Injury Report Form

The Form should be completed by Safety Office 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.

Contract number _____ Ref. No. of injury _____

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

1. Name (surname first) _____ _____
2. Age _____
3. Sex ☐ Male ☐ Female
4. Imported labourer ☐ Yes ☐ No
5. Years of construction site experience _____ years
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 (in 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）

Semi-skilled worker / General worker

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

Management / Foreman

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

Tradesman

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

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

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

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

F. P1ease 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.)

	1st injury	2nd injury	3rd injury
Nature of injury incurred（1-20）	_____	_____	_____
Part of body injured（21-60）	_____	_____	_____

Nature of injury

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

Part of body injured

HEAD	NECK & TRUNK	UPPERLIMBS	LOWERLIMBS
21. Skull / Scalp	31. Neck	41. Finger	51. Hip
22. Eye	32. Back	42. Hand / Palm	52. Thigh
23. Ear	33. Chest	43. Forearm	53. Knee
24. Mouth/ Tooth/ Lip	34. Abdomen	44. Elbow	54. Leg
25. Nose	35. Trunk	45. Upper arm	55. Ankle
26. Face/ Cheek/ Chin	36. Pelvis / Groin	46. Shoulder	56. Foot / Toe
	37. Waist	47. Wrist	60. Others (specify) _____

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

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

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

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

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

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

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

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

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

(Note: * in format dd/mm/yyyy)