CHAPTER 9 ACCIDENT INVESTIGATION AND ACCIDENT STATISTICS

9.1 REPORTING OF ACCIDENTS/INCIDENTS

9.1.1 Contractor's Responsibility

(a) Accidents involving death or serious injury

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

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

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

(ii) In the case of death following serious bodily injury, the Contractor must within 24 hours of becoming aware of the death, report either by telephone, in person or in writing (Form 2) to the Occupational Safety and Health Branch of Labour Department;

(iii) The Contractor must report orally or in writing all fatal accidents within 24 hours to the police station nearest to the place of accident, The Contractor is considered to have discharged this obligation if he has telephoned '999' to report the accident;

(iv) In the case of incapacity for more than three days, the Contractor must report to the Labour Department within 14 days of the
accident on a Form 2;

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

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

(b) **Dangerous Occurrence**

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

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

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

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

- Bursting of a revolving vessel, wheel, grindstone or grinding wheel moved by mechanical power.
- Collapse or failure of a crane, derrick, winch, hoist or other appliance (but not including a builder’s lift or tower working platform to which the Builders’ Lifts and Tower Working Platforms (Safety) Ordinance (Cap. 470 applies) used in raising or lowering persons or goods or any part thereof (except the breakage of chain or rope slings), or the overturning of a
- Explosion or fire causing damage to the structure of any room or place in which persons are employed, or to any machine or plant, resulting in the complete suspension of ordinary work.

- Electrical short circuit or failure of electrical machinery, plant or apparatus, attended by explosion or fire, causing structural damage involving its stoppage or disuse.

- Explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure of any gas or gases (including air) or any liquid or solid resulting from the compression of gas.

- Collapse in whole or part from any cause whatsoever of any roof, wall, floor, structure or foundation forming part of the premises of an industrial undertaking in which persons are employed.

- Total or partial collapse of any overburden, face, tip or embankment in a quarry.

- Overturning of, or collision with any object by any bulldozer, dumper, excavator, grader, lorry or shovel loader, or any mobile machine used for the handling of any substance in a quarry.

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

(c) **Accidents/Incidents Occurring in Hong Kong Waters**

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

- a vessel is involved in a collision with another vessel, a port
facility or other property;
- a vessel sinks or becomes stranded or disabled;
- a person is killed or seriously injured on board a vessel as a result of an accident;
- an explosion or fire occurs on board a vessel;
- damage is caused by a vessel to a port facility or other property; or
- a person, cargo or equipment is lost overboard from a vessel.

(ii) Under Section 69 of the Shipping and Port Control Ordinance, where a fire occurs on board a vessel within the waters of Hong Kong, the owner or his agent or the master of the vessel shall report such occurrence forthwith to the Fire Services Department.

(iii) Under Regulation 53 of the Shipping and Port Control (Cargo Handling) Regulations, the following accidents must be reported immediately to the Director of Marine orally or in writing. Full particulars in writing shall be furnished within 24 hours:

- an accident involving death or serious bodily injury
- a crane, winch, hoist, derrick or other appliance used in hoisting or lowering collapses or fails (other than breakage or a chain or rope sling)
- a person, cargo or equipment is lost overboard.

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

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

(iv) The Contractor should report in writing to the Marine Department within 7 days of a bodily injury which is not classified as a serious injury under the Shipping and Port Control Ordinance but which results in incapacity for more than 3 days. A photocopy of Form 2 under the Employees' Compensation Ordinance will serve the purpose.
(d) Reporting of Fires Extinguished by Contractor
The Contractor should report to FSD Communication Centre on 2723 2233 any fires that have been extinguish by the Contractor himself as FSD may send staff to investigate such fires. The following information has to be provided:

