease

- 3.34 Lost workday cases
- Cases that involve days away from work or days of restricted work activity, or both
- 3.35 Medical treatment
- Includes treatment of injuries administered by a registered medical personnel. Medical treatment does not include first aid treatment (one time treatment and subsequent observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care) even though provided by a registered medical personnel
- 3.36 Occupational health practitioner
- Persons trained in occupational health such as doctors, nurses and hygienist
- 3.37 Occupational injury
- Any injury such as a cut, fracture, sprain, amputation, etc., resulting from a work accident or from a single instantaneous exposure in the work environment

NOTE Conditions resulting from animal bites, including insect or snake bite, and from one time exposure to chemicals while working are considered to be injuries.

- 3.38 Occupational injuries and occupational poisoning / diseases, extent and outcome
- All recordable occupational injuries or occupational poisoning / diseases result in either :
 - a) Fatalities, i.e. immediate death or death within one year of the accident, the injury, or the illness;

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b) Lost workday cases, other than fatalities, that result in lost workdays; or

c) non-fatal cases without lost workdays

- 3.39 Recordable cases - All accidents and dangerous occurrences which have occurred; to occur; arising out of or in connection with work, under his control, whether or not the accidents, dangerous occurrences, occupational poisonings and occupational diseases have been reported
- 3.40 Registered Medical Practitioner - A professional that involve in the provision of health services that include occupational health doctor, general practitioner and medical officer registered with Malaysia Medical Council
- 3.41 Standard Industrial Classification (SIC) - An Industrial Classification, for use in the classification of establishments by type or activity in which engaged, Each establishment is assigned an industry code for its major activity which is determined by the product manufactured or service rendered. Establishments may be classified in 2, 3, 4 or 5-digit industries according to the degree of information available
- 3.42 Work environment - Consists of the employer's premises and other locations where employees are engaged in work related activities or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employees during the course of his work

4.0 Reference Document


- 4.1 MS ISO 45001:2018 : 10.2 Incident, Nonconformity and Corrective Action.
- 4.2 Occupational Safety and Health (Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Occupational Disease) Regulations, 2004.
- 4.3 Guidelines on Occupational Safety and Health (Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Disease) Regulations, 2004.

5.0 Related Document


- 5.1 IIUM-MANUAL-01 : HSE Management System Manual.

6.0 Procedure


Steps	Roles / Responsibilities / Authorities / When	Output
6.1 Investigation Team / Personnel		
6.1.1 Train the investigation team / personnel on how to conduct incident investigation in an effective manner.	OSHBE / KCDIOM's HSEMR / KCDIOM's DHSEMR	Training records

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Steps	Roles / Responsibilities / Authorities / When	Output
Notification.		
6.3 DOSH Requirements		
6.3.1 Refer to IIUM-HSE-PROC-01-A01 : What an Employers Does in the Case of Accident, Dangerous Occurrence, Occupational Poisoning or Occupational Disease; IIUM-HSE-PROC-01-A02 : Guidelines for Establishing Work Relationship; IIUM-HSE-PROC-01-A03 : The Mechanisms of Notifying and Record Keeping; and IIUM-HSE-PROC-01-A04 : Location, Retention and Maintenance of Records.	OSHBE	JKKP 6, 7, 9 or 10
6.3.2 Whenever any accident arising out of or in connection with work which caused any person either : a) Death; or b) Serious bodily injury, as specified in First schedule, which prevent the person from following his normal occupation for more than four calendar days, or where dangerous occurrence, as specified in Second Schedule, takes places in any place of work, the employer shall : i- Forthwith notify the nearest DOSH office by the quickest means available; and ii- Within seven days send a report thereof in an approved form.	OSHBE	JKKP 6, 7, 9 or 10
6.3.3 Whenever any accident arising out of or in connection with work which causes bodily injuries to any person which prevents the person from following normal occupation for more than four calendar days, the employer shall, within seven days, send a report thereof in an approved form to DOSH office.	OSHBE	JKKP 6, 7, 9 or 10
6.3.4 Where an employee, as a result of an accident arising out of or in connection with work, has suffered an injury or condition reportable under subregulation	OSHBE	JKKP 6, 7, 9 or 10

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Steps	Roles / Responsibilities / Authorities / When	Output
(1) of NADOPOD which cause death within one year of the date of that accident, the employer shall inform the Director General in writing of the death as soon as it comes to his knowledge, whether or not the accident has been reported under subregulation (1) of NADOPOD.		
6.3.5 Where a person at work suffers or likely to suffer from one of the occupational poisoning or occupational diseases specified in column one of Third Schedule of NADOPOD and the work involves one of the activities specify in the corresponding in the column two of that schedule, the employer shall, within seven days send a report thereof to the nearest DOSH office.	OSHBE	JKKP 6, 7, 9 or 10
6.3.6 Every registered medical practitioner or medical officer attending to, or called in to visit, a patient whom he believes to be suffering from any of the occupational poisoning or occupational diseases listed in Third Schedule of NADOPOD, shall within seven days report the matter to the Director General of DOSH in an approved form and at the same time, notify the employer whom the patient states in his employer.	OSHBE	JKKP 6, 7, 9 or 10
6.4 Conduct Incident Investigation		
6.4.1 Provide early response if require execution of emergency response plans.	OSHBE / Investigation Team / Personnel	-
6.4.2 Mobilize investigation team / personnel after the emergency is under control.	OSHBE / Investigation Team / Personnel	-
6.4.3 Gather evidence by considering position, people, parts and paper as sources of evidence.	OSHBE / Investigation Team / Personnel	-
6.4.4 Analyze causes of incidents, and determine immediate and basic causes.	OSHBE / Investigation Team / Personnel	-
6.4.5 Recommend corrective and preventive actions after determining the causes of incidents.	OSHBE / Investigation Team / Personnel	-
6.4.6 Prepare investigation report by using IIUM-HSE-PROC-01-F02 : HSE Incident	OSHBE / Investigation Team / Personnel	IIUM-HSE-PROC-01-F02 : HSE Incident

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Steps	Roles / Responsibilities / Authorities / When	Output
Investigation Report.		Investigation Report.
6.5 Communicate, Review and Distribution		
6.5.1 Communicate the incidents / reports to all relevant personnel.	KCDIOM's HSEMR / KCDIOM's DHSEMR / KCDIOM's SHC	Internal memo, notice board, etc.
6.5.2 Review the investigation report.	KCDIOM's HSEMR / KCDIOM's DHSEMR / KCDIOM's SHC	-
6.5.3 Distribute copy the investigation report to action parties.	KCDIOM's HSEMR / KCDIOM's DHSEMR / KCDIOM's SHC	-
6.6 Follow-up		
6.6.1 Follow up on the corrective and preventive actions taken.	KCDIOM's HSEMR / KCDIOM's DHSEMR / KCDIOM's SHC	-
6.6.2 Review of the corrective and preventive actions taken.	KCDIOM's HSEMR / KCDIOM's DHSEMR / KCDIOM's SHC	-

7.0 Attachment

- 7.1 IIUM-HSE-PROC-01-A01 : What an Employer Does in the Case of an Accident, Dangerous Occurrence, Occupational Poisoning or Occupational Disease.
- 7.2 IIUM-HSE-PROC-01-A02 : Guidelines for Establishing Work Relationship.
- 7.3 IIUM-HSE-PROC-01-A03 : The Mechanisms of Notifying and Record Keeping.
- 7.4 IIUM-HSE-PROC-01-A04 : Location, Retention and Maintenance of Records.
- 7.5 IIUM-HSE-PROC-01-A05 : List of Table.

Table 1 : Size of Industry

Table 2 : Industrial Sector

Table 3 : Industrial Classification

Table 4 : Area or Location in the Workplace

Table 5 : Responsible Person at Construction Site

Table 6 : Dangerous Occurrence


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Table 7 : Status of Employment

Table 8 : Occupation (Job Description)

Table 9 : Types of Occupational Accident

Table 10 : Types of Injury

Table 11 : Agent Causing Accident

Table 12 : Site of Injury / Poisoning / Disease

Table 13 : Immediate Cause of Accident

Table 14 : Basic Cause of Accident

Table 15 : Types of Hazard

Table 16 : Types of Poisoning / Disease

Table 17 : Route of Entry

Table 18 : Mechanism of Poisoning / Disease

Table 19 : Implication from the Poisoning / Disease

7.6 IIUM-HSE-PROC-01-F01 : HSE Incident Notification.

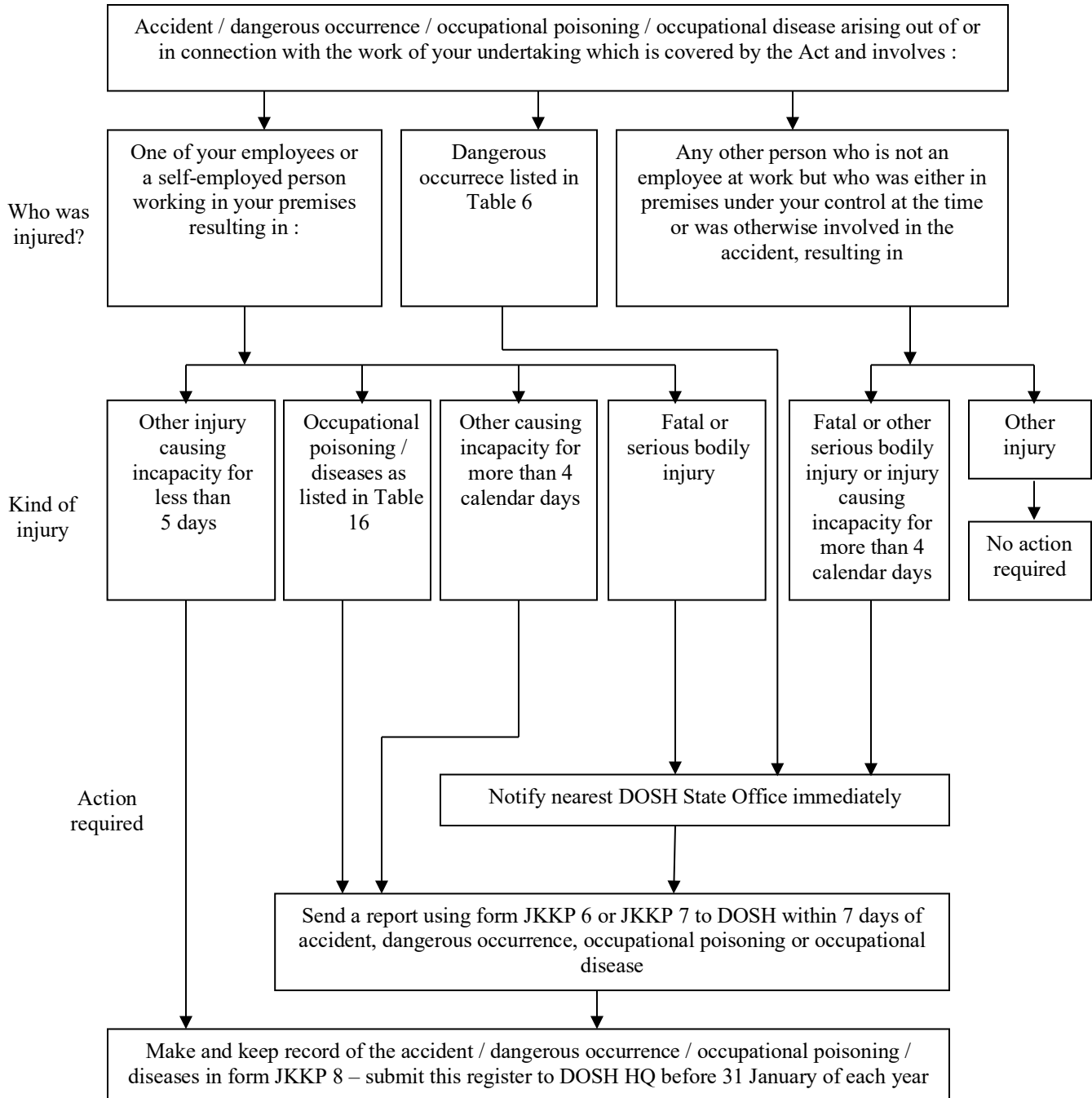
7.7 IIUM-HSE-PROC-01-F01 : HSE Incident Notification - Sample.

7.8 IIUM-HSE-PROC-01-F02 : HSE Incident Investigation Report.

7.9 IIUM-HSE-PROC-01-F02 : HSE Incident Investigation Report - Sample.



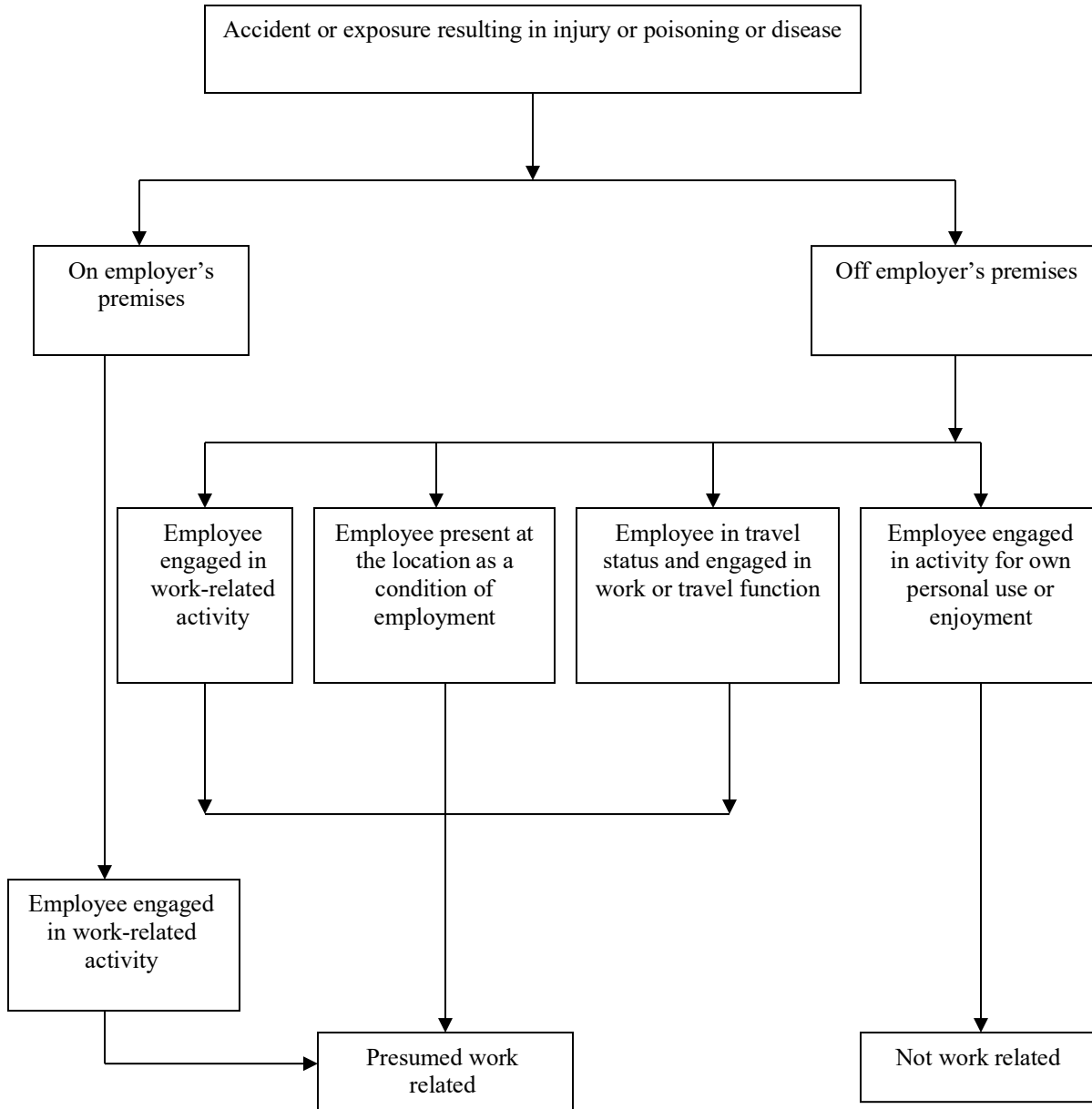
WHAT AN EMPLOYER DOES IN THE CASE OF AN ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING OR OCCUPATIONAL DISEASE



Note : Refer to NADOPOD Guidelines



GUIDELINES FOR ESTABLISHING WORK RELATIONSHIP



Note : Refer to NADOPOD Guidelines



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THE MECHANISMS OF NOTIFYING AND RECORD KEEPING

1. Three forms are used for notifying and record keeping.
 - (a) Form **JKKP 6** : Form for Notification of Accident and Dangerous Occurrence.
 - (b) Form **JKKP 7** : Form for Notification of Occupational Poisoning and Occupational Disease.
 - (c) Form **JKKP 8** : Serves as Register of Occupational Accidents, Dangerous Occurrence, Occupational Poisoning and Occupational Disease, on which the occurrence and extent of cases are recorded during the year; and is used to summarize the records of occupational accidents, dangerous occurrence, occupational poisoning and occupational disease, at the end of the year to satisfy employers' obligations to submit the register.
2. Form **JKKP 6** : Form for Notification of Accident and Dangerous Occurrence.
 - a) Employer is to fill this form JKKP 6 and send to the nearest Department of Occupational Safety and Health Office within seven days of the date of accident or dangerous occurrence.
 - b) For every accident or dangerous occurrence reported using this form, it is necessary to record the incident in the register i.e. in form **JKKP 8**.
3. Form **JKKP 7** : Form for Notification of Occupational Poisoning and Occupational Diseases.
 - a) Employers of any person suffering from any of the occupational poisoning or occupational disease listed in **Schedule 3** of the regulation or **Table 16** shall report to the nearest Department of Occupational Safety and Health Office using form **JKKP 7** within seven days of knowing the case exist.
 - b) Every registered medical practitioner or medical officer attending to, or called in to visit, a patient whom he believes to be suffering any of the occupational poisoning or occupational disease listed in **Schedule 3** of the regulation or **Table 16** shall report the matter to the Director General using the form **JKKP 7** within seven days of diagnosing the poisoning or disease.
 - c) For every occupational poisoning or occupational disease reported using form **JKKP 7**, it is necessary to record the occurrence of the poisoning or disease in the from **JKKP 8** upon completion of investigation of the case by the employer.



