

HAZARDOUS OCCURRENCE INVESTIGATION REPORT

1. TYPE OF OCCURRENCE 發生種類 <input type="checkbox"/> Explosion 爆炸 <input type="checkbox"/> Loss of Consciousness 失去知覺 <input type="checkbox"/> Disabling Injury 受傷 <input type="checkbox"/> Emergency Procedure 緊急措施 <input type="checkbox"/> Other		2. EHS Unit File No. 環境健康及安全部門檔案號碼 Department File No. 部門檔案號碼	
3. Name of Faculty/Department and office location 院系/部門及辦事處地點		Telephone number 電話號碼	
Site of hazardous occurrence 肇事地點	Date and Time of hazardous occurrence 日期 / 時間	Weather Conditions 天氣情況	
Witnesses 見證人		Supervisor's name 主管姓名	
4. Description of what happened 事發因由 Brief description and estimated cost of property damage 簡單描述及估計物業價值損失			
5. Name of Injured Person 受傷人姓名		Age 年歲	Occupation/Profession/Subject major 工作/專業/主修科目
Description of injury 受傷描述		Sex 性別	Year of experience in occupation/Year Study 工作經驗/學習年份
		Direct cause of injury 直接至傷原因	
Was training in accident prevention given to injured employee/student in relation to tasks performed at the time of the hazardous occurrence? 在這工作任務是否有給予安全訓練? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify			
6. Direct causes of hazardous occurrence 發生危險之直接原因			
7. Corrective measures and date department will implement 部門將會完成修正措施和日期 Reasons for not taking corrective measures 不依照修正措施之理由			
Supplementary preventive measures 補充預防措施			
8. Name of person investigating 調查人員姓名		Signature 簽名	Date 日期
Title 職位		Telephone Number 電話號碼	
9. Safety & health committee's or representative's comments 安全及健康委員會或其代表人員評語			
Committee member's or representative's name 委員會人員或其代表人員姓名		Signature 簽名	Date 日期
Title 職位		Telephone number 電話號碼	