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

(e) Reporting to the Architect/Engineer's Representative
(i) The Contractor must verbally report dangerous occurrences and accidents involving death, serious injury or serious damage to the Architect/Engineer's site staff immediately;
(ii) The Contractor must deliver a written preliminary report within 24 hours of the dangerous occurrence/accident which should contain adequate information for the Architect/Engineer to prepare his Preliminary Report (see para. 9.1.2(h) below);
(iii) The Contractor must provide the Architect/Engineer's Representative with a photocopy of any Form 2 or other accident reports he submits to the Labour Department or Marine Department when requested by the Architect/Engineer;
(iv) The Contractor shall then investigate the incident/accident and complete any further report required by the Architect/Engineer on the detailed cause of the accident or dangerous occurrences, measures to prevent recurrence and complete standard forms provided by the Architect/Engineer to enable works departments to prepare an up-to-date database on site accident statistics;
(v) The Contractor should send a monthly report to the Architect/Engineer's Representative of all accidents and dangerous occurrences whether they are of a serious nature or not.
(vi) The Contractor shall, in addition to (iii) above, submit any other forms as the Commissioner for Labour may require including, but not limited to, forms requesting supplementary information used by the Labour Department for the purpose of accident analysis and Form 2B for reporting accidents that result in
incapacities of less than 3 days. Copies of such forms should be made available for inspection by the Architect/Engineer upon request.

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

(a) If a notifiable accident as described in sub-para.(b) below has occurred on site, the Architect/Engineer's most senior site staff shall immediately initiate the following reporting procedure

(b) An accident is classified as a **notifiable** accident if:
- it has led to fatality, or
- the victim is in critical condition, or
- the media have arrived on site or have telephoned to ask information concerning the accident, or
- it will arouse public interest/concern in view of the damage/inconvenience that has been caused or its potential harm to workers and/or the public, or
- it has created a drawn-out situation which may lead to fatality or multiple injuries.

(c) It is better for the Architect/Engineer's site staff to err on the safe side, by initiating the reporting procedure in marginal cases or doubtful cases.

**During Office Hours**

(d) During office hours, verbal reports should be made within 30 minutes of the accident and follow by a brief note within 3 hours to :-

(i) the Chief Information Officer, Secretariat Press Office (Development) by telephone (tel. no. 3509 8330), or in his absence the Senior Information Officer (Development) (tel. no. 3509 7591 or mobile no. 9094 3930), and

(ii) the Departmental Safety and Environmental Adviser (DSEA) who shall inform the Chief Assistant Secretary (Works)5 of DEVB by telephone (tel. no. 3509 8335 or mobile 9095 6875).
The latter shall inform the Secretary for Development (SDEV) and Permanent Secretary for Development (Works) (PS(W)) as appropriate.

(e) The information to be given during the notification shall at least include the following:
- Contract no. & title
- Time and location of accident
- A brief account of the accident with number of persons injured/trapped
- Seriousness of injury or extent of damage, if known
- Has media arrived on site?
- Name of officer and telephone number for further Contact

(f) The Architect/Engineer's site staff shall keep the DSEA informed of any development and further details of the accident at frequent intervals as necessary. The DSEA will then inform CAS(W)5, DEVB accordingly.

Outside Office Hours

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

Submission of Preliminary Report

(h) After notification by telephone, the Architect/Engineer's site staff shall proceed to prepare a Preliminary Report in accordance with the format attached in Appendix VIII to the SPO(Dev) (Fax no. 2537 1877), with a copy each to the DSEA and the Architect/Engineer within 24 hours of
the accident, and should review the concerned safety procedure with the Contractor, if necessary. This report should enclose the Contractor's report if already received. The DSEA should also forward the Preliminary Report to CAS(W)5, DEVB as soon as possible.

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

Submission of Comprehensive Report

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

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

(a) In the case of accidents involving death or serious injury, the Architect/Engineer's Site Staff should check with the Contractor whether he has taken prompt action in accordance with para. 9.1.1(a) above. If not, the Architect/Engineer's Site Staff should notify the Occupational Safety and Health Branch of Labour Department by telephone number 2815 0678 during office hours, and the respective following tel. nos. outside office hours as soon as possible:

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

and where appropriate the Vessels Traffic Centre of Marine Department (tel. no. 2858 2163 - 24 hours) should also be informed of such accidents as soon as possible.
A flow chart outlining the above reporting procedures set out in para. no. 9.1.2 is attached in **Appendix X.**

The above reporting requirement is in general applicable to departments under the Development Bureau and in addition to, and separate from, accident reporting procedure required by other policy Bureaux or Departments. As such, Departmental Headquarters should continue to make their own arrangements for being kept informed of accidents occurring on their work sites. The Architect/Engineer's site staff should therefore check with the Departmental Safety and Environmental Advisory Unit for any additional or separate reporting requirements and prepare a set of site specific accident reporting procedure for use on a particular contract.