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4. The Register of Accidents, Dangerous Occurrence Occupational Poisoning and Occupational Disease (Form **JKKP 8**).

- a) The register is used for recording details of all accidents, dangerous occurrences, occupational poisonings and occupational disease that occurred at the workplace whether notifiable or not. The register also to be used in classifying occupational injuries and occupational poisoning and occupational disease, and for noting the extent of each case. The register shows when the accidents, dangerous occurrence, occupational poisoning or occupational disease occurred, to whom, the regular job of the injured or ill person at the time of the accident or poisoning or disease exposure, the kind of injury or poisoning or diseases, how much time was lost, whether the case resulted in a fatality, etc. The register consists of three part: A descriptive section which identifies the employee and briefly describes the injury or poisoning or disease; a section covering the extent of the injuries recorded; and a section on the type extent of poisoning or diseases.
- b) The form **JKKP 8** is used by employers as their record of accidents, dangerous occurrence, occupational poisoning and occupational disease. However, a private form equivalent to the form **JKKP 8**, such as a computer printout, may be used if it contains the same detail as the form **JKKP 8** and is as readable and comprehensible as the form **JKKP 8** to a person not familiar with the equivalent form.

5. The employers are required to send to the Director General a copy of the form **JKKP 8** before 31 January of each year. The register shall contain records for a period of twelve months ending 31 December of each previous year. For the purpose of complying with this requirement, it is required of the employer to reproduce the form **JKKP 8**.

If there are no recordable cases for that particular year, the employer shall inform in writing to the Director General, giving details of the organization.

6. All the forms can be downloaded from the DOSH's website. The address of the website is <http://dosh.mohr.gov.my>. The forms can also be obtained from any of the state offices in each state. Employers can reproduce the forms on their own provided they have the same format and details.



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LOCATION, RETENTION AND MAINTENANCE OF RECORDS

1. Ordinarily, accident, dangerous occurrence, injury, poisoning and disease records must be kept by employer for each of their establishments. This chapter describes what is considered to be an establishment for recordkeeping purposes, where the records must be located, how long they must be kept, and how they should be updated.
2. If an employer has more than one establishment, a separate set of records must be maintained for each one. The reporting and recordkeeping requirement is for each establishment or place of work, i.e. for each “single physical location where business is conducted or where services of industrial operations are performed”. Examples include a factory, mill, store, hotel, restaurant, movie theater, farm, ranch, sales office, warehouse, or central administrative office.
3. Accident, dangerous occurrence, injury, poisoning and disease records (Forms **JKKP 6**, **JKKP 7** and **JKKP 8**) must be kept for every physical location where operations are performed. As a guidance records for these employees should be located as follows:
 - a) Records for employees working at fixed locations, such as factories, stores, restaurants, warehouses, etc., should be kept at the work location.
 - b) Records for employees who report to a fixed location but work elsewhere should be kept at the place where the employees report each day. These employees are generally engaged in activities such as agriculture, construction, transportation, etc.
 - c) Records for employees whose payroll or personnel records are maintained at a fixed location, but who do not report or work at a single establishment, should be maintained at the base from which they are paid or the base of their firm’s personnel operations. This category includes generally unsupervised employees such as travelling salespeople, technicians, or engineers who spend most of their time at site.
 - d) There are employees who do not work at fixed location or fixed place of work, are subjected to common supervision, but do not report or work at a fixed location on a regular basis. For example, there employees are engaged in physically dispersed activities that occur in construction, installation, repair, or service operations. Records for these employees should be located as follows :
 - i- Records may be kept at the field office or mobile base of operations.
 - ii- Records may also be kept at an established central location. If the records are maintained centrally:
 - the address and telephone number of the place where records are kept must be available at the worksite; and
 - there must be someone available at the central location during normal business hours to provide information from the records.



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

4. Form JKKP 8 must be retained in each establishment for at least 5 calendar years from the date on which it was made. If an establishment changes ownership, the new employer must preserve the records for the remainder of the 5-year period. However, the new employer is not responsible for updating the records of the former owner.
5. In addition to keeping a copy of the records on a calendar year basis, employers are required to update form JKKP 8 to include newly discovered cases and to reflect changes which occur in recorded cases after the end of the calendar year. Maintenance or updating of the register is different from the retention of records discussed in the previous chapter. Although all accident, dangerous occurrence, occupational poisoning and occupational disease records must be retained, only the register i.e. form JKKP 8 must be updated by the employer. If, during the 5-year retention period, there is a change in the extent or outcome of an injury or poisoning or disease which affects an entry on a previous year's register, then the first entry should be lined out and a corrected entry made on that register. Also, new entries should be made for previously unrecorded cases that are discovered after the end of the year in which the case occurred. Register totals should also be modified to reflect these changes.



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TABLE 1 : SIZE OF INDUSTRY

Particulars	Code
Satisfy any of this condition: Annual sales turnover < RM10 million or employing less than 50 workers	SMALL
Satisfy any of this condition: Annual sales turnover RM10 million-RRM25 million or employing between 51-150 workers	MEDIUM
Satisfy any of this condition: Annual sales turnover < RM25 million or workers more than 150	BIG

TABLE 2 : INDUSTRIAL SECTOR

Industrial Sector	Code
Agriculture	4
Business Trade	22
Civil Service	23 (for IIUM)
Communication	14
Construction	3
Facility - Electric	8
Facility - Gas	9
Facility – Sanitary	11
Facility - Water	10
Finance	19
Fishing	6
Forestry	5
Hotel	17
Insurance	20
Local Authority	24
Logging	7
Manufacturing	1
Mining and Quarrying	2
Property	21
Restaurant	18
Retail Trade	16
Storage	13
Transport	12
Wholesale Trade	15

TABLE 3 : INDUSTRIAL CLASSIFICATION

Education :

Particulars	Code
College and University Education	80301 (for IIUM)



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TABLE 4 : AREA OR LOCATION IN THE WORKPLACE

Area	Code
Canteen	1
Factory Compound / Car Park	9
Field Area	6
Finished Product Store	8
Guard House	11
Laboratory	10
Office	3
Production / Process Area	5
Raw Material Store	7
Recreation / Religious Area (eg. Gym, Surau etc.)	4
Workshop	2

TABLE 5 : RESPONSIBLE PERSON AT CONSTRUCTION SITE

Responsibility
Main Contractor
Sub-contractor

TABLE 6 : DANGEROUS OCCURRENCE

Particulars	Code
DANGEROUS OCCURRENCES WHICH ARE NOTIFIABLE WHEREVER THEY OCCUR	
Collapse of scaffolding	100
A collapse or part collapse of any scaffold which is more than 5 metres high which results in a substantial part of the scaffold falling or overturning	110
Collapse of a building or structure	200
At any building or structure under construction, reconstruction, alteration, or demolition, a collapse or partial collapse of any part of the building or structure, or of any false-work, except where the manner and extent of collapse or partial collapse was intentional	210
Electrical short circuit	300
Electrical short circuit or overload attended by fire or explosion which resulted in the stoppage of the plant involved for more than 24 hours and which might have been liable to cause services bodily injury to any person	310
Escape of substance	400
The uncontrolled release or escape of any substance or agent in circumstance which, might be liable to cause damage to health of, or serious injury to, any person	410
Explosion, fire or failure of structure	500
Explosion or fire or failure of structure affecting the safety or strength of any room or place in which persons work or to any machinery or plant contained	510



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Particulars	Code
therein	
Any explosion or fire occurring in any place of work which resulted in the stoppage or suspension of normal work in that place for more than 24 hours, where such explosion or fire was due to the ignition of process material, their by-products or finished	520
Bursting of a revolving vessel, wheel, grindstone or grinding wheel moved by mechanical power	530
The bursting, explosion or collapse of a pipe-line or any part thereof; or the ignition of anything in a pipe line, or anything which immediately before it was ignited I was in a pipe line	540
Explosion, collapse, bursting or failure of structure affecting the safety or strength of any closed vessel including steam boiler or an unfired pressure vessel; the loss of water, the melting of fusible plug and the bursting of a tube	550
Fire or explosion in a warehouse or storage area where hazardous substances are stored	560
Lifting machinery, etc.	600
The collapse of, the overturning or the failure of any load bearing part or any crane, derrick, which, hoist, piling frame, lift, excavator or other appliance used in raising or lowering persons or goods, or any part thereof	610

TABLE 7 : STATUS OF EMPLOYMENT

Status
Employee
Self Employed
Others

TABLE 8 : OCCUPATION (JOB DESCRIPTION)

Occupation (Job Description)	Code
Agricultural, fishery and related labourers	920
Corporate managers	120
Directors and chief executives	121
General Managers	131
Other departmental managers	123
Production and operations department managers	122
Customer service clerks	420
Cashiers, tellers and related clerks	421
Client information clerks	422
Drivers and mobile plant operators	830
Agricultural and other mobile plant operators	833
Locomotive engine-drivers and related workers	831
Motor vehicle drivers	832
Ships' deck crews and related workers	834
Extraction and building trade workers	710
Building finishers and related trades workers	713



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Occupation (Job Description)	Code
Building frame and related trades workers	712
Miners, shot-firers, stonecutters and carvers	711
Painters, building structure cleaners and related trade workers	714
Labourers in mining, construction, manufacturing and transport	930
Manufacturing labourers	932
Mining and construction labourers	931
Transport labourers and freight handlers	933
Legislators and senior officials	110
Legislators	111
Senior government officials	112
Senior officials of special interest organizations	114
Traditional chiefs and heads of villages	113
Life science and health associate professionals	320
Life science technicians and related associate professionals	321
Modern health associate professional (except nursing)	322
Nursing and midwifery associate professionals	323
Traditional medicine practitioners and faith-healers	324
Life science and health professionals	220
Health professionals (except nursing)	222
Life science professionals	221
Nursing and midwifery professionals	223
Machine operators and assemblers	820
Assemblers	828
Chemical product machine operators	822
Food and related products machine operators	827
Metal and mineral product operators	821
Printing, binding and paper products machine operators	825
Rubber and plastic products machine operators	823
Textile, fur and leather products machine operators	826
Wood products machine operators	824
Other machine operators and assemblers	829
Market-oriented skilled agricultural and fishery workers	610
Fishery workers, hunters and trappers	615
Forestry and related workers	614
Market gardeners and crop growers	611
Market-oriented animal producers and related workers	612
Market-oriented crop and animal producers	613
Metal, machinery and related trades workers	720
Blacksmiths, toolmakers and related trades workers	722
Electrical and electronic equipment mechanics and fitters	724
Machinery mechanics and fitters	723
Metal moulders, welders, sheet-metalworkers, structural-metal preparers and related	721
Models, salespersons and demonstrators	520
Fashion and other models	521
Shop salespersons and demonstrators	522
Stall and market salespersons	523
Office clerks	410



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Occupation (Job Description)	Code
Library, mail and related clerks	414
Material-recording and transport clerks	413
Numerical clerks	412
Secretaries and keyboard-operating clerks	411
Other office clerks	419
Personal and protective services workers	510
Astrologers, fortune-tellers and related workers	515
Housekeeping and restaurant services workers	512
Personal care and related workers	513
Protective services workers	516
Travel attendants and related workers	511
Other personal service workers	514
Physical and engineering science associate professionals	310
Computer associate professionals	312
Optical and electronic equipment operators	313
Physical and engineering science technicians	311
Safety and quality inspectors	315
Ship and aircraft controllers and technicians	314
Physical, mathematical and engineering science professionals	210
Architects, engineers and related professionals	214
Computing professionals	213
Mathematicians, statisticians and related professionals	212
Physicists, chemists and related professionals	211
Precision, handicraft, printing and related trades workers	730
Handicraft workers in wood, textile, leather and related materials	733
Potters, glass-makers and related trades workers	732
Precision workers in metal and related materials	731
Printing and related trades workers	734
Other craft and related trades workers	740
Felt, leather and shoemaking trades workers	744
Food processing and related trades workers	741
Textile, garment and related trades workers	743
Wood treaters, cabinet-makers and related trades workers	742
Police	010
Sales and services elementary occupations	910
Building caretakers, window and related cleaners	914
Domestic and related helpers, cleaners and launderers	913
Garbage collectors and related labourers	916
Messengers, porters, doorkeepers and related workers	915
Shoe cleaning and other street services elementary occupations	912
Street vendors and related workers	911
Stationary plant and related operators	810
Automated assembly-line and industrial robot operators	817
Chemical processing plant operators	815
Glass, ceramics and related plant operators	813
Metal-processing plant operators	812
Mining and mineral-processing plant operators	811
Power production and related plant operators	816



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Occupation (Job Description)	Code
Wood processing and papermaking plant operators	814
Subsistence agricultural and fishery workers	620
Subsistence agricultural and fishery workers	621
Teaching professionals	230
College, university and higher education teaching professionals	231
Other teaching professionals	235
Primary and pre-primary education teaching professionals	233
Secondary education teaching professionals	232
Special education teaching professionals	234
Other professionals	240
Archivists, librarians and related information professionals	243
Business professionals	241
Legal professionals	242
Religious professionals	246
Social science and related professionals	244
Writers and creative or performing artists	245
Teaching associate professionals	330
Pre-primary education teaching associate professionals	332
Primary education teaching associate professionals	331
Special education teaching associate professionals	333
Other teaching associate professionals	334
Other associate professionals	340
Administrative associate professionals	343
Artistic, entertainment and sports associate professionals	347
Business services agents and trade brokers	342
Customs, tax and related government associate professionals	344
Finance and sales associate professionals	341
Police inspectors and detectives	345
Religious associate professionals	348
Social work associate professionals	346

TABLE 9 : TYPES OF OCCUPATIONAL ACCIDENT

Types of Occupational Accident	Code
Caught in or between objects	400
Caught in an object	410
Caught between moving objects (except flying or falling objects)	430
Exposure to contact with extreme temperatures	600
Contact with hot substance or objects	630
Contact with very cold substance or objects	640
Exposure to cold (atmosphere or environment)	620
Exposure to heat (atmosphere or environment)	610
Exposure to contact with electric current	700
Exposure to contact with harmful substances or radiations	800
Contact by inhalation, ingestion or absorption of harmful substances	810
Exposure to ionizing radiations	820
Exposure to radiations other than ionizing radiations	830



