

JKKP 6 - REPORT FOR OCCUPATIONAL ACCIDENT / DANGEROUS OCCURRENCE

(NOTIFICATION OF ACCIDENT, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) 2004

Part A - Detail of Notifier

Notifier - Regulation 5 (1) & (2) Employer

Name

Designation

Name & Address of Organisation

ROC No

JKKP Reg. No

Contact person (if different from above)

Contact No

Industrial Classification Code (Table 3)

Part B - Affected person

(If more than one person please use separate form)

Name

Date of Birth

NRIC/Passport No

Nationality

Gender

M

F

Occupation

Name & Address of Organisation

Location of accident

Date and time of incident

Date of first informing DOSH

Part C - Description of accident or dangerous occurrence

Please describe what happened before, during and after the incident

Signature of Notifier

Date

Disclaimer

Completing this form does not constitute to an admission of liability of any kind by the person making the report or by any other person(s)