**9.2 ACCIDENT INVESTIGATION**

**9.2.1 General**

(a) Dangerous occurrences and accidents which result in death, serious injury or serious damage must be investigated immediately by the contractor and the Architect/Engineer to determine the cause(s) of the occurrence/accident so that measures can be formulated to prevent recurrence. The investigation findings should also be reviewed by the DSEA.

(b) Near misses and minor accidents should also be recorded and investigated by the contractor as soon as possible as they may indicate inadequacies in the safety management system.

(c) Investigation should be conducted with an open and positive atmosphere to encourage the witness(es) to speak freely. The primary objective is to ascertain the facts with a view to preventing further and possibly more serious occurrences.

**9.2.2 Investigation Procedure**

(a) **Information Gathering**

(i) Take photographs and make sketches;
(ii) Examine involved equipment, workpiece or material and note the environmental conditions;
(iii) Interview the injured, eye-witnesses and other involved parties;
(iv) Consult expert opinion where necessary; and 
(v) Identify the specific employer of those involved.

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

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

9.3 ACCIDENT STATISTICS

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

9.3.2 Collection of Accident Statistics
(a) The statistics cover dangerous occurrences and reportable 
accidents which result in death or incapacity for more than 3 days. 
Departmental Safety and Environmental Advisory Units are 
required to collect the accident data and arrange to input into the 
PCSES. 
(b) The procedures involved and the reporting forms to be used are 
given in Appendices IV to VII.

9.3.3 Analysis of Accident Statistics
(a) A computer system entitled “PWP Construction Site Safety & 
Environmental Statistics (PCSES)” is being maintained by the 
Development Bureau for handling of accident statistics of public 
works contracts.
(b) Development Bureau will analyse the accident statistics stored in the database and prepare consolidated reports to the PS(W), the Works Group of Directors and the Safety and Environmental Advisers’ Committee.

(c) Works departments are expected to use the software to analyse the accident statistics for contracts managed by them.

9.3.4 Follow up Action

(a) It is the responsibility of the Site Safety Management Committees and Site Safety Committees to study accident statistics and trends, so as to identify the unsafe conditions and unsafe practices, and then take appropriate actions to eliminate the major sources of accidents.

(b) It is the responsibility of the consultants and project offices to take note of the levels and trends of accidents in contracts managed by them and take appropriate contractual/administrative actions where necessary.

(c) The DSEA shall monitor the accident statistics and prepare a list of contracts with average accident rates in any rolling three-month period exceeding the DEVB’s limit by 50% or more and having two or more accidents occurred within that period, to the respective head of office (at D2 level or above) managing such contracts. The list shall also include DSEA’s recommendation on whether the Contractor should be required to submit a written report to explain the high accident rate. After consideration, the head of office shall then ask the concerned Contractor through the Architect/Engineer to submit a written report which shall be copied to the DSEA. The written report shall include the following information:

(i) a brief description of the causes and severity of each of the accidents that occurred during the period and actions taken to prevent recurrence;

(ii) a brief description of the problem areas and weaknesses identified in the site safety management system and actions taken to improve the situation; and
(iii) proposal for monitoring and upkeeping site safety improvement measures to lower the accident rate.

Apart from the above, the DSEA shall also make recommendations to the head of office through the Architect/Engineer on asking the Contractor of any contracts with persistent poor safety performance on the basis of his/her observation during regular site safety inspections, regardless of the accident rates of such contracts being below the above-mentioned threshold, to submit a written report. The written report shall also be copied to the DSEA.
# Construction Accident Statistics Monthly Summary

[for the month ending _____ / _____ (mm/yy)]

(To be submitted on or before the 15th day of each month)

**A.** If this is the last summary of the contract for entry of data into the PCAS system, please tick the box

**B.** Please tick your DEPARTMENT

<table>
<thead>
<tr>
<th>1. [ ] ArchSD</th>
<th>3. [ ] DSD</th>
<th>5. [ ] HyD</th>
<th>7. [ ] WSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. [ ] CED</td>
<td>4. [ ] EMSD</td>
<td>6. [ ] TDD</td>
<td></td>
</tr>
</tbody>
</table>