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Types of Occupational Accident	Code
Falls of persons	100
Falls of persons from heights (trees, buildings, scaffolds, ladders, machine, vehicles) and into depth (wells, ditches, excavations, holes in the ground)	110
Fall of the person on the same level	120
Fall of person into depth (wells, ditches, excavations, shaft, holes in ground)	130
Overexertion or strenuous movements	500
Overexertion in lifting objects	510
Overexertion in pushing or pulling objects	520
Overexertion in handling or throwing objects	530
Strenuous movement	540
Stepping on, striking against or struck by objects including falling objects	300
Stepping on objects	310
Striking against stationery objects (except impacts due to a previous fall)	320
Striking against moving objects	330
Struck by moving objects (including flying fragments and particles) excluding falling objects	340
Struck by falling objects	200
Collapse (building, walls scaffolds, ladders, piles of goods)	220
Slides and cave-ins (earth, rocks, stones, snow)	210
Struck by falling objects during handling	230
Struck by falling objects, not elsewhere classified	240
Other types of accident, not elsewhere classified, including accidents not classified for lack of sufficient data	900
Accidents not classified for lack of sufficient data	920
Other type of accident, not elsewhere classified	910

TABLE 10 : TYPES OF INJURY

Types of Injury	Code
Acute poisonings. Includes the acute effects of the injection, ingestion, absorption or inhalation of toxic, corrosive or caustic substances; bites of venomous animals; asphyxiation by carbon monoxide or other toxic gases. Excludes external chemical burns	70
Amputations and enucleations. Includes traumatic avulsion of the eye	40
Asphyxia. Includes drowning, asphyxiation or suffocation by compression, constriction or strangulation also includes asphyxiation by suppression or reduction of oxygen in the surrounding atmosphere and asphyxiation by foreign bodies in the respiratory tra	81
Burns. Includes burns from hot objects; from fire; scalds; friction burns; radiation burns (infra-red chemical burns (external burns only); burns with open wound. Excludes burns due to swallowing a corrosive or caustic substance (70); sunburns (80); effect	60
Concussions and other internal injuries. Includes, unless fractures are involved, all internal contusions, hemorrhages, lacerations, ruptures. Excludes those injuries with fracture (10). Includes, unless fractures are involved, all internal contusions	30
Contusions and crushing. Includes haemarthrosis, hematoma and bruises; contusions and crushing associated with superficial injuries. Excludes	55



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Types of Injury	Code
concussions (30); contusions and crushing with fracture (10); and contusions and crushings with an open wound	
Dislocations. Includes subluxations and displacements. Excludes fracture dislocations (10)	20
Effects of electric currents. Includes electrocution, electrical shock and burns due to electric currents. Excludes burns caused by hot parts of electrical appliances (70) and the effects of lighting (80)	82
Effects of radiations. Includes effects caused by X-rays, radioactive substances, ultraviolet rays, ionizing radiations. Excludes burns due to radiations (60) and sunstrokes (80)	83
Effects of weather, exposure, and related conditions. Includes effects of reduced temperature (frostbite); the effects of heat and insolation (heatstroke, sunstrokes); barotrauma (effects of high altitude, decompression); the effect: of lighting; sound	80
Fractures. Includes simple fractures; fractures with injuries to soft parts of the body (compound fractures); fractures with injuries to articulations (dislocations, etc.); fractures with internal or nerve injuries	10
Multiple injuries of different nature. This group should be used only for cases where the injured person sustained several injuries of a different nature and no injury is obviously more severe than the others	90
Sprains and strains. Includes, unless associated with an open wound, the rupture, tears and lacerations of muscles, tendons, ligaments and joints, as well as hernias due to over exertion	25
Superficial injuries. Includes abrasions, scratches, blisters, bites of non-venomous insects, superficial wounds, also includes superficial injuries to foreign bodies entering the eye	50
Other and unspecified injuries. This group should only be used to classify injuries which cannot be classified elsewhere, such as infections. Includes various early complications of trauma and pathological reactions which should be classified in this group	99
Other wounds. Includes lacerations, open wounds, cuts, contusions with wounds, scalp wounds, as well as loss of nails or ears; includes wounds involving injury to nerves. Excludes traumatic amputations, enucleations; avulsion of eye (40); compound fact	41

TABLE 11 : AGENT CAUSING ACCIDENT

Agent Causing Accident	Code
Agencies not classified for lack of sufficient data	700
Machines	100
Abrasive wheels	134
Agricultural machines	150
Circular saw	141
Earth-moving machines, excavating and scrapping machines, except means of transport	191
Forging machines	136
Internal combustion engines	112
Lathes	132
Machines for the manufacture of foodstuffs and beverages	193



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Agent Causing Accident	Code
Machines for the manufacture of paper	194
Mechanical shears	135
Metalworking machines	130
Milling machines	133
Mining machinery	160
Molding machines	143
Overhand planes	144
Power presses	131
Prime movers, except electrical motors	110
Printing machines	195
Reapers (including combine reapers)	151
Rolling-mills	137
Spinning, weaving and other textile machines	192
Steam engines	111
Threshers	152
Transmission belts, cables, pulleys, pinions, chain	122
Transmission machinery	120
Transmission shafts	121
Under-cutters	161
Wood and assimilated machines	140
Other agricultural machines	159
Other metal working machines	139
Other mining machinery	169
Other saw	142
Other transmission machinery	129
Other unclassified machines	199
Other wood related machines	149
Other machines	113
Other machines not elsewhere classified	190
Materials, substances and radiations	400
Chemicals not elsewhere classified	424
Dusts	421
Dusts, gases, liquids and chemicals, excluding explosive	420
Explosives	410
Flying fragments	430
Gases, vapours, fumes	422
Ionizing radiations	441
Liquids not elsewhere classified	423
Other chemicals	429
Radiations	440
Other type or radiation	449
Other materials and substances not elsewhere classified	490
Means of transport and lifting equipment	200
Animal-drawn vehicles	235
Cable-cars	261
Cranes	211
Hand-drawn vehicles	236
Inter-urban railways	221



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Agent Causing Accident	Code
Lifting machines and appliances	210
Lifts and elevators	212
Lorries	232
Means of air transport	240
Means of rail transport	220
Means of water transport	250
Mechanical conveyors, except cable-cars	262
Motor vehicles, not elsewhere classified	234
Motorized means of water transport	251
Non-motorized means of water transport	252
Other means of transport	260
Other rail transport machines	229
Other transport and lifting machines	219
Other vehicles	239
Other wheeled means of transport, excluding rail transport	230
Pulley blocks	214
Rail transport in mines, tunnels, quarries	222
Tractors	231
Trucks	233
Winches	213
Other transportation equipment	269
Working environment	500
Confined quarters	522
Environmental factors (lifting, ventilation, temperature)	526
Fire	535
Floor openings and walls openings	525
Floors	521
Floors of mine roads and tunnels, etc	532
Indoor	520
Mine shafts	534
Outdoor	510
Roofs and faces of mine roads and tunnels, etc.	531
Stairs	523
Traffic and working surfaces	512
Underground	530
Water	513
Weather	511
Working faces of mines, tunnels, etc	533
Other environmental factor	519
Other traffic and working surfaces	524
Other equipment	300
Boilers	311
Caissons, diving equipment	315
Gas cylinders	314
Pressure vessels	310
Pressurized containers	312
Pressurized piping and accessories	313
Others	319



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Agent Causing Accident	Code
Furnaces, ovens, kilns	320
Blast furnaces	321
Kilns	324
Other furnaces	323
Oven	325
Refining furnaces	322
Refrigerating plants	330
Refrigerating installations, including electronic motors	340
Conductors	342
Control apparatus	344
Transformers	343
Others	349
Rotating machines	341
Electrics hand tools	350
Tools, implements and appliances, except electric hand tools	360
Hand tools, not power driven	362
Others	369
Ladders, mobile ramps	370
Scaffolding	380
Other equipment, not elsewhere classified	390
Other agencies, not elsewhere classified	600
Animals	610
Animals products	612
Live animals	611
Other agencies, not elsewhere classified	690

TABLE 12 : SITE OF INJURY / POISONING / DISEASE

Site of Injury / Poisoning / Disease	Code
Head	100
Cranium region (including skull, brain, cerebrospinal fluid etc.	101
Central nervous system	102
Peripheral nervous system	103
Scalp and hair	104
Eye (including lens, orbit, optic nerves etc.)	105
Ear (including external, middle, internal ear and sensorineural nerves)	106
Mouth (including lips, teeth, gums, tongue, palate etc.)	107
Nose	108
Face, locations not classified elsewhere	109
Skin and subcutaneous tissues of the head region	110
Nerves and blood supply of the head region	111
Head, multiple locations	112
Head, unspecified location	113
Neck	200
Neck region (including adjoining muscles, tendon, ligament, synovium, bursa etc.)	201
Throat (including thyroid gland, tonsil, glottis, epiglottis etc.)	202



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Site of Injury / Poisoning / Disease	Code
Cervical vertebra and cervical column	203
Inter vertebral disc or cervical vertebra	204
Skin and subcutaneous tissues of the neck region	205
Nerves and blood supply of the neck region	206
Trunk	300
Back (including adjoining muscles, tendon, ligament, synovium, bursa etc.)	301
Spinal bone including spinal column	302
Inter vertebral disc	303
Esophagus	304
Chest (including ribs, sternum, breast, adjoining muscles, tendon, ligament, synovium, bursa etc.)	305
Trachea	306
Brochopulmonary region	307
Cardiovascular system	308
Abdomen (including abdominal muscles etc.)	309
Urinary system (including kidneys, bladder, ureter, urethra etc.)	310
Reproductive system	311
Gastrointestinal system (including stomach, intestine, liver, pancreas, gallbladder, biliary tract, spleen etc.)	312
Skin and subcutaneous tissues of the trunk	313
Nerves and blood supply of the trunk	314
Trunk, multiple locations	315
Trunk, unspecified locations	316
Upper limb	400
Shoulder (including shoulder joint)	401
Clavicle	402
Scapular	403
Upper arm	404
Elbow (including elbow joint)	405
Forearm	406
Wrist (including wrist joint)	407
Hand (except fingers alone)	408
Fingers (including joints of the fingers)	409
Finger nails	410
Nerves and blood supply of the upper limbs	411
Tendon, ligament, synovium and bursa of the upper limb	412
Upper limb, multiple locations	413
Upper limb, unspecified locations	414
Lower limb	500
Hip (including hip joint)	501
Thigh (upper leg)	502
Knee (including knee joint)	503
Leg (lower leg)	504
Ankle (including ankle joint)	505
Foot (except toes alone)	506
Toes (including joints of the toes)	507
Toe nails	508
Nerves and blood supply of the lower limb	509



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Site of Injury / Poisoning / Disease	Code
Tendon, ligament, synovium and bursa of the lower limb	510
Lower limb, multiple locations	511
Lower limb, unspecified locations	512
Multiple locations	600
Head and trunk	601
Head and one or more limbs	602
Trunk and one of the limbs	603
One upper limb and one lower limb	604
More than two limbs	605
Other multiple locations	606
Multiple locations, unspecified	607
General injuries / poisonings / diseases	700
Circulatory system in general	701
Cardiovascular system in general	702
Nervous system in general	703
Respiratory system in general	704
Gastrointestinal system in general	705
Urinary system in general	706
Reproductive system in general	707
Endocrine system in general	708
Immune system in general	709
Musculoskeletal system in general	710
Systemic involvements	711
Other general injuries / poisonings / diseases	712
General injuries / poisonings / diseases, unspecified	713

TABLE 13 : IMMEDIATE CAUSE OF ACCIDENT

Immediate Cause of Accident	Code
Substandard Practices	A00
Failing to use personal protective equipment properly	A09
Failure to secure	A03
Failure to warn	A02
Horseplay	A15
Improper lifting	A12
Improper loading	A10
Improper placement	A11
Improper position for task	A13
Making safety devices inoperable	A05
Operating at improper speed	A04
Operating equipment without authority	A01
Removing safety devices	A06
Servicing equipment in operation	A14
Under influence of alcohol and / or other drugs	A16
Using defective equipment	A07
Using equipment improperly	A08
Others	A17



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Immediate Cause of Accident	Code
Substandard conditions	B00
Congestion or restricted action	B04
Defective tools, equipment or materials	B03
Fire and explosion hazards	B06
Hazardous environmental conditions: gases, dust, smoke, fumes, vapors	B08
High or low temperature exposures	B11
Inadequate guards or barriers	B01
Inadequate or excessive illumination	B12
Inadequate or improper protective equipment	B02
Inadequate ventilation	B13
Inadequate warning systems	B05
Noise exposures	B09
Poor housekeeping; disorderly workplace	B07
Radiation exposure	B10
Others	B14

TABLE 14 : BASIC CAUSE OF ACCIDENT

Job Factor	Code
Abuse or Misuse	J800
Intentional abuse or misuse condoned by supervision	J801
Intentional abuse or misuse not condoned by supervision	J803
Unintentional abuse or misuse condoned by supervision	J802
Unintentional abuse or misuse not condoned by supervision	J804
Inadequate Leadership and Supervision	J100
Giving inadequate policy, procedure, practices or guidelines	J104
Giving objectives goals or standards that conflict	J105
Improper or insufficient delegation	J103
Inadequate identification and evaluation of loss exposure	J109
Inadequate instructions, orientation and / or training	J107
Inadequate matching of individual qualifications and job / task requirement	J111
Inadequate or incorrect performance feedback	J113
Inadequate performance measurement and evaluation	J112
Inadequate work panning or programming	J106
Lack of supervisory / management job knowledge	J110
Providing inadequate reference documents, directive and guidance pubs	J108
Unclear or conflicting assignment of responsibility	J102
Unclear or conflicting reporting relationships	J101
Inadequate Engineering	J200
Inadequate assessment of loss exposure	J201
Inadequate assessment of operational readiness	J205
Inadequate consideration of human factor / ergonomics	J202
Inadequate evaluation of charges	J207
Inadequate monitoring of construction	J204
Inadequate monitoring of initial operation	J206
Inadequate standard, specifications and / or design criteria	J203
Inadequate purchasing	J300



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Job Factor	Code
Inadequate handling of materials	J307
Inadequate storage of materials	J308
Inadequate transportation of materials	J309
Inadequate communications of safety and health data	J306
Inadequate identification of hazardous items	J310
Inadequate mode or route of shipment	J304
Inadequate receiving inspection and acceptance	J305
Inadequate research on materials / equipment	J302
Inadequate specifications on requisitions	J301
Inadequate specifications to vendors	J303
Inadequate maintenance	J400
Inadequate preventive assessment of needs	J401
Inadequate preventive lubricant and servicing	J402
Inadequate preventive adjustment / assembly	J403
Inadequate preventive cleaning or resurfacing	J404
Inadequate reparative communications of needs	J405
Inadequate reparative scheduling of works	J406
Inadequate reparative examination of units	J407
Inadequate reparative part substitution	J408
Inadequate tools and equipment	J500
Inadequate adjustment / repair / maintenance	J505
Inadequate assessment of needs and risks	J501
Inadequate availability	J504
Inadequate human factors / ergonomics considerations	J502
Inadequate removal and replacement of unsuitable items	J507
Inadequate salvage and reclamation	J506
Inadequate standard or specification	J503
Inadequate work standard	J600
Inadequate communication of standard	J602
Inadequate development of standards	J601
Inadequate maintenance of standard	J603
Wear and tear	J700
Improper extension of service life	J702
Improper loading or rate of use	J704
Inadequate inspection and / or monitoring	J703
Inadequate maintenance	J705
Inadequate planning or use	J701
Use by unqualified or untrained people	J706
Use for wrong purpose	J707

Personal Factor	Code
Improper Motivation	P700
Excessive frustration	P704
Improper attempt to avoid discomfort	P707
Improper attempt to save time or effort	P706
Improper attempt to gain attention	P708
Improper production incentives	P713



