

Hazardous Occurrence Investigation Report

TYPE OF OCCURRENCE 發生種類			File No. 檔案號碼
<input type="checkbox"/> Explosion 爆炸 <input type="checkbox"/> Loss of Consciousness 失去知覺 <input type="checkbox"/> Emergency Procedure 緊急措施			
<input type="checkbox"/> Disabling Injury 受傷 <input type="checkbox"/> Other 其他 _____			
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 日期/時間	Weather Conditions 天氣情況	
Witnesses 見證人	Supervisor's name 主管姓名		
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			
Name of Injured Person 受傷人姓名	Sex 性別	<input type="checkbox"/> Student 學生 <input type="checkbox"/> Staff 職員 <input type="checkbox"/> Contractor 外判 <input type="checkbox"/> Visitor 訪客	
Staff/ Student No. 職員/學生號碼	Year of experience in occupation/Year Study 工作經驗/學習年份	Occupation/Profession/Subject major 工作/專業/主修科目	
Description of injury 受傷描述		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 有 <input type="checkbox"/> No 沒有 Specify 具體說明 _____			
Direct causes of hazardous occurrence 發生危險之直接原因			
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			
Name of person investigating 調查人員姓名		Title 職位	Signature 簽名
Telephone number 電話號碼		Date 日期	
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		Title 職位	Signature 簽名
Telephone number 電話號碼		Date 日期	