Office _______________________
Division ________________________

**C.** Contract No. : ___________________________  
This Month  Cumulative Total

**D.** Number of fatal accidents

**E.** Number of dangerous occurrences

**F.** Number of reportable accidents (with incapacity for more than 3 days)

**G.** No. of man-day lost  
(i) due to accident(s) occurred in this month  
(ii) due to accident(s) of previous months

**H.** No. of Form 2B submitted to LD (with incapacity of 3 days or less)

**I.** Number of LD inspection conducted

**J.** Number of Improvement Notice(s) issued by LD

**K.** Number of Suspension Notice(s) issued by LD

**L.** Sum certified (in HK$)

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

<table>
<thead>
<tr>
<th>General worker</th>
<th>Management</th>
<th>Tradesman</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>4. Excavator</td>
<td>4</td>
</tr>
<tr>
<td>No.</td>
<td>5. Labourer</td>
<td>5</td>
</tr>
<tr>
<td>No.</td>
<td>11. Manager / General Foreman / Ganger</td>
<td>11</td>
</tr>
<tr>
<td>No.</td>
<td>21. Bamboo scaffold</td>
<td>21</td>
</tr>
<tr>
<td>No.</td>
<td>22. Bar bender and fixer</td>
<td>22</td>
</tr>
<tr>
<td>No.</td>
<td>23. Bricklayer</td>
<td>23</td>
</tr>
<tr>
<td>No.</td>
<td>24. Building services / E&amp;M worker</td>
<td>24</td>
</tr>
<tr>
<td>No.</td>
<td>25. Carpenter</td>
<td>25</td>
</tr>
<tr>
<td>No.</td>
<td>27. Concretor</td>
<td>27</td>
</tr>
<tr>
<td>No.</td>
<td>28. Plant mechanic / Fitter</td>
<td>28</td>
</tr>
<tr>
<td>No.</td>
<td>30. Drainlayer / Mainlayer</td>
<td>30</td>
</tr>
<tr>
<td>No.</td>
<td>32. General welder</td>
<td>32</td>
</tr>
<tr>
<td>No.</td>
<td>37. Metal worker</td>
<td>37</td>
</tr>
<tr>
<td>No.</td>
<td>42. Plant &amp; equipment operator</td>
<td>42</td>
</tr>
<tr>
<td>No.</td>
<td>46. Plasterer</td>
<td>46</td>
</tr>
<tr>
<td>No.</td>
<td>47. Plumber</td>
<td>47</td>
</tr>
<tr>
<td>No.</td>
<td>48. Pneumatic driller</td>
<td>48</td>
</tr>
<tr>
<td>No.</td>
<td>49. Rigger / Metal formwork errector</td>
<td>49</td>
</tr>
<tr>
<td>No.</td>
<td>52. Tunnel worker</td>
<td>52</td>
</tr>
<tr>
<td>No.</td>
<td>60. Others not included in the above</td>
<td>60</td>
</tr>
</tbody>
</table>

Total of this month:  
Cumulative total since contract commencement :

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**Note:** Please submit the Employees Compensation Summary at C9-A V-P01 on quarterly basis whenever there was fatal and/or non-fatal accident happened for the contract until settlement of compensation of all injury cases under the same contract.


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

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

1. Contract No. and Brief Contract Title:

2. Department / Office / Division:

3. Name of Contractor:

4. Contract Sum:

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

5. (a) Contract Commencement Date:
   (b) Anticipated Contract Completion Date:

6. Officers in Charge: Project Officer Consultants RSS
   (a) Name (in Block Letters):
   (b) Post Title:
   (c) Contact Telephone No.:
   (d) Fax No.:

7. Nature of Works: (Can tick more than one box)
   - Building
   - Roads and Drainage
   - Water Works
   - Geotechnical Works
   - Site Formation
   - Landscape
   - Ground Investigation
   - Electrical & Mechanical Works
   - Port Works

8. Type of Contract: (Can have more than one selection)
   - Civil / Building / Term / Specialist / Maintenance / Design & Build
     with Safety Plan included (*Yes / No)
     under Pay for Safety Scheme (PFSS) (*Yes / No)
     under Independent Safety Audit Scheme (ISAS) (*Yes / No)

(Note: (*) Delete as appropriate)
Employees Compensation Summary as at the month of ______________ (mm/yy)
(To be submitted on quarterly basis until settlement of compensation of all injury cases under the same contract)

<table>
<thead>
<tr>
<th>Ref. No.</th>
<th>Name of Injured Person</th>
<th>Date of Injury</th>
<th>End Date of Sick Leave</th>
<th>No. of Man-day Lost</th>
<th>Percentage of Permanent Incapacity (PI) Finalized by LD (Please tick)</th>
<th>Compensation Paid (HK $)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0% &lt;=5% &gt;5%</td>
<td>Sick Leave Compensation (PI) Total</td>
</tr>
</tbody>
</table>

C9-AV-P03(Ver.July.2001)
The Form should be completed by Safety Officer or Site Agent of Principal Contractor within seven days on occurrence of accident resulting in death or injury with incapacity for more than three days.

A. Please fill in or tick the PERSONAL INFORMATION OF THE INJURED WORKER
1. Name (surname first) ___________________ 4. Imported labourer [ ] Yes [ ] No
2. Age ___________________ 5. Years of construction site experience _____ years
3. Sex [ ] Male [ ] Female 6. No. of months worked at this site _____ months

B. Please fill in the PARTICULARS OF EMPLOYER of injured worker
Name of company / employer (If not principal contractor) ______________________________

C. Please fill in or tick the DESCRIPTION OF ACCIDENT
1. Date of accident _____ (dd) / _____ (mm) / _____ (yy)
2. Anticipated severity of injury
   1 [ ] Minor (with no hospitalization or hospitalization less than 24 hours)
   2 [ ] Serious (with hospitalization more than 24 hours)
   3 [ ] Death
3. Period of Incapacity (in dd/mm/yy):
   Start date of sick leave (in dd/mm/yy) : _____ / _____ / ______ (if different from the date of accident)
   End date of sick leave (in dd/mm/yy) : _____ / _____ / ______ (to be provided when known)

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

<table>
<thead>
<tr>
<th>Semi-skilled worker / General worker</th>
<th>Management / Foreman</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [ ] Chairman</td>
<td>11. [ ] Manager / Site Engineer / General Foreman</td>
</tr>
<tr>
<td>2. [ ] Concreting labourer</td>
<td>12. [ ] Ganger</td>
</tr>
<tr>
<td>3. [ ] Drilling assistant</td>
<td></td>
</tr>
<tr>
<td>4. [ ] Excavator</td>
<td></td>
</tr>
<tr>
<td>5. [ ] Labourer</td>
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<table>
<thead>
<tr>
<th>Tradesman</th>
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</thead>
<tbody>
<tr>
<td>21. [ ] Bamboo scaffolder</td>
<td>37. [ ] Metal worker</td>
</tr>
<tr>
<td>22. [ ] Bar bender and fixer</td>
<td>38. [ ] Metal scaffold</td>
</tr>
<tr>
<td>23. [ ] Bricklayer</td>
<td>39. [ ] Painter and decorator</td>
</tr>
<tr>
<td>24. [ ] Building services / E&amp;M worker</td>
<td>40. [ ] Piling operative</td>
</tr>
<tr>
<td>25. [ ] Carpenter (fender)</td>
<td>41. [ ] Plant &amp; equipment operator (builders lift &amp; other machinery)</td>
</tr>
<tr>
<td>26. [ ] Carpenter (formworker)</td>
<td>42. [ ] Plant &amp; equipment operator (earthmoving machinery)</td>
</tr>
<tr>
<td>27. [ ] Concretor</td>
<td>43. [ ] Plant &amp; equipment operator (hoist and crane)</td>
</tr>
<tr>
<td>28. [ ] Construction / Mechanical plant mechanic or fitter</td>
<td>44. [ ] Plant &amp; equipment operator (piling)</td>
</tr>
<tr>
<td>29. [ ] Diver</td>
<td>45. [ ] Plant &amp; equipment operator (tunnelling)</td>
</tr>
<tr>
<td>30. [ ] Drainlayer / Mainlayer</td>
<td>46. [ ] Plasterer</td>
</tr>
<tr>
<td>31. [ ] Demolition Worker</td>
<td>47. [ ] Plumber</td>
</tr>
<tr>
<td>32. [ ] General welder</td>
<td>48. [ ] Pneumatic driller</td>
</tr>
<tr>
<td>33. [ ] Joiner</td>
<td>49. [ ] Rigger / Metal formwork erector</td>
</tr>
<tr>
<td>34. [ ] Leveller</td>
<td>50. [ ] Structural steel erector</td>
</tr>
<tr>
<td>35. [ ] Marine construction plant operator</td>
<td>51. [ ] Truck and other vehicle driver</td>
</tr>
<tr>
<td>36. [ ] Mason</td>
<td>52. [ ] Tunnel worker</td>
</tr>
<tr>
<td>60. [ ] Others please specify, e.g. security staff / watchman</td>
<td></td>
</tr>
</tbody>
</table>
E. Please tick the **PLACE OF ACCIDENT** (tick one box only)