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Personal Factor	Code
Improper performance is rewarding	P701
Inadequate performance	P711
Inadequate reinforcement of proper behavior	P712
Inappropriate frustration	P705
Inappropriate supervisory example	P709
Lack of incentives	P703
Proper performances is punishing	P702
Inadequate Mental / Psychological Capability	P200
Emotional disturbance	P202
Fears and phobias	P201
Inability to comprehend	P205
Intelligence level	P204
Low learning aptitude	P210
Low mechanical aptitude	P209
Memory failure	P211
Mental illness	P203
Poor coordination	P207
Poor judgement	P206
Slow reaction time	P208
Inadequate physical / physiological	P100
Hearing deficiency	P107
Inappropriate height, weight, size, strength, reach, etc	P101
Limited ability to sustain body positions	P103
Respiratory incapacity	P109
Restricted range of body movement	P102
Sensitivities to sensory extremes (temperature, sound, etc)	P105
Substance sensitivities or allergies	P104
Temporary disabilities	P111
Vision deficiency	P106
Other permanent physical disabilities	P110
Other sensory deficiency (touch, taste, smell, balance)	P108
Lack of knowledge	P500
Inadequate initial training	P503
Inadequate orientation	P502
Inadequate training	P504
Lack of experience	P501
Misunderstood directions	505
Lack of skill	P600
Inadequate initial instruction	P601
Inadequate practice	P602
Infrequent performance	P603
Lack of coaching	P604
Mental or psychological stress	P400
Conflicting demands	P408
Confusing directions	P407
Emotional overload	P401
Extreme concentration / perception demands	P405
Extreme judgement / decision demands	P403



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Personal Factor	Code
Fatigue due to mental task load or speed	P402
Frustration	P410
Meaningless or degrading activities	P406
Mental illness	P411
Preoccupation with problems	P409
Routine monotony, demand for uneventful vigilance	P404
Physical or Physiological Stress	P300
Atmospheric pressure variation	P308
Blood sugar insufficiency	P310
Constrained movement	P309
Drugs	P311
Exposure to health hazards	P305
Exposure to temperature extremes	P306
Fatigue due to lack of rest	P303
Fatigue due to sensory overload	P304
Fatigue due to task load or duration	P302
Injury or illness	P301
Oxygen defiance	P307

TABLE 15 : TYPES OF HAZARD

Type of Hazard	Code
Physical	H701
Chemical	H702
Biological	H703
Ergonomic	H704
Psychosocial Problem	H705

TABLE 16 : TYPES OF POISONING / DISEASE

Type of Poisoning / Disease	Code
Poisoning	100
Poisoning by acrylamide monomer	101
Poisoning by alcohols, glycols, or ketones or aldehydes	102
Poisoning by antimony	103
Poisoning by arsenic	104
Poisoning by benzene or a homologue	105
Poisoning by beryllium or one of its compounds	106
Poisoning by cadmium	107
Poisoning by carbon disulphide	108
Poisoning by carbon monoxide gas	109
Poisoning by carbon dioxide gas	110
Poisoning by chromium	111
Poisoning by diethylene dioxide (dioxane)	112
Poisoning by ethylene oxide	113



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Type of Poisoning / Disease	Code
Poisoning by fluorine	114
Poisoning by hydrogen cyanide or hydrogen sulphide gas	115
Poisoning by lead or compound of lead	116
Poisoning by manganese or its compound	117
Poisoning by mercury or its compound	118
Poisoning by methyl bromide	119
Poisoning by nitrochlorobenzene or a nitro or amoni or chloro-derivate of benzene or of a homologue of benzene	120
Poisoning by nickel	121
Poisoning by nitrous fumes	122
Poisoning by organochlorine, organophosphate, carbamate, nitrophenol, pentachlorophenol, dimethyl-dithiocarbamate, or compound of chlorophenoxy and dipridyl or other pesticides	123
Poisoning by phosphorous	124
Poisoning by rengas wood	125
Poisoning by organic solvents and halogenated hydrocarbons derivatives	126
Poisoning by other gases and vapours	127
Poisoning by other chemicals of harmful substances	128
Poisoning by analgesics, antipyretics and anti-inflammatory drugs	129
Poisoning by antiepileptics, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	130
Poisoning by narcotics and psychodysleptics (hallucinogens), not elsewhere	
Classified	131
Poisoning by anaesthetics and therapeutic gases	132
Poisoning by systemic antibiotics	133
Poisoning by other drugs, medicaments and biological substances	134
Poisoning by metal dusts	135
Poisoning by other type of dusts	136
Other occupational poisonings not mentioned in the preceding items	137
Diseases caused by chemical agents	200
Diseases caused by beryllium or its toxic compounds	201
Diseases caused by cadmium or its toxic compounds	202
Diseases caused by phosphorus or its toxic compounds	203
Diseases caused by chromium or its toxic compounds	204
Diseases caused by manganese or its toxic compounds	205
Diseases caused by arsenic or its toxic compounds	206
Diseases caused by mercury or its toxic compounds	207
Diseases caused by lead or its toxic compounds	208
Diseases caused by fluorine or its toxic compounds	209
Diseases caused by carbon or its toxic disulphide	210
Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbon	211
Diseases caused by benzene or tis toxic homologues	212
Diseases caused by toxic nitro and amino-derivatives of benzene or its homologues	213
Diseases caused by nitroglycerine or other nitric acid esters	214
Diseases caused by alcohols, glycols or ketones	215
Diseases caused by asphyxiants : carbon monoxide, hydrogen, cyanide or its toxicderivatives, hydrogen sulphide	216



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Type of Poisoning / Disease	Code
Diseases caused by acrylonitrile	217
Diseases caused by oxide of nitrogen	218
Diseases caused by vanadium or its toxic compounds	219
Diseases caused by antimony or its toxic compounds	220
Diseases caused by hexane	221
Diseases of teeth due to mineral acids	222
Diseases due to pharmaceutical agents	223
Diseases due to thallium or its compounds	224
Diseases due to osmium or its compounds	225
Diseases due to selenium or its compounds	226
Diseases due to copper or its compounds	227
Diseases due to tin or its compounds	228
Diseases due to zinc or its compounds	229
Diseases due to ozone, phosgene	230
Diseases due to irritants benzoquinone and other corneal irritants	231
Diseases caused by any other chemical agents not mentioned in preceding items (where a link between the exposure of a worker to these chemical agents and the diseases suffered is established)	232
Infections	300
Anthrax	301
Glanders and melioidosis	302
Leptospirosis	303
Tuberculosis (excluding pulmonary tuberculosis)	304
Leprosy	305
Viral hepatitis	306
HIV (Human Immunodeficiency Virus) / Aids (Acquired Immunodeficiency Syndromes)	307
Brucellosis	308
Tularemia	309
Psittacosis	310
Typhus	311
Rabies	312
Plague	313
Rickettsioses	314
Nipah	315
Highly pathogenic avian influenza (HPAI)	316
Japanese encephalitis	317
Toxoplasmosis	318
Rift valley fever	319
Q fever	320
Other zoonotic diseases	321
Acute respiratory infection (nasopharyngitis (common cold), sinusitis, pharyngitis, tonsillitis, bronchitis, bronchiolitis and other types of respiratory infections)	322
Influenza (Human)	323
Pneumonia due to infectious organisms	324
Any illness caused by viral infection	325
Any caused by bacterial infection	326
Any illness caused by parasitic infection	327



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Type of Poisoning / Disease	Code
Other infectious disease transmitted occupationally	328
Skin Diseases	400
Occupational Acne / Chloracne	401
Occupational Contact Dermatitis (Irritant Contact Dermatitis, Allergic Contact Dermatitis, Contact Urticaria, Contact Photodermatitis)	402
Skin Cancer	403
Ulcer of the skin	404
Ulceration of the corneal surface of the eye	405
Localised new growth of the skin, papilloma or keratotic	406
Epitheliomatous cancer or ulceration of the skin	407
Folliculitis	408
Chrome ulceration	409
Inflammation, ulceration or Malignant diseases of the skin or subcutaneous of the skin or subcutaneous tissue of the bones, or leukaemia, or anaemia of the aplastic type, due to other forms of exposure to X-ray, ionizing particles	
Energy radium or other	410
Other disorders of skin and subcutaneous tissue related to radiation	411
Subcutaneous cellulites or acute bursitis arising at or about the knee (Beat Knee)	412
Subcutaneous cellulites or acute bursitis of the hand (Beat hand)	413
Subcutaneous cellulites or acute bursitis about the elbow (beat elbow)	414
Skin disease caused by rengas wood	415
Skin disorders due to heat exposure	416
Infection of the skin and subcutaneous tissue	417
Alopecia (hair loss)	418
Nail disorders	419
Occupational vitiligo / leukoderma	420
Skin burns	421
Other skin diseases caused by physical, chemical or biological agents not included under other items	422
Diseases of Respiratory System	500
Pulmonary Tuberculosis	501
Other infectious disease of lungs	502
Pulmonary irritation or Irritant bronchitis	503
Inhalation incident	504
Occupational asthma caused by sensitizing agents or irritants	505
Pneumoconiosis due to asbestos (asbestosis)	506
Pneumoconiosis due to dust containing silica (silicosis)	507
Pneumoconiosis due to mixed dust	508
Pneumoconiosis caused by other types of dust (stannosis (tin), siderosis (iron), talcosis (talc / hydrated magnesium silicate), graphite pneumoconiosis (carbon) or other types of dust	509
Pneumoconiosis caused by other mineral fibres	510
Coal-worker's pneumoconiosis and Other Coal-Related Lung Disease	511
Pneumoconiosis associated with pulmonary tuberculosis	512
Unspecified pneumoconiosis	513
Hypersensitivity Pneumonitis (Extrinsic allergic alveolitis) due to organic dusts or low-molecular-weight chemical antigens (including Farmer's lung, Bagassosis, Bird breeder's lung or other types of hypersensitivity pneumonitis)	514
Byssinosis (cotton)	515



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Type of Poisoning / Disease	Code
Other textile dust-related occupational lung disease (flax, hemp, sisal or other textile dust)	516
Acute pulmonary injury (laryngeal adema, airflow obstruction, pneumonia, acute respiratory distress syndrome (ARDS) or other clinical manifestations due to agents causing toxic pneumonitis)	517
Lung disorders secondary to acute pulmonary injury (asthma, bronchitis, bronchiolitis obliterans, reactive airways dysfunction syndrome, lung infections or other complications)	518
Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours	519
Pneumonitis due to solids and liquids	520
Lung Cancer or Mesothelioma caused by asbestos	521
Cancer of bronchus or lung	522
Non-malignant pleural disease	523
Fibrotic disease of the lung	524
Disease of lung, due to aluminum	525
Upper airways disorders caused by recognized agents or irritants inherent to the work process	526
Bronchopulmonary disease caused by metal dust	527
Chronic obstructive pulmonary diseases	528
Emphysema / Bronchiectasis	529
Building-related respiratory illness	530
Other occupational Broncho pulmonary diseases	531
Cancer	600
Cancer caused by 4-aminobiphenyl	601
Cancer caused by arsenic	602
Cancer caused by asbestos (other than lung cancer or mesothelioma)	603
Cancer caused by beryllium	604
Cancer caused by benzene or its toxic homologues	605
Cancer caused by benzidine and salts	606
Cancer caused by bis-chloromethyl ethers (BCME) and chloromethyl methyl ethers (CMME)	607
Cancer caused by chromium and chromium compounds	608
Cancer caused by coke oven emissions	609
Cancer caused by hematite	610
Cancer caused by mustard gas	611
Cancer caused by B-naphthylamine	612
Cancer caused by nickel and nickel compounds	613
Cancer caused by soot, tar, mineral oils, pitch, bitumen, anthracene, or the compounds products or residues of these substances	614
Cancer caused by vinyl chloride	615
Cancer caused by particulate polycyclic	616
Cancer caused by acrylonitrile	617
Cancer caused by 1, 2 – dibromoethane (ethylene dibromide)	618
Cancer caused by wood dust	619
Cancer caused by benz-o-pyrene	620
Cancer caused by formaldehyde	621
Cancer caused by polychlorinated aromatic hydrocarbon (PAHs)	622
Cancer caused by radon	623
Cancer caused by ionizing radiation or ultraviolet radiation or other radioactive	624



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Type of Poisoning / Disease	Code
materials	
Cancer caused by any agents not mentioned in the preceding items	625
Other Diseases	700
Diseases caused by chemical agents	701
Heat radiation cataract	702
Heat cramp or heat stroke	703
Diseases caused by heat radiations	704
Disease caused by ionizing radiations	705
Diseases caused by ultraviolet radiations or other radioactive materials	706
Diseases due to extreme temperature (hot or cold)	707
Hearing impairment caused by noise	708
Other diseases due to noise exposure	709
Hearing loss due to other occupational hazards	710
Other occupational optic disorders	711
Barotrauma	712
Decompression syndrome	713
Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)	714
Diseases caused by work in compressed air	715
Asphyxia or other diseases caused by lack of oxygen	716
Diseases caused by excessive oxygen	717
Diseases caused by other harmful gases / vapours	718
Diseases caused by work in a confined space	719
Synovitis, tendonitis or tenosynovitis of the wrist joint and tendon sheathes	720
Synovitis, tendonitis or tenosynovitis of other joint/s and tendon sheathes	721
Bursitis	722
Carpal Tunnel Syndrome	723
Other nerve/s compression syndrome	724
Cramp of the hand or forearm due to repetitive movements	725
Back pain	726
Intervertebral disc disorders	727
Other musculoskeletal diseases caused by specific work activities or work environment	728
Occupational ophthalmologic disorders	729
Miners' nystagmus	730
Disorders of the blood and blood-forming organs	731
Occupational cardiovascular disorders	732
Occupational renal and bladder disorders	733
Occupational gastrointestinal disorders	734
Occupational endocrine disorders	735
Occupational reproductive disorders	736
Occupational neurologic disorders	737
Occupational psychiatric disorders	738
Occupational immunologic disorders	739
Systemic disorders	740
Other occupational diseases not mentioned in the preceding items	741



TABLE 17 : ROUTE OF ENTRY

TYPE OF POISONING / DISEASE	Code
Respiratory (Pernafasan)	1
Dermal (Kulit)	2
Oral (Mulut)	3
Ocular (Mata)	4
Unknown	5
Others	6

TABLE 18 : MECHANISM OF POISONING / DISEASE

MECHANISM OF POISONING / DISEASE	Code
Exposure to sound	100
Exposure to sharp, sudden sound	101
Long term exposure to sound	102
Exposure to or contact with extreme temperatures	200
Exposure to heat (atmosphere or working environment)	201
Exposure to cold (atmosphere or working environment)	202
Contact with hot substances or object	203
Contact with cold substances or object	204
Exposure to or contact with harmful substances	300
Exposure to or contact by inhalation of harmful substances	301
Exposure to or contact by ingestion of harmful substances	302
Exposure to or contact by skin absorption of harmful substances	303
Exposure to or contact by other routes (including ocular, injection, mother-to-child, breastfeeding) of harmful substances	304
Exposure to or contact by combination of the routes of exposure of harmful substances	305
Exposure to or contact with radiations	400
Exposure to ionizing radiations	401
Exposure to radiations other than ionizing radiations	402
Exposure to or contact with electric current	500
Exposure to vibration	600
Exposure to variation in pressure (other than sound)	700
Exposure to or contact with harmful gas and vapours	800
Exposure to lack of oxygen	801
Exposure to excessive oxygen	802
Exposure to other harmful gases or vapours	803
Exposure to or contact with biological hazards	900
Exposure to stress factors	1000
Exposure to mental stress factors	1001
Exposure to physical stress factors	1002
Exposure to ergonomic hazards	1100
Overexertion in lifting objects	1101
Overexertion in pushing or pulling objects	1102
Overexertion in handling or throwing objects	1103
Strenuous movement	1104



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MECHANISM OF POISONING / DISEASE	Code
Repetitive movement	1105
Awkward posture or static posture	1106
Contact stresses / pressure point	1107
Prolonged standing / sitting	1108
Improper workstation	1109
Improper lighting	1110
Improper work environment	1111
Exposure to other improper ergonomic factors	1112
Exposure through body system in general	1200
Circulatory system	1201
Cardiovascular system	1202
Respiratory system	1203
Gastrointestinal system	1204
Urinary system	1205
Reproductive system	1206
Nervous system	1207
Immunology system	1208
Endocrine system	1209
Musculoskeletal system	1210
Exposure through other body system not mentioned in preceding items	1211
Systemic involvement	1212
Sequele of occupational injury	1300
Sequele of fall	1301
Sequele of struck by falling objects	1302
Sequele of stepping on, striking against or stuck by objects excluding falling objects	1303
Sequele of caught in or between objects	1304
Sequele of exposure to or contact with electric current	1305
Sequele of motor vehicle accidents	1306
Sequele of burn	1307
Sequele of other types of accident, not elsewhere classified, including accidents not classified or lack of sufficient data	1308
Sequele of occupational poisoning	1400
Sequele of other occupational disease	1500
Other mechanism, not elsewhere classified	1600

