URGENT

CASE ID _____
(for HSEO use only)

HKUST INCIDENT / ACCIDENT REPORT FORM

1. *This form should be despatched in sequence as indicated by arrows on the back page.*
2. *The information contained below is required for investigation and record purposes, and will be disclosed to the departmental management of the staff concerned, the Human Resources Office (if the staff is injured) or Finance Office (if insurance claims are needed). The staff concerned may request access to/correction of his/her own personal data in writing to HSEO.*

PART I To be completed by responsible Supervisor of the injured person or the area involving an incident

General Information

Date: _____ Time: _____ Location: _____

Type of Location:

[ ] Laboratory	[ ] Class Room	[ ] Sports Hall/Field	[ ] Indoor Common Area
[ ] Plant Room	[ ] Office	[ ] Quarters	[ ] Outdoor Common Area
[ ] Workshop	[ ] Canteen	[ ] Stair/Escalator	[ ] Warehouse
[ ] Off-Campus	[ ] Overseas	[ ] Others _____	

Person Involved Complete this section for person involved (use separate form if more than one)

Person : _____ _____ Sex: M / F
(English *Surname, Other Names*) (Chinese)

Department: _____ Position: _____ Years on the Job : _____ Tel. No: _____

Type of Person: Staff / Student / Contractor / Staff Family Member / Visitor Staff / Student / HKID Card No: _____

Supervisor*: _____ _____ Tel. No: _____
(Name) (Position)

* ***Faculty Supervisor for academic departments, Unit Supervisor for non-academic departments.***

Personal injury: Yes / No If YES, nature of injury:

[ ] Back Injury	[ ] Bruising/Abrasion	[ ] Twisting of limbs	[ ] Musculo-skeletal
[ ] Dislocation/fracture	[ ] Gassing	[ ] Eye	[ ] Cuts
[ ] Chemical Burn	[ ] Heat Burn	[ ] Heat Stroke	[ ] Allergy /skin irritation
[ ] Insect Bites	[ ] Others (describe)_____		

Immediate treatments received: [ ] From First-aider [ ] At Clinic [ ] At Hospital [ ] None

Loss work days: Yes / No From ____/____/____ to ____/____/____ (inclusive)
d m y d m y
(if undetermined or any subsequent extension of leaves, provide the updates to HSEO later)

Activity at time of incident / accident:

[ ] Work	[ ] Research/Study	
[ ] Travelling	[ ] Sports	[ ] Others (describe) _____

Nature of incident / accident:

[ ] Fire	[ ] Explosion	[ ] Chemicals	[ ] Flooding
[ ] Odour	[ ] Gassing	[ ] Hot substance	[ ] Radioactive contamination
[ ] Falling Objects	[ ] Fall from height	[ ] Slips/ Trips	[ ] Step on/Strike against objects
[ ] Traffic/Transport	[ ] Machinery/Equipment	[ ] Electricity	[ ] Sharp object
[ ] Manual handling	[ ] Work posture	[ ] Hand tool	[ ] Animal handling
[ ] Insect	[ ] Object in eye	[ ] Others (describe) _____	

(continue on the back)

Incident / Accident Details and events leading to the incident (use separate sheets if needed)

Property Damage Describe property damage if any

Recommendations (Actions taken or to be taken for prevention of recurrence)

Name & Signature of Supervisor (Date) Name & Signature of DSO (Date)

TO **Head of Department** for information and endorsement
❒ **Human Resources Office** (Send a copy to HRO if employee is injured)
❒ **Finance Office** (Send a copy to FO if insurance claim is needed)

PART II : Endorsement and Comments (if any) by Head of Department

Name and Signature of Head of Department/Unit Date

TO **HSEO**

PART III : Comments / Verifications / Additional Recommendations by HSEO

TO **Head of Department/Supervisor/Departmental Safety Officer**
for reference and necessary actions.
HSEO for follow up and record.