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

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

<table>
<thead>
<tr>
<th>Nature of injury incurred (1-20)</th>
<th>1st injury</th>
<th>2nd injury</th>
<th>3rd injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion</td>
<td>1.</td>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>Amputation</td>
<td>2.</td>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>Asphyxia</td>
<td>3.</td>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>Burn (heat)</td>
<td>4.</td>
<td>14.</td>
<td></td>
</tr>
<tr>
<td>Contusion &amp; bruise</td>
<td>6.</td>
<td>16.</td>
<td></td>
</tr>
<tr>
<td>Concussion &amp; other internal injury</td>
<td>7.</td>
<td>17.</td>
<td></td>
</tr>
<tr>
<td>Laceration and cut</td>
<td>8.</td>
<td>18.</td>
<td></td>
</tr>
<tr>
<td>Dislocation</td>
<td>9.</td>
<td>19.</td>
<td></td>
</tr>
<tr>
<td>Crushing</td>
<td>10.</td>
<td>20.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye</td>
<td>22.</td>
<td>32. Back</td>
<td>42. Hand / Palm</td>
<td>52. Thigh</td>
</tr>
<tr>
<td>Mouth/ Tooth/ Lip</td>
<td>24.</td>
<td>34. Abdomen</td>
<td>44. Elbow</td>
<td>54. Leg</td>
</tr>
<tr>
<td>Nose</td>
<td>25.</td>
<td>35. Trunk</td>
<td>45. Upper arm</td>
<td>55. Ankle</td>
</tr>
<tr>
<td>Face/ Cheek/ Chin</td>
<td>26.</td>
<td>36. Pelvis / Groin</td>
<td>46. Shoulder</td>
<td>56. Foot / Toe</td>
</tr>
</tbody>
</table>

G. Please tick the appropriate **TYPE OF ACCIDENT**. (Can tick more than one box)

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

1. [ ] Trapped in or between objects  
2. [ ] Injured whilst lifting or carrying / manual lifting / manual handling / Handling without machinery  
3. [ ] Slip, trip or fall on same level  
4. [ ] Fall of person from height ____ metres  
5. [ ] Striking against fixed or stationary object  
6. [ ] Striking against moving object  
7. [ ] Stepping on object / nail  
8. [ ] Exposure to or contact with harmful substance (e.g. poison gas, toxic, corrosive substance)  
9. [ ] Contact with electricity or electric discharge  
10. [ ] Trapped by collapsing or overturning object  
11. [ ] Struck by moving or falling object  
12. [ ] Struck by moving vehicle / Traffic accident  
13. [ ] Contact with moving machinery or object being machined  
14. [ ] Drowning or asphyxiation  
15. [ ] Exposure to fire / burning  
16. [ ] Exposure to explosion  
17. [ ] Dust / foreign particle in eye  
18. [ ] Hand tool accident  
19. [ ] Crushing / Burial  
20. [ ] Machinery operation accident  
21. [ ] Others (specify) __________________________________________________________________________
H. Please tick the appropriate AGENT INVOLVED. (Can tick more than one box)

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

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

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

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

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

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

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

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

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

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

1. [ ] Incorrect attitude / motive 5. [ ] Fatigue / Exhaustion
2. [ ] Lack of knowledge or skill 6. [ ] Carelessness
3. [ ] Physical defects 7. [ ] Others (specify) _______________
4. [ ] Unsafe act by another person

M. Please tick the MACHINERY INVOLVED in the accident. (Can tick more than one box)

C9-AVI-P03 (Ver.July.2001)
The information to be collected is similar to **Section O of Labour Department Form 2**.