TABLE 19 : IMPLICATION FROM THE POISONING / DISEASE

IMPLICATION FROM THE POISONING / DISEASE	Code
Fatality	1
Non Permanent Disability	2
Permanent Disability	3



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Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION PEMBERITAHUAN INSIDEN KKAS	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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SEVERITY OF INCIDENT KETERUKAN INSIDEN	Note: Please <input checked="" type="checkbox"/> the relevant box
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Human Manusia		Property Harta		Environment Alam Sekitar
<input type="checkbox"/> Fatality <i>Kematian</i>		<input type="checkbox"/> Catastrophic Damage (Property Damage > RM1 Million) <i>Kerosakan Katastropik</i> (Kerosakan Harta > RM1 Juta)		<input type="checkbox"/> Severe Negative Impact to the Surrounding <i>Impak Negatif yang</i> <i>Teruk Kepada</i> <i>Persekitaran</i>
<input type="checkbox"/> Serious Bodily Injury <i>Kecederaan Tubuh yang Serious</i>				
<input type="checkbox"/> Occupational Poisoning and Occupational Disease <i>Keracunan Pekerjaan</i> <i>dan Penyakit Pekerjaan</i>	Code (Refer to Table 16 : Types of Poisoning / Disease)	<input type="checkbox"/> Dangerous Occurrence – (Property Damage > RM100K – RM 1 Million) <i>Kejadian Berbahaya</i> (Kerosakan Harta > RM100K – RM1 Juta)	Code (Refer to Table 6 : Dangerous Occurrence)	
<input type="checkbox"/> Injury Causing Incapacity for More than 4 Calendar Days <i>Kecederaan Menyebabkan Tidak Dapat</i> <i>Bekerja Lebih Dari 4 Hari</i>		<input type="checkbox"/> Minor Occurrence (Property Damage > 10K – RM 100K) <i>Kejadian Minor</i> (Kerosakan Harta > 10K – RM100K)		
<input type="checkbox"/> Injury Causing Incapacity for Less than 5 Days <i>Kecederaan Menyebabkan Tidak Dapat</i> <i>Bekerja Kurang Dari 5 Hari</i>		<input type="checkbox"/> Negligible Occurrence (Property Damage RM10K and Below) <i>Kejadian Boleh Diabaikan</i> (Kerosakan Harta RM10K dan Ke Bawah)		<input type="checkbox"/> High Negative Impact to the Surrounding <i>Impak Negatif yang</i> <i>Tinggi Kepada</i> <i>Persekitaran</i>
<input type="checkbox"/> First Aid Case <i>Kes Pertolongan Cemas</i>				
<input type="checkbox"/> Near Miss <i>Nyaris</i>				<input type="checkbox"/> Moderate Negative Impact to the Surrounding <i>Impak Negatif yang</i> <i>Sederhana Kepada</i> <i>Persekitaran</i>
				<input type="checkbox"/> Minor Negative Impact to the Surrounding <i>Impak Negatif yang</i> <i>Minor Kepada</i> <i>Persekitaran</i>

Note : Fill-up Section I for Incident / Dangerous Occurrence
Fill-up Section II for Occupational Poisoning / Occupational Disease
Fill-up Section III for Environmental Incident



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Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION PEMBERITAHUAN INSIDEN KKAS	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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SECTION I: HSE INCIDENT / DANGEROUS OCCURRENCE**SEKSEN I: INSIDEN KKAS / KEJADIAN BERBAHAYA**

Part A – Detail of Notifier <i>Bahagian A – Maklumat Pemberitahu</i>				Part B – Affected Person <i>Bahagian B – Orang yang Terlibat</i> (Jika Lebih Dari Seorang Sila Gunakan Borang Berasingan)			
Name <i>Nama</i>				Name <i>Nama</i>			
Designation <i>Jawatan</i>				Date of Birth <i>Tarikh Lahir</i>			
Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>				NIRC / Passport No. <i>No. K/P / No. Paspot</i>			
Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>				Nationality <i>Warganegara</i>		Gender <i>Jantian</i>	M / F <i>L / P</i>
R.O.C No. <i>No. R.O.C</i>				JKKP Reg. No. <i>No. Pendaftaran JKKP</i>		Occupation <i>Pekerjaan</i>	
Department <i>Jabatan</i>				Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>			
Contact Person (If different from above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i>				Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>			
Contact No. <i>No. Tel.</i>				Location of Incident <i>Lokasi Insiden</i>			
				Date of Incident <i>Tarikh Insiden</i>			
				Time of Incident <i>Masa Insiden</i>			
				Date of First Informing DOSH <i>Tarikh Mula Lapor Kepada JKKP</i>			
Industrial Classification Code (Refer Table 3) <i>Kod Klasifikasi Industri (Rujuk Jadual 3)</i>				80301 (IIUM)			
Part C – Description of Incident / Dangerous Occurrence <i>Huraian Insiden atau Kejadian Berbahaya</i> Please describe what happened before, during and after the incident <i>Sila huraikan apa yang berlaku sebelum, semasa dan selepas insiden</i>							
Before the Incident <i>Sebelum Insiden</i>							
During the Incident <i>Semasa Insiden</i>							
After the Incident <i>Selepas Insiden</i>							
Name of Notifier <i>Nama Pemberitahu</i>				Name of Dean / Director / HOD <i>Nama Dekan / Pengarah / Ketua Jabatan</i>			
Signature of Notifier <i>Tanda Tangan Pemberitahu</i>				Signature of Dean / Director / HOD <i>Tanda Tangan Dekan / Pengarah / Ketua Jabatan</i>			
Date <i>Tarikh</i>		Time <i>Masa</i>		Date <i>Tarikh</i>		Time <i>Masa</i>	
Disclaimer <i>Penafian</i> Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s). <i>Mengisi borang ini tidak menjadikan pengakuan ke atas sebarang liabiliti oleh orang yang mengisi borang.</i>							



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Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION PEMBERITAHUAN INSIDEN KKAS	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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SECTION II: OCCUPATIONAL POISONING / OCCUPATIONAL DISEASE

Part A1 – Detail of Notifier <i>Bahagian A1 – Maklumat Pemberitahuan</i>				Part A2 – Detail of Registered Medical Practitioner <i>Bahagian A2 – Maklumat Pengamal Perubatan Berdaftar</i>																																																											
<table border="1"> <tr><td>Name <i>Nama</i></td><td colspan="3"></td></tr> <tr><td>Designation <i>Jawatan</i></td><td colspan="3"></td></tr> <tr><td>Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i></td><td colspan="3"></td></tr> <tr><td>Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i></td><td colspan="3"></td></tr> <tr> <td>R.O.C No. <i>No. R.O.C</i></td> <td></td> <td>JKKP Reg. No. <i>No. Pendaftaran JKKP</i></td> <td></td> </tr> <tr><td>Department <i>Jabatan</i></td><td colspan="3"></td></tr> <tr><td>Contact Person (If Different From Above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i></td><td colspan="3"></td></tr> <tr><td>Contact No. <i>No. Tel.</i></td><td colspan="3"></td></tr> <tr> <td colspan="2">Industrial Classification Code (Refer Table 3) <i>Kod Klasifikasi Industri (Rujuk Jadual 3)</i></td> <td>80301 (IIUM)</td> <td></td> </tr> </table>				Name <i>Nama</i>				Designation <i>Jawatan</i>				Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>				Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>				R.O.C No. <i>No. R.O.C</i>		JKKP Reg. No. <i>No. Pendaftaran JKKP</i>		Department <i>Jabatan</i>				Contact Person (If Different From Above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i>				Contact No. <i>No. Tel.</i>				Industrial Classification Code (Refer Table 3) <i>Kod Klasifikasi Industri (Rujuk Jadual 3)</i>		80301 (IIUM)		<table border="1"> <tr><td>Name <i>Nama</i></td><td colspan="3"></td></tr> <tr><td>Designation <i>Jawatan</i></td><td colspan="3"></td></tr> <tr><td>Name of Clinic / Hospital <i>Nama Klinik / Hospital</i></td><td colspan="3"></td></tr> <tr><td>Address of Clinic / Hospital <i>Alamat Klinik / Hospital</i></td><td colspan="3"></td></tr> <tr><td>Contact No. <i>No. Tel.</i></td><td colspan="3"></td></tr> </table>				Name <i>Nama</i>				Designation <i>Jawatan</i>				Name of Clinic / Hospital <i>Nama Klinik / Hospital</i>				Address of Clinic / Hospital <i>Alamat Klinik / Hospital</i>				Contact No. <i>No. Tel.</i>			
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Part D Description of work that led to occupational poisoning / disease (Please describe any work done by the affected person which might have led to them getting the disease is thought to have been caused by exposure to an agent at work, e.g. a specific chemical – please state what that agent is). <i>Huraian pekerjaan yang membawa kepada keracunan pekerjaan / penyakit pekerjaan (sila huraikan sebarang kerja yang dibuat oleh orang yang terlibat yang mungkin telah membawa kepada penyakit. Jika Penyakit mungkin disebabkan oleh pendedahan kepada sebarang agen semasa kerja, contoh kimia yang spesifik – sila nyatakan agen berkenaan).</i>																																																															



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION PEMBERITAHUAN INSIDEN KKAS	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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Name of Notifier <i>Nama Pemberitahu</i>		Name of Dean / Director / HOD <i>Nama Dekan / Pengarah / Ketua Jabatan</i>	
Signature of Notifier <i>Tanda Tangan Pemberitahu</i>		Signature of Dean / Director / HOD <i>Tanda Tangan Dekan / Pengarah / Ketua Jabatan</i>	
Date <i>Tarikh</i>		Time <i>Masa</i>	
		Date <i>Tarikh</i>	Time <i>Masa</i>
Disclaimer <i>Penafian</i> Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s). <i>Mengisi borang ini tidak menjadikan pengakuan ke atas sebarang liabiliti oleh orang yang mengisi borang.</i>			



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION PEMBERITAHUAN INSIDEN KKAS	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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SECTION III: ENVIRONMENTAL INCIDENT

Part A – Detail of Notifier <i>Bahagian A – Maklumat Pemberitahu</i>		Part B – Affected Area <i>Bahagian B – Kawasan Terlibat</i> (1) type of environmental incident or more than one (1) effected area	
Name <i>Nama</i>		Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	
Designation <i>Jawatan</i>		Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>	
Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>		Department <i>Jabatan</i>	
Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>		Location of Environmental Incident <i>Lokasi Insiden Alam Sekitar</i>	
Department <i>Jabatan</i>		Date of Environmental Incident <i>Tarikh Insiden Alam Sekitar</i>	
Contact Person (If Different From Above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i>		Time of Environmental Incident <i>Masa Insiden Alam Sekitar</i>	
Contact No. <i>No. Tel.</i>		Date of First Informing DOE <i>Tarikh Mula Lapor Kepada JAS</i>	
Industrial Classification Code <i>Kod Klasifikasi Industri (Jadual 3)</i>		80301 (IIUM)	
Part C – Description of Environmental Incident <i>Huraian Insiden Alam Sekitar</i> Please describe what happened before, during and after the incident <i>Sila huraikan apa yang berlaku sebelum, semasa dan selepas insiden</i>			
Before the Incident <i>Sebelum Insiden</i>			
During the Incident <i>Semasa Insiden</i>			
After the Incident <i>Selepas Insiden</i>			
Name of Notifier <i>Nama Pemberitahu</i>			
Signature of Notifier <i>Tanda Tangan Pemberitahu</i>			
Date <i>Tarikh</i>		Time <i>Masa</i>	
Name of Dean / Director / HOD <i>Nama Dekan / Pengarah / Ketua Jabatan</i>			
Signature of Dean / Director / HOD <i>Tanda Tangan Dekan / Pengarah / Ketua Jabatan</i>			
Date <i>Tarikh</i>		Time <i>Masa</i>	
Disclaimer			



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION PEMBERITAHUAN INSIDEN KKAS	Note: If more than one (1) person, please use separate form <i>(Jika lebih dari seorang, sila gunakan borang berasingan)</i>
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Penafian

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SEVERITY OF INCIDENT
KETERUKAN INSIDEN Note: Please ☒ the relevant box

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INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION - SAMPLE <i>PEMBERITAHUAN INSIDEN KKAS</i>	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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SECTION I: HSE INCIDENT / DANGEROUS OCCURRENCE**SEKSEN I: INSIDEN KKAS / KEJADIAN BERBAHAYA**

Part A – Detail of Notifier <i>Bahagian A – Maklumat Pemberitahu</i>				Part B – Affected Person <i>Bahagian B – Orang yang Terlibat</i> (Jika Lebih Dari Seorang Sila Gunakan Borang Berasingan)			
Name <i>Nama</i>	Br. ABC			Name <i>Nama</i>	Br. GHI		
Designation <i>Jawatan</i>	Director			Date of Birth <i>Tarikh Lahir</i>	DD/MM/YY		
Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	Kulliyah of XY			NIRC / Passport No. <i>No. K/P / No. Paspot</i>	AABBCC-XX-DDEE		
Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur			Nationality <i>Warganegara</i>	Malaysia	Gender <i>Jantian</i>	<input checked="" type="radio"/> M / F L / P
R.O.C No. <i>No. R.O.C</i>	-	JKKP Reg. No. <i>No. Pendaftaran JKKP</i>	-	Occupation <i>Pekerjaan</i>	Technician		
Department <i>Jabatan</i>	WW			Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	Kulliyah of XY		
Contact Person (If different from above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i>	Br. DEF			Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur		
Contact No. <i>No. Tel.</i>	603 - xxxxxxxx			Location of Incident <i>Lokasi Insiden</i>	Workshop A		
Industrial Classification Code (Refer Table 3) <i>Kod Klasifikasi Industri (Rujuk Jadual 3)</i>				80301 (IIUM)	Date of Incident <i>Tarikh Insiden</i>	DD/MM/YY	
Date of First Informing DOSH <i>Tarikh Mula Lapor Kepada JKKP</i>				DD/MM/YY			
Part C – Description of Incident / Dangerous Occurrence <i>Huraian Insiden atau Kejadian Berbahaya</i> Please describe what happened before, during and after the incident <i>Sila huraikan apa yang berlaku sebelum, semasa dan selepas insiden</i>							
Before the Incident <i>Sebelum Insiden</i>							
During the Incident <i>Semasa Insiden</i>							
After the Incident <i>Selepas Insiden</i>							
Name of Notifier <i>Nama Pemberitahu</i>	Br. ABC			Name of Dean / Director / HOD <i>Nama Dekan / Pengarah / Ketua Jabatan</i>	Prof. JKL		
Signature of Notifier <i>Tanda Tangan Pemberitahu</i>				Signature of Dean / Director / HOD <i>Tanda Tangan Dekan / Pengarah / Ketua Jabatan</i>			
Date <i>Tarikh</i>	DD/MM/YY	Time <i>Masa</i>	1404	Date <i>Tarikh</i>	DD/MM/YY	Time <i>Masa</i>	1405
Disclaimer <i>Penafian</i> Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s).							



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION - SAMPLE <i>PEMBERITAHUAN INSIDEN KKAS</i>	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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Mengisi borang ini tidak menjadikan pengakuan ke atas sebarang liabiliti oleh orang yang mengisi borang.

