THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

Health & Safety Office
健 康 及 安 全 事 務 處

HS Form 2 表格 2

Please fill in this Form in English whenever possible to facilitate communication and data management.

Accident/Incident Report Form 意外/事故報告表格

Note: This e-report form should be completed and submitted on-line to the Health and Safety Office through the Head of Department within 72 hours of the accident/incident. The information provided herein will be used for investigation and compiling statistics.

In case of a work-related accident to an employee of the University, the concerned department should complete an HR Form 67 instead of this form. The HR Form 67 should be filed with the Human Resources Office and a copy of the form be sent to the Health and Safety Office.

備註: 此表格須經部門主管於意外/事故發生後七十二小時內，以網上形式送交健康及安全事務處。本表格內容只供調查及統計之用。

若僱員因工受傷，有關部門應填寫人力資源處表格HR Form 67，並將副本呈送健康及安全事務處。此報告表格將不適用。

1. Basic Information of Accident/Incident 甲部: 意外/事故基本資料

   Type 類別*:

   Injury 受傷
   Incident 事故

   Non-injury case such as chemical spill, damage to property, fire, explosion or near-miss 非受傷事件, 例如: 化品洩漏、財物損毀、火警、爆炸或閃失(險象)事件

   Date 日期*: _____   Time 時間*: _____

   Venue 地點*:

2. Information of Injured Person (if any) - Use one Form for each injured person. 乙部: 傷者資料(如有) - 每張表格只適用於一位傷者

   Identity 分類*: _____   Staff / Student No. 職員/學生編號*: _____

   Name 姓名*: _____
   (Full name with surname first 全名)

   Sex 性別*:   Male 男   Age 年齡: _____
           Female 女

   Phone No. 聯絡電話: _____

   Medical Treatment Received/Location 已接受的醫學治療或到診地點*:

   First Aid Items 急救用品   University Clinic 大學診所   Outside Clinic 校外診所   Hospital 醫院

   Sick Leave 病假: (stated in medical certificate 列於病假紙上)

   From 由: _____   To 至: _____

   Total Day(s) 總日數: _____ Days 日

   Description of Injury 受傷情況:

	Part of body injured 受傷部位:	Nature of injury 受傷性質:	Remark 備註:
1*.	_____	_____	

   Additional Injury (please state injured parts and injury nature other than the above, if any) 其他受傷 (除上述以外的受傷部位和受傷性質(如有)):

3. <u>Description of Accident/Incident</u> 丙部：意外/事故發生詳細內容

   Details on How Accident/Incident Occurred 發生情況*:

   Possible Cause(s) of Accident/Incident (if known) 可能的事發原因 (如知道):

   Possible Action(s) to Prevent Recurrence (if any) 防止再發生的可行方法 (如有建議):

   Upload Files (max. 16M each) 上載檔案 (每個檔案最高為16M): (Files such as photos, videos, medical certificates and incident reports 檔案可包括照片、影片、醫生紙或事故報告)

   Click to select a file to upload

   Click to select a file to upload

   Click to select a file to upload

   Click to select a file to upload

   Click to select a file to upload

   Click to select a file to upload

4. <u>Reporter and Approver 丁部：報告者及批核人</u>

   Reporter Name 報告者姓名: _____

   Head to Approve 部門主管 _____
   批核: