

NOTIFICATION OF OCCUPATIONAL ACCIDENT AND DANGEROUS OCCURRENCE

Location of accident / incident

Date of accident / incident Time of accident / incident occur hrs

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