SECTION II: OCCUPATIONAL POISONING / OCCUPATIONAL DISEASE

Part A1 – Detail of Notifier <i>Bahagian A1 – Maklumat Pemberitahuan</i>				Part A2 – Detail of Registered Medical Practitioner <i>Bahagian A2 – Maklumat Pengamal Perubatan Berdaftar</i>			
Name <i>Nama</i>		Br. MNO		Name <i>Nama</i>		Dr. PQR	
Designation <i>Jawatan</i>		Deputy Director		Designation <i>Jawatan</i>		Medical Doctor / Occupational Health Doctor (OHD)	
Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>		Kulliyyah of XY		Name of Clinic / Hospital <i>Nama Klinik / Hospital</i>		HWC	
Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>		IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur		Address of Clinic / Hospital <i>Alamat Klinik / Hospital</i>		IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur	
R.O.C No. <i>No. R.O.C</i>		-	JKKP Reg. No. <i>No. Pendaftaran JKKP</i>	-	Contact No. <i>No. Tel.</i>		
Department <i>Jabatan</i>		WW		603 - xxxxxxxx			
Contact Person (If Different From Above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i>		Br. DEF					
Contact No. <i>No. Tel.</i>		603 - xxxxxxxx					
Industrial Classification Code (Refer Table 3) <i>Kod Klasifikasi Industri (Rujuk Jadual 3)</i>				80301 (IIUM)			
Part B – Affected Person <i>Bahagian B - Orang yang Terlibat</i>				Part C – Occupational Poisoning / Disease <i>Bahagian C – Keracunan Pekerjaan / Penyakit</i>			
Name <i>Nama</i>		Sis. STU		Diagnosis / Provisional Diagnosis <i>Diagnosis / Diagnosis Sementara</i>		Tuberculosis	
Date of Birth <i>Tarikh Lahir</i>		DD/MM/YY		Date of Diagnosis <i>Tarikh Diagnosis</i>		DD/MM/YY	
NIRC / Passport No. <i>No. K/P atau No. Paspot</i>		AABBCC-XX-DDEE		Name of Attending Doctor <i>Nama Doktor yang Merawat</i>		Dr. VWX	
Nationality <i>Warganegara</i>		Malaysia	Gender <i>Jantina</i>	M / <input checked="" type="radio"/> F L / P	Address of Attending Doctor <i>Alamat Doktor yang Merawat</i>		
Occupation <i>Pekerjaan</i>		Science Officer		IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur			
Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>		Kulliyyah of XY					
Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>		IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur					
Location of Incident <i>Lokasi Insiden</i>		Laboratory 1					



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION - SAMPLE <i>PEMBERITAHUAN INSIDEN KKAS</i>	Note: If more than one (1) person, please use separate form <i>(Jika lebih dari seorang, sila gunakan borang berasingan)</i>		
Part D Description of work that led to occupational poisoning / disease (Please describe any work done by the affected person which might have led to them getting the disease is thought to have been caused by exposure to an agent at work, e.g. a specific chemical – please state what that agent is). <i>Huraian pekerjaan yang membawa kepada keracunan pekerjaan / penyakit pekerjaan (sila huraikan sebarang kerja yang dibuat oleh orang yang terlibat yang mungkin telah membawa kepada penyakit. Jika Penyakit mungkin disebabkan oleh pendedahan kepada sebarang agen semasa kerja, contoh kimia yang spesifik – sila nyatakan agen berkenaan).</i>					
Tuberculosis.					
Name of Notifier <i>Nama Pemberitahu</i> Signature of Notifier <i>Tanda Tangan Pemberitahu</i> Date <i>Tarikh</i>		Br. MNO DD/MM/YY Time <i>Masa</i> 1432	Name of Dean / Director / HOD <i>Nama Dekan / Pengarah / Ketua Jabatan</i> Signature of Dean / Director / HOD <i>Tanda Tangan Dekan / Pengarah / Ketua Jabatan</i> Date <i>Tarikh</i>		Prof. Dr. PQR DD/MM/YY Time <i>Masa</i> 1445
Disclaimer <i>Penafian</i> Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s). <i>Mengisi borang ini tidak menjadikan pengakuan ke atas sebarang liabiliti oleh orang yang mengisi borang.</i>					



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION - SAMPLE <i>PEMBERITAHUAN INSIDEN KKAS</i>	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)
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SECTION III: ENVIRONMENTAL INCIDENT

Part A – Detail of Notifier <i>Bahagian A – Maklumat Pemberitahu</i>		Part B – Affected Area <i>Bahagian B – Kawasan Terlibat</i> (1) type of environmental incident or more than one (1) effected area	
Name <i>Nama</i>	Dr. YZA	Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	Kulliyyah XY
Designation <i>Jawatan</i>	HOD	Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur
Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	Kulliyyah XY	Department <i>Jabatan</i>	TTT
Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur	Location of Environmental Incident <i>Lokasi Insiden Alam Sekitar</i>	Loading Bay
Department <i>Jabatan</i>	TTT	Date of Environmental Incident <i>Tarikh Insiden Alam Sekitar</i>	DD/MM/YY
Contact Person (If Different From Above) <i>Orang yang Boleh Dihubungi (Jika Lain Dari Atas)</i>	-	Time of Environmental Incident <i>Masa Insiden Alam Sekitar</i>	0929
Contact No. <i>No. Tel.</i>	603 - xxxxxxxx	Date of First Informing DOE <i>Tarikh Mula Lapor Kepada JAS</i>	DD/MM/YY
Industrial Classification Code <i>Kod Klasifikasi Industri (Jadual 3)</i>		80301 (IIUM)	
Part C – Description of Environmental Incident <i>Huraian Insiden Alam Sekitar</i> Please describe what happened before, during and after the incident <i>Sila huraikan apa yang berlaku sebelum, semasa dan selepas insiden</i>			
Before the Incident <i>Sebelum Insiden</i>	Handling chemicals at loading by.		
During the Incident <i>Semasa Insiden</i>	Struck by other vehicle (car). Spillage of chemicals into soil.		
After the Incident <i>Selepas Insiden</i>	Clean-up.		
Name of Notifier <i>Nama Pemberitahu</i>	Dr. YZA		Name of Dean / Director / HOD <i>Nama Dekan / Pengarah / Ketua Jabatan</i>
Signature of Notifier <i>Tanda Tangan Pemberitahu</i>			Prof. Dr. CDE
Date <i>Tarikh</i>	DD/MM/YY	Time <i>Masa</i>	1500
		Date	DD/MM/YY
		Time	1520



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT NOTIFICATION - SAMPLE <i>PEMBERITAHUAN INSIDEN KKAS</i>	Note: If more than one (1) person, please use separate form (Jika lebih dari seorang, sila gunakan borang berasingan)	
			<i>Tarikh</i>	<i>Masa</i>
Disclaimer <i>Penafian</i> Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s). <i>Mengisi borang ini tidak menjadikan pengakuan ke atas sebarang liabiliti oleh orang yang mengisi borang.</i>				



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT INVESTIGATION REPORT LAPORAN PENYIASATAN INSIDEN INSIDEN KKAS
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SECTION 1: SEKSYEN 1:		INCIDENT / DANGEROUS OCCURRENCE INSIDEN / KEJADIAN BERBAHAYA			
SECTION IA SEKSYEN IA		DATA FOR INCIDENT DATA INSIDEN			
1. JKPP Reg. No. <i>No. Pendaftaran JKPP</i>					
2. Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>					
3. Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>			4. Department <i>Jabatan</i>		
5. Postcode <i>Poskod</i>		6. Size of Industry <i>Saiz Industri</i>		(Refer Table 1) (Rujuk Jadual 1)	
7. R.O.C. Number <i>No. R.O.C.</i>		8. Date of Submission of JKPP 6 <i>Tarikh Hantar JKPP 6</i>			
9. Industrial Classification <i>Klasifikasi Industri</i>			(Refer Table 3) (Rujuk Jadual 3)		
10. Name and Address where the Incident Occurred <i>Nama dan Alamat Tempat Kejadian</i>					
11. Date of Incident <i>Tarikh Insiden</i>			12. Time of Occurrence <i>Masa Kejadian</i>		
13. Area of Incident <i>Tempat Insiden</i>		(Refer Table 4) (Rujuk Jadual 4)	14. No. of Victim <i>Jumlah Mangsa</i>		
15. No. of Fatalities <i>Jumlah Maut</i>		16. No. of Permanent Disability <i>Jumlah Hilang Upaya Kekal</i>		17. No. of Non Permanent Disability <i>Jumlah Hilang Upaya Sementara</i>	
18. Brief Report of the Incident <i>Laporan Ringkas Insiden</i>					
Date <i>Tarikh</i>		Time <i>Masa</i>		Pre-Incident <i>Pra-Insiden</i>	
Date <i>Tarikh</i>		Time <i>Masa</i>		During Incident <i>Semasa Insiden</i>	
Date <i>Tarikh</i>		Time <i>Masa</i>		Post-Incident <i>Selepas Insiden</i>	
19. Responsible Person (Construction Site Only) <i>Orang yang Bertanggungjawab (Tapak Bina Sahaja)</i>				(Refer Table 5) (Rujuk Jadual 5)	
20. If Self Employed, Is The Victim a Member of the Family (Y/N) <i>Jika Bekerja Sendiri, Adakah Mangsa Ahli Keluarga (Y/N)</i>					
21. Name of Notifier <i>Nama Pemberitahu</i>					
22. Designation <i>Jawatan</i>					
23. Telephone No. <i>No. Telefon</i>					
24. Type of Report <i>Jenis Laporan</i>			Incident / Dangerous Occurrence <i>Kemalangan / Kejadian Berbahaya</i>		
25. If Dangerous Occurrence Enter the Code <i>Jika Kejadian Berbahaya, Masukkan Kod</i>				(Refer Table 6) (Rujuk Jadual 6)	



INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Reference No. (For Office Use Only)		HSE INCIDENT INVESTIGATION REPORT <i>LAPORAN PENYIASATAN INSIDEN INSIDEN KKAS</i>
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SECTION IB SEKSYEN IB		DETAILS OF VICTIM MAKLUMAT MANGSA	
1. Name of Victim <i>Nama Mangsa</i>			
2. I/C No. / Passport No. <i>No. K/P / No. Paspot</i>			
3. Address of Victim <i>Alamat Mangsa</i>			
4. Age <i>Umur</i>		5. Sex <i>Jantina</i>	<input type="checkbox"/> Male <i>Lelaki</i> <input type="checkbox"/> Female <i>Perempuan</i>
6. Status of Employment <i>Status Pekerjaan</i>		(Refer Table 7) (Rujuk Jadual 7)	7. Date of Start Work <i>Tarikh Mula Bekerja</i>
8. Job Description <i>Status Pekerjaan</i>		(Refer Table 8) (Rujuk Jadual 8)	9. Race <i>Bangsa</i>
10. Nationality <i>Warganegara</i>			
11. No. of Safety and Health Training Attended <i>Bilangan Kursus Keselamatan dan Kesihatan yang Dihadiri</i>			
12. Type of Incident <i>Jenis Insiden</i>		(Refer Table 9)	
13. Type of Injury <i>Jenis Kecelakaan</i>		(Refer Table 10)	
14. Agent Causing Incident <i>Agen Penyebab Insiden</i>		(Refer Table 11)	
15. Location of Injury <i>Lokasi Kecelakaan</i>		(Refer Table 12)	
16. No. of Days the Victim Doing Same Task Before Incident <i>Bilangan Hari Mangsa Melakukan Tugas yang Sama Sebelum Insiden</i>			
17. Outcome of Incident <i>Akibat Insiden</i>	Fatality / Permanent Disability / Without Permanent Disability <i>Maut / Hilang Upaya Kekal / Tanpa Hilang Upaya Kekal</i>		



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18. Lost Time Injury (Days) <i>Bil. Hari Tak Bekerja</i>	
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SECTION IC SEKSYEN IC		INVESTIGATION INFORMATION MAKLUMAT PENYIASATAN				
1. Investigator (1) <i>Penyiasat (1)</i>						
2. Investigator (2) <i>Penyiasat (2)</i>						
3. Action Taken <i>Tindakan</i>	NCR	OFI	SEALED	DIRECTIVE <i>ARAHAN</i>	COMPOUND <i>KOMPAUN</i>	COURT <i>MAHKAMAH</i>
4. Date of Incident Reported <i>Tarikh Insiden Dilaporkan</i>						
5. Date of Investigation <i>Tarikh Siasatan</i>		6. Date of Further Investigations <i>Tarikh Siasatan Lanjut</i>				
7. Date of Report <i>Tarikh Laporan</i>						
8. Investigator's Comment Including the Immediate Cause(s) and Basic Cause(s) of Incident <i>Ulasan Penyiasatan Termasuk Penyebab Utama dan Penyebab Langsung Insiden</i>						
Immediate Cause(s) <i>Penyebab Langsung</i>			Basic Cause(s) <i>Penyebab Utama</i>			
9. Corrective Action <i>Tindakan Pembetulan</i>	PIC		Target Completion Date <i>Sasaran Tarikh Siap</i>		Status	
10. Preventive Action <i>Tindakan Pencegahan</i>	PIC		Target Completion Date <i>Sasaran Tarikh Siap</i>		Status	
11. Follow-up <i>Susulan</i>						
Name <i>Nama</i>		Position <i>Jawatan</i>		Signature <i>Tanda Tangan</i>		Date <i>Tarikh</i>



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12. Investigation Team / Personnel <i>Pasukan Penyiasatan / Personnel</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>

SECTION II <i>SEKSYEN II</i>	OCCUPATIONAL POISONING / OCCUPATIONAL DISEASES <i>KERACUNAN PEKERJAAN / PENYAKIT PEKERJAAN</i>		
SECTION IIA <i>SEKSYEN IIA</i>	DATA FOR OCCUPATIONAL POISONING / OCCUPATIONAL DISEASE <i>DATA KERACUNAN PEKERJAAN / PENYAKIT PEKERJAAN</i>		
1. JKKP Reg. No. <i>No. Pendaftaran JKKP</i>		2. Case Ref. No. <i>No. Rujukan Kes</i>	
3. Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>			
4. Address of Victim <i>Alamat Mangsa</i>			
5. Postcode <i>Poskod</i>		6. Size of Industry <i>Saiz Industri</i>	<i>(Refer Table 1) (Rujuk Jadual 1)</i>
7. ROC Number <i>No. R.O.C</i>		8. Date of Submission <i>JKKP 7 Tarikh Hantar JKKP 7</i>	
9. Industrial Classification <i>Jenis Industri</i>		<i>(Refer Table 3) (Rujuk Jadual 3)</i>	
10. Name & Address Where Disease & Poisoning Occurred <i>Nama & Alamat Tempat Penyakit dan Keracunan Berlaku</i>			
11. Date of Disease Detected <i>Tarikh Penyakit Dikesan</i>		12. Time <i>Masa</i>	
13. Area of Occurrence <i>Tempat Kejadian</i>		14. No. of Victim <i>Jumlah Mangsa</i>	
	<i>(Refer Table 4) (Rujuk Jadual 4)</i>		
15. No. of Fatalities <i>Jumlah Maut</i>	16. Permanent Disability <i>Hilang Upaya Kekal</i>	17. Non Permanent Disability <i>Tanpa Hilang Upaya Kekal</i>	
18. Brief Report on the Diseases and Poisoning <i>Laporan Ringkas Penyakit dan Keracunan</i>			



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19. If Self-Employed, is the patient a member of the family? (Yes / No) <i>Jika Bekerja Sendiri, Adakah Pesakit Itu Ahli Keluarga? (Ya / Tidak)</i>			
20. Name of Reporter <i>Nama Pemberitahu</i>			
21. Designation <i>Jawatan</i>		22. Tel. No. <i>No. Telefon</i>	

SECTION IIB <i>SEKSYEN IIB</i>		PATIENT'S DATA <i>DATA PESAKIT</i>	
1. I/C No./Passport <i>No. K/p / No. Paspot</i>			
2. Name of Patient <i>Nama Pesakit</i>			
3. Address <i>Alamat</i>			
4. Age <i>Umur</i>		5. Sex (M/F) <i>Jantina (L/P)</i>	
6. Status of Employment <i>(Refer Table 7)</i> <i>Status Pekerjaan</i> <i>(Rujuk Jadual 7)</i>		7. Date of Birth <i>Tarikh Lahir</i>	/ /
8. Race <i>Bangsa</i>			
9. Nationality <i>Warganegara</i>		10. Marital Status <i>Status Perkhawinan</i>	
11. Previous Job History <i>Maklumat Pekerjaan Terdahulu</i>			
Notes: Important Data Required are Name of Premise, Job Description, Length of Service, Hazard Identification and P.P.E Used.			



