

# **Hazardous Occurrence Reporting And Investigation Regulations**

## **1. Purpose**

- 1.1 To provide a system for reporting and investigating all incidents, including near misses, injuries and occupational diseases.
- 1.2 To determine the action necessary to prevent recurrence.

## **2. Report of Hazardous Occurrence**

- 2.1 When an employee or student becomes aware of an accident or other occurrence that has caused or is likely to cause injury to the University community, the employee or student shall, without delay:
  - (a) initiate appropriate emergency procedures;
  - (b) inform campus security for assistance; and
  - (b) report the accident or other occurrence to supervisor and the head of department/ office.
- 2.2 The head of department/ office or the departmental safety representative shall report to the Campus Safety and Facilities Management Section of the Estates Office (CSFM) immediately when a hazardous occurrence that had one of the following results:
  - (a) the death or a disabling injury of an employee or student other than a minor injury for which only first aid treatment is required,
  - (b) a fire or an explosion,
  - (c) an electric shock, toxic or oxygen-deficient atmosphere that caused an employee or student to lose consciousness,
  - (d) a major release of a toxic or hazardous substance, and
  - (e) any damage to building or building installations such as pressure vessel or elevators that have a potential of causing disabling injuries.

## **3. Investigations**

- 3.1 Where the head of department/ office or the departmental safety representative becomes aware of an accident, occupational disease or other hazardous occurrence affecting any of his staff in the course of employment or his students under his supervision, he shall, without delay,
  - (a) carry out an investigation of the hazardous occurrence, and
  - (b) take necessary measures to prevent a recurrence of the hazardous occurrence.
- 3.2 Where practicable, the scene of the hazardous occurrence reportable under Section 2.2 shall be left untouched, except for activity necessitated by rescue work, or to prevent further failures or injuries, until the occurrence has been investigated by CSFM.

## **4. Written Reports**

- 4.1 The person investigating the hazardous occurrence shall make a report in writing in the form set out in Annex I.
- 4.2 The person investigating shall submit a copy of the Hazardous Occurrence Investigation Report within 14 days after the hazardous occurrence to :
  - (a) the CSFM,
  - (b) the faculty or departmental Safety Committee, if exists, and
  - (c) the head of department.

## **5. Policy Approval**

This policy is approved by the HKBU-Environmental Health and Safety Committee.

## Hazardous Occurrence Investigation Report

<b>TYPE OF OCCURRENCE 發生種類</b> <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 _____			<b>File No. 檔案號碼</b>		
<b>Name of Faculty/Department and office location 院系/部門及辦事處地點</b>				<b>Telephone number 電話號碼</b>	
<b>Site of hazardous occurrence 肇事地點</b>		<b>Date and Time 日期/時間</b>		<b>Weather Conditions 天氣情況</b>	
<b>Witnesses 見證人</b>		<b>Supervisor's name 主管姓名</b>			
<b>Description of what happened 事發因由</b>					
<b>Brief description and estimated cost of property damage 簡單描述及估計物業價值損失</b>					
<b>Name of Injured Person 受傷人姓名</b>		<b>Sex 性別</b>		<input type="checkbox"/> Student 學生 <input type="checkbox"/> Staff 職員 <input type="checkbox"/> Contractor 外判 <input type="checkbox"/> Visitor 訪客	
<b>Staff/ Student No. 職員/學生號碼</b>	<b>Year of experience in occupation/Year Study 工作經驗/學習年份</b>		<b>Occupation/Profession/Subject major 工作/專業/主修科目</b>		
<b>Description of injury 受傷描述</b>			<b>Direct cause of injury 直接至傷原因</b>		
<b>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?</b> <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有      Specify 具體說明 _____					
<b>Direct causes of hazardous occurrence 發生危險之直接原因</b>					
<b>Corrective measures and date department will implement 部門將會完成修正措施和日期</b>					
<b>Reasons for not taking corrective measures 不依照修正措施之理由</b>					
<b>Supplementary preventive measures 補充預防措施</b>					
<b>Name of person investigating 調查人員姓名</b>			<b>Title 職位</b>		<b>Signature 簽名</b>
<b>Telephone number 電話號碼</b>			<b>Date 日期</b>		

<b>Safety &amp; health committee's or representative's comments 安全及健康委員會或其代表人員評語</b>		
<b>Committee member's or representative's name 委員會人員或其代表人員姓名</b>		<b>Title 職位</b>
<b>Telephone number 電話號碼</b>		<b>Signature 簽名</b>
<b>Date 日期</b>		<b>Date 日期</b>