1. [ ] Skip / Material hoist / builders’ lift
2. [ ] Mobile platform
3. [ ] Tower crane
4. [ ] Mobile crane
5. [ ] Lorry-mounted crane
6. [ ] Hydraulic crane
7. [ ] Suspended working platform
8. [ ] Boatswain’s chair
9. [ ] Pile driver
10. [ ] Boring rig
11. [ ] Bar bender
12. [ ] Concrete mixer
13. [ ] Air compressor / receiver
14. [ ] Others (specify) ___________________________

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

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

1. [ ] Dump truck
2. [ ] Loader
3. [ ] Excavator
4. [ ] Bulldozer
5. [ ] Grader
6. [ ] Compacting roller
7. [ ] Others (specify) ___________________________

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

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Q. **Injury Report Form completed by:**

Name of Person ____________________
Post
Title
Signature
Date

Acknowledged by:

Name of A/E’s Representative
Signature
Date
Appendix VIII

To : __________________

Urgent by Fax

Department

Preliminary Report on Accident

1  Contract No :
2  Contract Title :
3  Name of Contractor :
4  Location of Accident :
5  Date and Time of Accident :
6  Nature and Brief Account of Accident (with a sketch) :
7  Number of Person(s) Injured/killed :
8  Name(s) and Age(s) of Person(s) injured/killed :
9  Seriousness of Injury, or extent of damages :
10 Probable cause of the accident (if established) :
11 Measures introduced (or to be introduced) to prevent recurrence of similar accidents on site if established :
12 Effect of accident on progress of works :
13 Contractor's report attached (Yes/No)
14 Any other information :

Reported By :

__________________________  ___________  ___________  _ _________   _________
Name   Post   Tel. No.   Signature   Date
URGENT BY FAX

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

Information of the Contract

Contract No.: ____________________
Contract Title: ____________________  (in English)
______________________________  (in Chinese)

Information of the Accident and the Deceased:

Date of Accident: ____________________
Name of Deceased: ____________________  ____________________
(in English)  (in Chinese)
Age: ______________

Information of the next of kin:

Name: ____________________  (in Chinese if the Deceased was of Chinese ethnic group)
Relationship with the Deceased: ____________________
Address:  __________________________________________________
______________________________  (in Chinese if the Deceased was of Chinese ethnic group)
Contact Tel. No.: ____________________

Number of Children:

Age below 18 _________  Age 18 or above _________

Signature: ______________

c.c. Departmental Safety Adviser, ____________ Department
Appendix X

Flowchart for Reporting of Accidents to Development Bureau

**Occurrence of a notifiable accident on site**

Labour Department (Tel. no. 2815 0678)
or Marine Department (Tel. no. 2233 7801)
as appropriate

informs

The most senior site supervisory staff of A/E, who first become aware of the incident

**Notify Works Department in accordance with departmental procedures**

Within 30 minutes of the occurrence, notify the following persons verbally and follow by a brief note within 3 hours, or if it is outside office hours a brief note is not required

**Legend**

SDEV Secretary for Development
PS(W) Permanent Secretary for Development (Works)
SPO(DEV) Secretariat Press Office (Development)
CIO Chief Information Officer
SIO Senior Information Officer
ISD Information Services Department
CAS(W)5 Chief Assistant Secretary (Works)5
DSEA Departmental Safety and Environmental Adviser
A/E The Architect/Engineer of the contract
DEVB Development Bureau

**Notes: Information required in telephone**

a. Contract No. & Title;
b. Time and location of the incident;
c. Brief account of incident;
d. No. of persons injured/trapped if any;
e. Seriousness of injury or extent of damage if known;
f. Media arrived on site;
g. Name of officer and telephone no. for further contact.

Departmental Radar in accordance with ETWB General Circular No. 2/2005

Post:
Tel. no.: ( )
Mobile: ( )
Fax no.: ( )

A/E and/or his representative

Submit a preliminary report within 24 hours to describe in details how the incident happened

Submit a comprehensive report within 7 days of the incident

If necessary