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<i>Data Harus Mengandungi Nama Tempat Kerja, Jenis Pekerjaan, Jangkamasa Berkhidmat, Hazad Yang Dikenalpasti & P.P.E Yang Dipakai.</i>			
CURRENT JOB STATUS STATUS PEKERJAAN SEKARANG			
12. Location of Injury <i>Tarikh Mula Bekerja</i>	/ /		13. Job Description <i>(Refer Table 8)</i>
14. Types of Hazards <i>(Refer Table 15)</i> <i>Jenis Bahaya</i> <i>(Rujuk Jadual 15)</i>			
15. PPE Used <i>P.P.E yang Dipakai</i>			
16. Shift Work <i>Kerja Syif</i>	Yes / No <i>Ya / Tidak</i>	17. Total Working Hours <i>(1 day is equivalent to 8 hours)</i> <i>Jumlah Masa Bekerja</i> <i>(1 hari bersamaan dengan 8 jam)</i>	

SECTION IIC SEKSYEN IIC	DATA FOR INDUSTRIAL DISEASE AND POISONING DATA PENYAKIT DAN KERACUNAN PEKERJAAN
1. Types of Diseases / Poisoning <i>(Refer Table 16)</i> <i>Jenis Keracunan / Penyakit (Rujuk Jadual 16)</i>	
2. Site of poisoning / Disease <i>(Refer Table 12)</i> <i>Lokasi Badan Yang Terlibat (Rujuk Jadual 12)</i>	
3. What was the patient's activity during the incident? <i>Apakah Aktiviti Pekerja Semasa Kejadian?</i>	
4. What was the symptom on the workers? <i>Apakah Simptom Ke Atas Pekerja?</i>	
5. Route of entry? <i>(Refer Table 17)</i> <i>Cara Pendedahan? (Rujuk Jadual 17)</i>	
6. Mechanism of Poisoning / Disease <i>(Refer Table 18)</i> <i>Mekanisme Karacunan / Penyakit (Rujuk Jadual 18)</i>	
7. Agent of Poisoning / Disease <i>(Refer Table 11)</i> <i>Agen Keracunan / Penyakit (Rujuk Jadual 11)</i>	
8. Immediate Cause <i>(Refer Table 13)</i> <i>Penyebab Langsung (Rujuk Jadual 13)</i>	
9. Types of hazard monitoring conducted and what are the results? <i>Jenis Pemantauan Bahaya yang Dijalankan dan Keputusan yang Diperolehi?</i>	
10. Was risk analysis to the workers health conducted? <i>Adakah Penaksiran Risiko Ke Atas Kesihatan Pekerja Dijalankan?</i>	Yes / No <i>Ya / Tidak</i>
11. Remark on the results <i>Ulasan Keputusan Taksiran</i>	



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12. Was Health Surveillance programme conducted to the workers? <i>Adakah Program Pengawasan Kesihatan Dijalankan Ke Atas Pekerja?</i>	Yes / No Ya / Tidak
13. Remarks on Biological monitoring, Pre Medical Examination and Medical Surveillance <i>Ulasan Pemantauan Biologikal, Pemeriksaan Pra Perubatan dan Pengawasan Perubatan</i>	
14. Implication from the disease / Poisoning? (Refer Table 19) <i>Kesan Daripada Keracunan / Penyakit (Rujuk Jadual 19)</i>	
15. No of Lost Working Days <i>Bilangan Hari Tak Bekerja</i>	
16. What are the prevention steps taken by employer? <i>Apakah Tindakan Pencegahan Yang Telah Diambil Oleh Majikan</i>	

SECTION IID SEKSYEN IID		INVESTIGATION INFORMATION MAKLUMAT PENYIASATAN				
1. Investigator (1) Penyiasat (1)						
2. Investigator (2) Penyiasat (2)						
3. Action Taken Tindakan	NCR	OFI	SEALED	DIRECTIVE ARAHAN	COMPOUND KOMPAUN	COURT MAHKAMAH
4. Date of Poisoning / Disease Reported Tarikh Keracunan / Penyakit Dilaporkan						
5. Date of Investigation Tarikh Siasatan				6. Date of Further Investigations Tarikh Siasatan Lanjutan		
7. Date of Report Tarikh Laporan						
8. Investigator's Comment Including the Immediate Cause(s) and Basic Cause(s) of Poisoning / Disease Ulasan Penyiasatan Termasuk Penyebab Utama dan Penyebab Langsung Keracunan / Penyakit						
Immediate Cause(s) Penyebab Langsung				Basic Cause(s) Penyebab Utama		
9. Corrective Action Tindakan Pembetulan				PIC	Target Completion Date Tarikh Siap Sasaran	Status Status
10. Preventive Action Tindakan Pencegahan				PIC	Target Completion Date Tarikh Siap Sasaran	Status Status



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11. Follow-up <i>Susulan</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>
12. Investigation Team / Personnel <i>Pasukan Penyiasat / Personnel</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>

SECTION III: <i>SEKSYEN III:</i>	ENVIRONMENTAL INCIDENT <i>INSIDEN ALAM SEKITAR</i>		
SECTION IIIA <i>SEKSYEN IIIA</i>	DATA FOR INCIDENT <i>DATA INSIDEN ALAM SEKITAR</i>		
1. Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>			
2. Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>		3. Department <i>Jabatan</i>	
4. Postcode <i>Poskod</i>		5. Size of Industry <i>Saiz Industri</i>	
6. R.O.C. Number <i>No. R.O.C.</i>		7. Date Notification to DOE <i>Tarikh Pemberitahuan Kepada JAS</i>	
8. Industrial Classification <i>Klasifikasi Industri</i>		<i>(Refer Table 3)</i> <i>(Rujuk Jadual 3)</i>	
9. Name and Address where the Incident Occurred <i>Nama dan Alamat Tempat Kejadian</i>			
10. Date of Environmental Incident <i>Tarikh Insiden Alam Sekitar</i>		11. Time of Occurrence <i>Masa Kejadian</i>	
12. Area of Environmental Incident <i>Tempat Insiden Alam Sekitar</i>			



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13. Brief Report of the Incident <i>Laporan Ringkas Insiden</i>		
Date <i>Tarikh</i>	Time <i>Masa</i>	Pre-Incident <i>Pra-Insiden</i>
Date <i>Tarikh</i>	Time <i>Masa</i>	During Incident <i>Semasa Insiden</i>
Date <i>Tarikh</i>	Time <i>Masa</i>	Post-Incident <i>Selepas Insiden</i>
14. Name of Notifier <i>Nama Pemberitahu</i>		
15. Designation <i>Jawatan</i>		
16. Telephone No. <i>No. Telefon</i>		

SECTION IIIB <i>SEKSYEN IIIB</i>			INVESTIGATION INFORMATION <i>MAKLUMAT PENYIASATAN</i>			
1. Investigator (1) <i>Penyiasat (1)</i>						
2. Investigator (2) <i>Penyiasat (2)</i>						
3. Action Taken <i>Tindakan</i>	NCR	OFI	SEALED	DIRECTIVE <i>ARAHAN</i>	COMPOUND <i>KOMPAUN</i>	COURT <i>MAHKAMAH</i>
4. Date of Environmental Incident Reported <i>Tarikh Insiden Alam Sekitar Dilaporkan</i>						
5. Date of Investigation <i>Tarikh Siasatan</i>				6. Date of Further Investigations <i>Tarikh Siasatan Lanjut</i>		
7. Date of Report <i>Tarikh Laporan</i>						
8. Investigator's Comment Including the Immediate Cause(s) and Basic Cause(s) of Environmental Incident <i>Ulasan Penyiasatan Termasuk Penyebab Utama dan Penyebab Langsung Insiden Alam Sekitar</i>						
Immediate Cause(s) <i>Penyebab Langsung</i>				Basic Cause(s) <i>Penyebab Utama</i>		



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9. Corrective Action <i>Tindakan Pembetulan</i>	PIC	Target Completion Date <i>Tarikh Siap Sasaran</i>	Status
10. Preventive Action <i>Tindakan Pencegahan</i>	PIC	Target Completion Date <i>Tarikh Siap Sasaran</i>	Status
11. Follow-up <i>Susulan</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>
12. Investigation Team / Personnel <i>Pasukan Penyiasatan / Personnel</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>



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SECTION IV <i>SEKSYEN IV</i>	WITNESS STATEMENT <i>KETERANGAN SAKSI</i>
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WITNESS BACKGROUND
LATARBELAKANG SAKSI

Place of Interview <i>Tempat Temusoal</i>		Date of Interview <i>Tarikh Temusoal</i>		Time of Interview <i>Masa Temusoal</i>	
Name of Witness <i>Nama Saksi</i>		NRIC / Passport No. <i>No. K/P / Paspot</i>		Designation <i>Jawatan</i>	
KCDIO / Organization <i>KCDIO / Organisasi</i>		Department <i>Jabatan</i>			

STATEMENT OF INCIDENT
KETERANGAN INSIDEN

Name of Victim <i>Nama Mangsa</i>		Date of Incident <i>Tarikh Insiden</i>	
Location of Incident <i>Lokasi Insiden</i>		Time of Incident <i>Masa Insiden</i>	

I have read the statement above / it has been read to me and to my knowledge it is true and correct.
Saya telah membaca keterangan di atas / telah dibacakan kepada saya dan pengetahuan saya adalah benar dan betul.

Interviewer <i>Penemusoal</i>	Witness <i>Saksi</i>
..... () ()
Date : <i>Tarikh :</i>	Date : <i>Tarikh :</i>
Time :	Time :



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Masa :		Masa :			
SECTION V <i>SEKSYEN V</i>		VICTIM STATEMENT <i>KETERANGAN MANGSA</i>			
VICTIM BACKGROUND					
Place of Interview <i>Tempat Temusoal</i>		Date of Interview <i>Tarikh Temusoal</i>		Time of Interview <i>Masa Temusoal</i>	
Name of Victim <i>Nama Mangsa</i>		NRIC / Passport No. <i>No. K/P No. / Paspot</i>		Designation <i>Jawatan</i>	
KCDIO / Organization <i>KCDIO / Organisasi</i>		Department <i>Jabatan</i>			
STATEMENT OF INCIDENT <i>KETERANGAN INSIDEN</i>					
I have read the statement above / it has been read to me and to my knowledge it is true and correct. <i>Saya telah membaca keterangan di atas / telah dibacakan kepada saya dan pengetahuan saya adalah benar dan betul.</i>					
Interviewer <i>Penemusoal</i>		Victim <i>Mangsa</i>			
..... ()	 ()			
Date : <i>Tarikh :</i>		Date : <i>Tarikh :</i>			



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Time : Masa :	Time : Masa :
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SECTION 1: <i>SEKSYEN 1:</i>		INCIDENT / DANGEROUS OCCURRENCE <i>INSIDEN / KEJADIAN BERBAHAYA</i>			
SECTION IA <i>SEKSYEN IA</i>		DATA FOR INCIDENT <i>DATA INSIDEN</i>			
1. JKPP Reg. No. <i>No. Pendaftaran JKPP</i>		-			
2. Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>		Kulliyyah of XY			
3. Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>		IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur		4. Department <i>Jabatan</i> WW	
5. Postcode <i>Poskod</i>		53100		6. Size of Industry <i>Saiz Industri</i> BIG (Refer Table 1) (Rujuk Jadual 1)	
7. R.O.C. Number <i>No. R.O.C.</i>		-		8. Date of Submission of JKPP 6 <i>Tarikh Hantar JKPP 6</i> DD/MM/YY	
9. Industrial Classification <i>Klasifikasi Industri</i>		80301		(Refer Table 3) (Rujuk Jadual 3)	
10. Name and Address where the Incident Occurred <i>Nama dan Alamat Tempat Kejadian</i>		IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur			
11. Date of Incident <i>Tarikh Insiden</i>		DD/MM/YY		12. Time of Occurrence <i>Masa Kejadian</i> 1015	
13. Area of Incident <i>Tempat Insiden</i>		Workshop A (Refer Table 4) (Rujuk Jadual 4)		14. No. of Victim <i>Jumlah Mangsa</i> Br. GHI	
15. No. of Fatalities <i>Jumlah Maut</i>		-		16. No. of Permanent Disability <i>Jumlah Hilang Upaya Kekal</i> 1	
17. No. of Non Permanent Disability <i>Jumlah Hilang Upaya Sementara</i>		-			
18. Brief Report of the Incident <i>Laporan Ringkas Insiden</i>					
Date <i>Tarikh</i>		Time <i>Masa</i>		Pre-Incident <i>Pra-Insiden</i>	
DD/MM/YY		0945			
Date <i>Tarikh</i>		Time <i>Masa</i>		During Incident <i>Semasa Insiden</i>	
DD/MM/YY		1015			
Date <i>Tarikh</i>		Time <i>Masa</i>		Post-Incident <i>Selepas Insiden</i>	
DD/MM/YY		1030			
19. Responsible Person (Construction Site Only) <i>Orang yang Bertanggungjawab (Tapak Bina Sahaja)</i>				- (Refer Table 5) (Rujuk Jadual 5)	
20. If Self Employed, Is The Victim a Member of the Family (Y/N) <i>Jika Bekerja Sendiri, Adakah Mangsa Ahli Keluarga (Y/N)</i>				-	
21. Name of Notifier <i>Nama Pemberitahu</i>		Br. ABC			
22. Designation <i>Jawatan</i>		Director			
23. Telephone No. <i>No. Telefon</i>		603 - xxxxxxxx			
24. Type of Report <i>Jenis Laporan</i>		Incident / Dangerous Occurrence <i>Kemalangan / Kejadian Berbahaya</i>			
25. If Dangerous Occurrence Enter the Code <i>Jika Kejadian Berbahaya, Masukkan Kod</i>				- (Refer Table 6) (Rujuk Jadual 6)	



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SECTION IB SEKSYEN IB		DETAILS OF VICTIM MAKLUMAT MANGSA		
1. Name of Victim <i>Nama Mangsa</i>	Br. GHI			
2. I/C No. / Passport No. <i>No. K/P / No. Paspot</i>	AABBCC-XX-DDEE			
3. Address of Victim <i>Alamat Mangsa</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur			
4. Age <i>Umur</i>	37	5. Sex <i>Jantina</i>	<input type="checkbox"/> Male <i>Lelaki</i>	<input type="checkbox"/> Female <i>Perempuan</i>
6. Status of Employment <i>Status Pekerjaan</i>	Employee	(Refer Table 7) (Rujuk Jadual 7)	7. Date of Start Work <i>Tarikh Mula Bekerja</i>	DD/MM/YY
8. Job Description <i>Status Pekerjaan</i>	3113	(Refer Table 8) (Rujuk Jadual 8)	9. Race <i>Bangsa</i>	Malay
10. Nationality <i>Warganegara</i>	Malaysia			
11. No. of Safety and Health Training Attended <i>Bilangan Kursus Keselamatan dan Kesihatan yang Dihadiri</i>	None			
12. Type of Incident <i>Jenis Insiden</i>	200	(Refer Table 9)		
13. Type of Injury <i>Jenis Kecelakaan</i>	10	(Refer Table 10)		
14. Agent Causing Incident <i>Agen Penyebab Insiden</i>	210	(Refer Table 11)		
15. Location of Injury <i>Lokasi Kecelakaan</i>	100	(Refer Table 12)		
16. No. of Days the Victim Doing Same Task Before Incident <i>Bilangan Hari Mangsa Melakukan Tugas yang Sama Sebelum Insiden</i>	465			
17. Outcome of Incident <i>Akibat Insiden</i>	Permanent Disability <i>Hilang Upaya Kekal</i>			



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18. Lost Time Injury (Days) <i>Bil. Hari Tak Bekerja</i>	24
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SECTION IC SEKSYEN IC		INVESTIGATION INFORMATION MAKLUMAT PENYIASATAN			
1. Investigator (1) <i>Penyiasat (1)</i>	Br. CCC				
2. Investigator (2) <i>Penyiasat (2)</i>	Br. CCC				
3. Action Taken <i>Tindakan</i>	NCR <i>NCR</i>	OFI <i>OFI</i>	SEALED <i>PLS</i>	DIRECTIVE <i>ARAHAN</i>	COMPOUND <i>KOMPAUN</i>
				√	
4. Date of Incident Reported <i>Tarikh Insiden Dilaporkan</i>	DD/MM/YY				
5. Date of Investigation <i>Tarikh Siasatan</i>	DD/MM/YY		6. Date of Further Investigations <i>Tarikh Siasatan Lanjut</i>	DD/MM/YY	
7. Date of Report <i>Tarikh Laporan</i>	DD/MM/YY				
8. Investigator's Comment Including the Immediate Cause(s) and Basic Cause(s) of Incident <i>Ulasan Penyiasatan Termasuk Penyebab Utama dan Penyebab Langsung Insiden</i>					
Immediate Cause(s) <i>Penyebab Langsung</i>			Basic Cause(s) <i>Penyebab Utama</i>		
9. Corrective Action <i>Tindakan Pembetulan</i>	PIC		Target Completion Date <i>Tarikh Siap Sasaran</i>	Status	
10. Preventive Action <i>Tindakan Pencegahan</i>	PIC		Target Completion Date <i>Tarikh Siap Sasaran</i>	Status	
11. Follow-up <i>Susulan</i>					
Name <i>Nama</i>		Position <i>Jawatan</i>		Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>



