



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSI
Kod Dokumen: HSAAS/UKA/BR44

**NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS
OCCURRENCE FORM**

**WEHU - A1
(JKKP 6)**

Location of accident/incident	<input type="text"/>
Date of accident/incident	Time of accident/incident occur <input type="text"/>

Send to:
 Pengarah Kesihatan Negeri
 Jabatan Kesihatan Negeri

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

Name

Date of birth / /
DD MM YY

New IC/Passport no.

Nationality

Gender Male Female

Occupation

Ethnic group

Name and address of organization

District State

Duration of current job

Date of first informing DOSH

Part A - Detail of Notifier

Name

Designation

Name and address of organization

Contact no.

Part C - Description of accident or dangerous occurrence

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

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

c) Why did the accident happen?

d) What were the actions taken following the accident?

Signature of Notifier Date

Date of Notification

Part I : Particulars of reporting unit

Name of facility

Unit / Department / Ward

Part II : Particulars of patient

Date seen/treated/admitted

Medical certificate (MC) given No
 Yes

Duration of MC days

Part III : Classification of accident
 (Tick more than one if relevant)

1. Nature of injury

- Abrasions
- Amputation
- Asphyxia
- Burns (heat)
- Burns (chemical)
- Bruises and contusions
- Concussions
- Cuts
- Dislocation
- Effect of electric currents

- Effect of radiation
- Fracture
- Drown
- Laceration
- Sharp injuries
- Sprain & strain
- Internal injuries
- Splash of blood/body fluid
- Splash of chemicals
- Other (please specify) _____

2. Part of Body Injured *For R/L : Please circle*

Head and Neck

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

Upper Limbs

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

Torso

- Back
- Chest
- Abdomen
- Pelvis
- Groin

Lower Limbs

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

3. Mechanism of accident

- Struck against object
- Struck by sliding, falling, flying or other moving object
- motor vehicle accident
- Caught in/or between object
- Fall or slip on same level
- Fall from height
- Injured while handling, lifting or carrying
- Contact with extreme temperature
- Others (please specify): _____

- Exposure to/or contact with harmful substances/radiation
- Exposure to/or contact with electric currents
- Exposure to explosion
- Drowning
- Crush by moving/sliding object
- Needle stick/Needle prick
- Physical assault

WEHU - A2 (cont'd)

4. Agent involved in accident

<input type="checkbox"/>	Machine/Electrical equipment
<input type="checkbox"/>	Lifting equipment
<input type="checkbox"/>	Transport equipment/Vehicle
<input type="checkbox"/>	Needles
<input type="checkbox"/>	Medical/Surgical/Dental instruments (other than needles)
<input type="checkbox"/>	Lab instruments
<input type="checkbox"/>	Pressure Vessels
<input type="checkbox"/>	Blood/Body fluids
<input type="checkbox"/>	Chemicals/Gases
<input type="checkbox"/>	Floors/Levels
<input type="checkbox"/>	Ladders
<input type="checkbox"/>	Stairs/steps
<input type="checkbox"/>	Others (please specify) _____

5. Existing control measure at workplace

<input type="checkbox"/>	Engineering Control
<input type="checkbox"/>	Standard Operating Procedure (SOP)
<input type="checkbox"/>	Training/Education/Work Schedule/Rotation
<input type="checkbox"/>	Personal Protective Equipment (PPE)
<input type="checkbox"/>	Other (please specify) _____