WEHU - A1
(JKKP 6)

NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE

Location of accident/incident

Date of accident/incident

Time of accident/incident occur

Send to:

Pengarah Kesihatan Negeri

Jabatan Kesihatan Negeri _____

Part A - Detail of Notifier

Name

Designation

Name and address of organization

Contact no.

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 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

WEHU - A2

Date of Notification ☐

Part I : Particulars of reporting unit	Part II : Particulars of patient
Name of facility ☐	Date seen/treated/admitted ☐
Unit / Department / Ward ☐	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