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12. Investigation Team / Personnel <i>Pasukan Penyiasatan / Personnel</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>

SECTION II <i>SEKSYEN II</i>	OCCUPATIONAL POISONING / OCCUPATIONAL DISEASES <i>KERACUNAN PEKERJAAN / PENYAKIT PEKERJAAN</i>					
SECTION IIA <i>SEKSYEN IIA</i>	DATA FOR OCCUPATIONAL POISONING / OCCUPATIONAL DISEASE <i>DATA KERACUNAN PEKERJAAN / PENYAKIT PEKERJAAN</i>					
1. JKKP Reg. No. <i>No. Pendaftaran JKKP</i>	-	2. Case Ref. No. <i>No. Rujukan Kes</i>	-			
3. Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur					
4. Address of Victim <i>Alamat Mangsa</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur					
5. Postcode <i>Poskod</i>	53100	6. Size of Industry <i>Saiz Industri</i>	BIG	<i>(Refer Table 1) (Rujuk Jadual 1)</i>		
7. ROC Number <i>No. R.O.C</i>	-	8. Date of Submission <i>JKKP 7 Tarikh Hantar JKKP 7</i>	DD/MM/YY			
9. Industrial Classification <i>Jenis Industri</i>	80301	<i>(Refer Table 3) (Rujuk Jadual 3)</i>				
10. Name & Address Where Disease & Poisoning Occurred <i>Nama & Alamat Tempat Penyakit dan Keracunan Berlaku</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur					
11. Date of Disease Detected <i>Tarikh Penyakit Dikesan</i>	DD/MM/YY	12. Time <i>Masa</i>	1049			
13. Area of Occurrence <i>Tempat Kejadian</i>	10 <i>(Refer Table 4) (Rujuk Jadual 4)</i>	14. No. of Victim <i>Jumlah Mangsa</i>	1			
15. No. of Fatalities <i>Jumlah Maut</i>	16. Permanent Disability <i>Hilang Upaya Kekal</i>	17. Non Permanent Disability <i>Tanpa Hilang Upaya Kekal</i>				
-	-	-				
18. Brief Report on the Diseases and Poisoning <i>Laporan Ringkas Penyakit dan Keracunan</i>						



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19. If Self-Employed, is the patient a member of the family? (Yes / No) <i>Jika Bekerja Sendiri, Adakah Pewsakit Itu Ahli Keluarga? (Ya / Tidak)</i>			-
20. Name of Reporter <i>Nama Pemberitahu</i>	Br. MNO		
21. Designation <i>Jawatan</i>	Deputy Director	22. Tel. No. <i>No. Telefon</i>	603-xxxxxxx

SECTION IIB <i>SEKSYEN IIB</i>	PATIENT'S DATA <i>DATA PESAKIT</i>		
1. Name of Patient <i>Nama Pesakit</i>	AABBCC-XX-DDEE		
2. I/C No./Passport <i>No. K/p / No. Paspot</i>	Sis. STU		
3. Address <i>Alamat</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur		
4. Age <i>Umur</i>	32	5. Sex (M/F) <i>Jantina (L/P)</i>	F
6. Status of Employment <i>(Refer Table 7)</i> <i>Status Pekerjaan</i> <i>(Rujuk Jadual 7)</i>	Employee	7. Date of Birth <i>Tarikh Lahir</i>	DD/MM/YY
8. Race <i>Bangsa</i>	Malay		
9. Nationality <i>Warganegara</i>	Malaysia	10. Marital Status <i>Status Perkhawinan</i>	Married
11. Previous Job History <i>Maklumat Pekerjaan Terdahulu</i>			
Notes: Important Data Required are Name of Premise, Job Description, Length of Service, Hazard Identification and P.P.E Used.			



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<i>Data Harus Mengandungi Nama Tempat Kerja, Jenis Pekerjaan, Jangkamasa Berkhidmat, Hazad Yang Dikenalpasti & P.P.E Yang Dipakai.</i>			
CURRENT JOB STATUS <i>STATUS PEKERJAAN SEKARANG</i>			
12. Date of Start Work <i>Tarikh Mula Bekerja</i>	DD/MM/YY	13. Job Description <i>(Refer Table 8)</i>	231
14. Types of Hazards <i>(Refer Table 15)</i> <i>Jenis Bahaya</i> <i>(Rujuk Jadual 15)</i>	H702		
15. PPE Used <i>P.P.E yang Dipakai</i>	Surgical gloves		
16. Shift Work <i>Kerja Syif</i>	Yes / No Tidak / Tidak	17. Total Working Hours <i>(1 day is equivalent to 8 hours)</i> <i>Jumlah Masa Bekerja</i> <i>(1 hari bersamaan dengan 8 jam)</i>	8 hours

SECTION IIC <i>SEKSYEN IIC</i>	DATA FOR INDUSTRIAL DISEASE AND POISONING <i>DATA PENYAKIT DAN KERACUNAN PEKERJAAN</i>
1. Types of Diseases / Poisoning <i>(Refer Table 16)</i> <i>Jenis Keracunan / Penyakit (Rujuk Jadual 16)</i>	204
2. Site of poisoning / Disease <i>(Refer Table 12)</i> <i>Lokasi Badan Yang Terlibat (Rujuk Jadual 12)</i>	409
3. What was the patient's activity during the incident? <i>Apakah Aktiviti Pekerja Semasa Kejadian?</i>	
4. What was the symptom on the workers? <i>Apakah Simptom Ke Atas Pekerja?</i>	
5. Route of entry? <i>(Refer Table 17)</i> <i>Cara Pendedahan? (Rujuk Jadual 17)</i>	2
6. Mechanism of Poisoning / Disease <i>(Refer Table 18)</i> <i>Mekanisme Karacunan / Penyakit (Rujuk Jadual 18)</i>	303
7. Agent of Poisoning / Disease <i>(Refer Table 11)</i> <i>Agen Keracunan / Penyakit (Rujuk Jadual 11)</i>	424
8. Immediate Cause <i>(Refer Table 13)</i> <i>Penyebab Langsung (Rujuk Jadual 13)</i>	A09
9. Types of hazard monitoring conducted and what are the results? <i>Jenis Pemantauan Bahaya yang Dijalankan dan Keputusan yang Diperolehi?</i>	
10. Was risk analysis to the workers health conducted? <i>Adakah Penaksiran Risiko Ke Atas Kesihatan Pekerja Dijalankan?</i>	Yes / No Ya / Tidak
11. Remark on the results <i>Ulasan Keputusan Taksiran</i>	



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12. Was Health Surveillance programme conducted to the workers? <i>Adakah Program Pengawasan Kesihatan Dijalankan Ke Atas Pekerja?</i>	Yes / No <i>Ya / Tidak</i>
13. Remarks on Biological monitoring, Pre Medical Examination and Medical Surveillance <i>Ulasan Pemantauan Biologikal, Pemeriksaan Pra Perubatan dan Pengawasan Perubatan</i>	
14. Implication from the disease / Poisoning? (Refer Table 19) <i>Kesan Daripada Keracunan / Penyakit (Rujuk Jadual 19)</i>	
15. No. of Lost Working Days <i>Bilangan Hari Tak Bekerja</i>	
16. What are the prevention steps taken by employer? <i>Apakah Tindakan Pencegahan Yang Telah Diambil Oleh Majikan</i>	

SECTION IID SEKSYEN IID		INVESTIGATION INFORMATION MAKLUMAT PENYIASATAN				
1. Investigator (1) Penyasat (1)	Br. EEE					
2. Investigator (2) Penyasat (2)	Sis. FFF					
3. Action Taken Tindakan	NCR NCR	OFI OFI	SEALED PLS	DIRECTIVE ARAHAN	COMPOUND KOMPAUN	COURT MAHKAMAH
				√		
4. Date of Poisoning / Disease Reported Tarikh Keracunan / Penyakit Dilaporkan				DD/MM/YY		
5. Date of Investigation Tarikh Siasatan			DD/MM/YY	6. Date of Further Investigations Tarikh Siasatan Lanjutan		DD/MM/YY
7. Date of Report Tarikh Laporan			DD/MM/YY			
8. Investigator's Comment Including the Immediate Cause(s) and Basic Cause(s) of Poisoning / Disease Ulasan Penyiasatan Termasuk Penyebab Utama dan Penyebab Langsung Keracunan / Penyakit						
Immediate Cause(s) Penyebab Langsung				Basic Cause(s) Penyebab Utama		
9. Corrective Action Tindakan Pembetulan				PIC	Target Completion Date Tarikh Siap Sasaran	Status Status
10. Preventive Action Tindakan Pencegahan				PIC	Target Completion Date Tarikh Siap Sasaran	Status Status



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11. Follow-up <i>Susulan</i>				
	Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>
12. Investigation Team / Personnel <i>Pasukan Penyiasat / Personnel</i>				
	Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>

SECTION III: <i>SEKSYEN III:</i>	ENVIRONMENTAL INCIDENT <i>INSIDEN ALAM SEKITAR</i>		
SECTION IIIA <i>SEKSYEN IIIA</i>	DATA FOR INCIDENT <i>DATA INSIDEN ALAM SEKITAR</i>		
1. Name of KCDIO / Organization <i>Nama KCDIO / Organisasi</i>	Kulliyah of XY		
2. Address of KCDIO / Organization <i>Alamat KCDIO / Organisasi</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur	3. Department <i>Jabatan</i>	WW
4. Postcode <i>Poskod</i>	53100	5. Size of Industry <i>Saiz Industri</i>	BIG
6. R.O.C. Number <i>No. R.O.C.</i>	-	7. Date Notification to DOE <i>Tarikh Pemberitahuan Kepada JAS</i>	DD/MM/YY
8. Industrial Classification <i>Klasifikasi Industri</i>	80301	(Refer Table 3) (Rujuk Jadual 3)	
9. Name and Address where the Accident Occurred <i>Nama dan Alamat Tempat Kejadian</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur		
10. Date of Environmental Incident <i>Tarikh Insiden Alam Sekitar</i>	DD/MM/YY	11. Time of Occurrence <i>Masa Kejadian</i>	1015
12. Area of Environmental Incident <i>Tempat Insiden Alam Sekitar</i>	IIUM, Gombak Campus, Jln. Sg. Pusu off Jalan Gombak, 53100 Kuala Lumpur		



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13. Brief Report of the Environmental Incident <i>Laporan Ringkas Insiden Alam Sekitar</i>		
Date <i>Tarikh</i>	Time <i>Masa</i>	Pre-Incident <i>Pra-Insiden</i>
DD/MM/YY	1012	
Date <i>Tarikh</i>	Time <i>Masa</i>	During Incident <i>Semasa Insiden</i>
DD/MM/YY	1030	
Date <i>Tarikh</i>	Time <i>Masa</i>	Post-Incident <i>Selepas Insiden</i>
DD/MM/YY	1620	
14. Name of Notifier <i>Nama Pemberitahu</i>		
Dr. YZA		
15. Designation <i>Jawatan</i>		
HOD		
16. Telephone No. <i>No. Telefon</i>		
603 - xxxxxxxx		

SECTION IIIB <i>SEKSYEN IIIB</i>			INVESTIGATION INFORMATION <i>MAKLUMAT PENYIASATAN</i>			
1. Investigator (1) <i>Penyasat (1)</i>	Sis. GGG					
2. Investigator (2) <i>Penyasat (2)</i>	Br. HHH					
3. Action Taken <i>Tindakan</i>	NCR <i>NCR</i>	OFI <i>OFI</i>	SEALED <i>PLS</i>	DIRECTIVE <i>ARAHAN</i>	COMPOUND <i>KOMPAUN</i>	COURT <i>MAHKAMAH</i>
				√		
4. Date of Environmental Incident Reported <i>Tarikh Insiden Alam Sekitar Dilaporkan</i>			DD/MM/YY			
5. Date of Investigation <i>Tarikh Siasatan</i>			DD/MM/YY	6. Date of Further Investigations <i>Tarikh Siasatan Lanjut</i>		DD/MM/YY
7. Date of Report <i>Tarikh Laporan</i>			DD/MM/YY			
8. Investigator's Comment Including the Immediate Cause(s) and Basic Cause(s) of Environmental Incident <i>Ulasan Penyiasatan Termasuk Penyebab Utama dan Penyebab Langsung Insiden Alam Sekitar</i>						
Immediate Cause(s) <i>Penyebab Langsung</i>				Basic Cause(s) <i>Penyebab Utama</i>		



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9. Corrective Action <i>Tindakan Pembetulan</i>			
PIC		Target Completion Date <i>Tarikh Siap Sasaran</i>	Status
10. Preventive Action <i>Tindakan Pencegahan</i>			
PIC		Target Completion Date <i>Tarikh Siap Sasaran</i>	Status
11. Follow-up <i>Susulan</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>
12. Investigation Team / Personnel <i>Pasukan Penyiasatan / Personnel</i>			
Name <i>Nama</i>	Position <i>Jawatan</i>	Signature <i>Tanda Tangan</i>	Date <i>Tarikh</i>



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SECTION IV SEKSYEN IV		WITNESS STATEMENT KETERANGAN SAKSI			
WITNESS BACKGROUND LATARBELAKANG SAKSI					
Place of Interview <i>Tempat Temusool</i>	DO	Date of Interview <i>Tarikh Temusool</i>	DD/MM/YY	Time of Interview <i>Masa Temusool</i>	1605
Name of Witness <i>Nama Saksi</i>	Br. ZZZ	NRIC / Passport No. <i>No. K/P / Paspot</i>	EEFFGG-HH-IIJJ	Designation <i>Jawatan</i>	SO
KCDIO / Organization <i>KCDIO / Organisasi</i>	Kuliyah of XY	Department <i>Jabatan</i>	WW		
STATEMENT OF INCIDENT KETERANGAN INSIDEN					
Name of Victim <i>Nama Mangsa</i>	Br. GHI		Date of Incident <i>Tarikh Insiden</i>	DD/MM/YY	
Location of Incident <i>Lokasi Insiden</i>	Workshop A		Time of Incident <i>Masa Insiden</i>	1015	
I have read the statement above / it has been read to me and to my knowledge it is true and correct. <i>Saya telah membaca keterangan di atas / telah dibacakan kepada saya dan pengetahuan saya adalah benar dan betul.</i>					
Interviewer <i>Penemusool</i> (Br. TTT) Date : DD/MM/YY <i>Tarikh :</i> Time : 1622		Witness <i>Saksi</i> (Br. ZZZ) Date : DD/MM/YY <i>Tarikh :</i> Time : 1623			



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Masa :		Masa :			
SECTION V SEKSYEN V		VICTIM STATEMENT KETERANGAN MANGSA			
VICTIM BACKGROUND					
Place of Interview <i>Tempat Temusool</i>	HOSP	Date of Interview <i>Tarikh Temusool</i>	DD/MM/YY	Time of Interview <i>Masa Temusool</i>	1010
Name of Victim <i>Nama Mangsa</i>	Br. GH	NRIC / Passport No. <i>No. K/P No. / Paspot</i>	AABBCC- XX-DDEE	Designation <i>Jawatan</i>	Technician
KCDIO / Organization <i>KCDIO / Organisasi</i>	Kuliyah of XY	Department <i>Jabatan</i>	WW		
STATEMENT OF INCIDENT KETERANGAN INSIDEN					
I have read the statement above / it has been read to me and to my knowledge it is true and correct. <i>Saya telah membaca keterangan di atas / telah dibacakan kepada saya dan pengetahuan saya adalah benar dan betul.</i>					
Interviewer <i>Penemusool</i> (Br. TTT) Date : DD/MM/YY <i>Tarikh :</i> Time : 1036		Victim <i>Mangsa</i> (Br. GHI) Date : DD/MM/YY <i>Tarikh :</i> Time : 1038			



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<i>Masa :</i>			