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| **實驗室意外及事故報告表 Laboratory Accident/Incident Report Form** |
| *This form is to be used to notify HSEO of an accident /incident. All mandatory fields must be completed. Completed forms should be sent to HSEO within 7 working days:**\* indicates mandatory information* |
| **報告人之個人資料Details Information of Rapporteur**  |
| \*報告者 (Name of Rapporteur): | \*報告者之所屬實驗室或職位 (Dept. or Position of Rapporteur): |
| 電郵地址 (Email): | 電話號碼 (Tel No): |
| **受傷人Injured Person Details** |
| 受傷人中文姓名(Injured person’s name in Chinese): | \*受傷人英文姓名(Injured person’s name in English): |
| 學生/員工編號 (Student/Staff no.): | 性別 (Gender): | 受傷人員所屬部門 (Injured person's department): |
| \*職位 (Status): ☐職員 (Staff) ☐學生(Student) ☐訪問學者(Visitor) ☐外判 (Contractor) ☐其他 (Other)  | 電話號碼(Tel No): | 電郵地址(Email): |
| **事件詳情 Event Details** |
| \*事發日期(Date of event): *DD/MM/YYYY*:  | 時間 (Time):24小時制(24hr clock):  | \*樓宇編號 (Building no.): | 實驗室房間編號(Laboratory room no.): |
| *\*導致事故/意外成因Cause of incident/accident* |
| 固體/液態化學品Solid/Liquid Chemicals 🞎 | 高壓裝置High-pressure system 🞎  | 實驗室動物Laboratory animals 🞎 |
| 易燃氣體Flammable gases 🞎 | 高溫High temperature 🞎 | 生物危害Biological organisms/agents 🞎 |
| 有毒氣體Toxic gases 🞎 | 紫外線Ultraviolet 🞎 | 針頭Needle 🞎  |
| 氫氟酸Hydroflouric acid 🞎 | 放射性物質Radioisotopes 🞎 | 尖銳/鋒利物Sharp 🞎 |
| 氰化物Cyanide compounds 🞎 | X-射線X-rays 🞎 | 高空工作Working at height 🞎 |
| 低溫液體Cryogenic liquid 🞎 | 高壓電力 High voltage 🞎 | 其他Others 🞎 (請注明Please specify ) |
| **\*事件所屬級別 Scale of Severity** |
| *請根據安健及環境事務辦公室的級別分類及通報期限作相應的勾選和通報，詳情請參看第三頁* *Please selected the appropriate item and notify HSEO according to the instruction from HSEO. The corresponding details is attached on page 3.* 🞎 事故 (不涉及個人受傷) Incident (event not involving personal injury)意外/事故所屬級別: 🞎級別0 Scale 0 (Deviation) 🞎級別1 Scale 1 (Incident) 🞎 意外（涉及人身傷害事件）Accident (event involving injury to a person)意外/事故所屬級別: 🞎級別2 Scale 2 (Major Incident) 🞎級別3 Scale 3 (Accident) 🞎級別4 Scale 4 (Major accident)  🞎級別5 Scale 5 (Serious accident)  |
| **\*描述事故及意外事故及處理方式 \*Description of Accident/Incident and Handling** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*請盡可能準確地描述發生的事情，從當時正在進行的工作活動開始。如位置不足可附加A4紙作附件**Please describe what happened as accurately as you can, starting with what work activity was being undertaken at the time. Addition A4 pages can be used as attachment.* |
| **防止這種事故或意外事故再次發生而採取的行動建議****Describe The Action to be Taken to Prevent a Recurrence of This Type of Accident or Incident.** |
|    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **以下由實驗室技術員填寫 This Section is for Laboratory Technician Use** |
| 實驗室技術員簽署 Endorsed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 實驗室技術員職稱Job Title :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日期Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 實驗室技術員建議Lab Technician’s Suggestion: |

**Scale of Severity:**

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| --- | --- | --- | --- | --- |
| Scale | Severity | Description | Example(s) | Notify to HSEOa |
| 0 | Deviation | No property damage and no person injury | Oxygen detector alarm | within 48 hours |
| 1 | Incident | Property damage or need to activate emergency procedure but no person injury | Chemical spill, false ceiling collapse  |
| 2 | Major Incident | Person injury can be self-treatment or go to clinic for treatment but no need to go to the hospital | Finger cuts (手指割傷), fall down from slippery floor |
| 3 | Accident | Person injury and/or property damage, need to go to the clinic or hospital for treatment | Uncomfortable or faint during work, mice bite, needle punch |
| 4 | Major accident | Person injury and/or property damage and/or need evacuation, and need to go to the hospital and stay | Unconscious, fall from height  | Immediately  |
| 5 | Serious accident | Fatal or more than two persons injury and/or property damage, and need to go to the hospital and stay | Chemical explosion, electrical shock |

*a 如事件級別屬於0級到3級之間，報告者需於48小時內以電郵或電話的方式通知HSEO，同時此意外報告表亦應於7個工作天內向HSEO提交。如事件級別屬於4級到5級之間，報告者立即以電郵或電話的方式通知HSEO，同時此意外報告表亦應於7個工作天內向HSEO提交。*

*a If the scale of severity is between 0 -3 level, the reporter should notify HSEO within 48 hours either by email or phone, while~~.~~ the accident report should be sent to HSEO within 7 working days. If the scale of severity is within 4 – 5, HSEO need to be notified either by email or phone and accident report be submitted within 7 working days.*