[reg.4]

FORM 2

EMPLOYEES' COMPENSATION ORDINANCE (CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE OR OF AN ACCIDENT TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY

Important Notes

(1) To be completed and returned in DUPLICATE to the Commissioner for Labour -

(a) WITHIN 7 DAYS of the accident in the case of death; or

(b) WITHIN 14 DAYS of the accident in the case of injury; or

(c) WITHIN such period of time as required by the Commissioner for Labour.

(2) An employer who fails to give notice as required or who gives any false or misleading information to the Commissioner for Labour may be prosecuted.

(3) Part I must be completed for each employee. Part II is to be completed only if the accident occurred on a construction site.

(4) If more than one employee was injured or died as a result of an accident, please complete a separate form in duplicate for each employee.

(5) Please '✓' in the appropriate box.

(6) Please read the instructions carefully before completing this Form.

FORM 2

EMPLOYEES' COMPENSATION ORDINANCE
(CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE
OR OF AN ACCIDENT TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY

To the Commissioner for Labour

I declare that the information given in this form is, to the best of my knowledge, true and accurate.

Signature : _____ (for and on behalf of the employer)

Name (in block letters) : _____

Position : ☐ Sole proprietor ☐ Partner ☐ Manager ☐ Officer

Date : _____ _____ Chop of Company ***(Note 1)***

A. Particulars of the employee **➢Part I≺**

Name of employee (Surname first)			Identity Card/Passport No.
Telephone No.	Fax No.	Address	
Date of Birth _____ /_____ /_____ Day/Month/Year	Sex ☐ Male ☐ Female	Occupation	An apprentice ☐ Yes ☐ No

B. Particulars of employer

Name of employing company/person		Business Registration Certificate No. ***(Note 2)***
Telephone No.	Address	Trade
Fax No.		

C. Particulars of principal contractor/holding company ***(Note 3)***

Name of principal contractor/holding company		Business Registration Certificate No.
Telephone No.	Address	Trade
Fax No.		

D. Description of accident

Describe how the accident happened and state what the employee was doing at the time ***(Note 4)***			
State whether the accident occurred in the course of work ☐ Yes ☐ No	Date of accident _____ /_____ /_____ Day/Month/Year	Time of accident _____ a.m./p.m.	Result of accident ☐ Death ☐ Injury
Address of the place of accident		Name of hospital/clinic where the employee received treatment	

E. Details of insurance ***(Note 5)***

Name and address of insurance company at the time of accident (Please refer to the insurance policy)	Policy No.

F. Details of earnings of the employee

Average number of working days per month	Rest day is
☐ 22 ☐ 24 ☐ 26 ☐ 30 ☐ Others _____ (please specify)	(a) ☐ not paid ☐ paid (b) ☐ not fixed ☐ fixed on _____ (Day of week)

Details of earnings per month for the month immediately preceding the date of accident: ***(Note 6)***

(a)	Basic salary/wages	$ _____ / month
(b)	Food allowances/value of free food provided by employer	$ _____ / month
(c)	Other items : _____ (please specify)	$ _____ / month
	Total (a) + (b) + (c)	$ 0.00 / month

Average monthly earnings of the employee for the past 12 months (or total period of employment, if less than 12 months) preceding the accident were

$ _____ / month

G. Fatal accident (to be completed where accident results in death)

Whether police was notified	Name and address of next-of-kin of the deceased employee	Relationship with the deceased employee
☐ Yes _____ (name of police station) ☐ No		Telephone No.

H. Direct settlement (to be completed only where the injury results in temporary incapacity for not more than 7 days and no permanent incapacity, and the employer and employee have chosen to directly settle the employees' compensation claim)

Period of sick leave	Amount of compensation:
from ____ / ____ / ____ to ____ / ____ / ____ Day / Month / Year Day / Month / Year ____ / ____ / ____ to ____ / ____ / ____ Day / Month / Year Day / Month / Year Total number of sick leave days : _____ days	$ _____ ☐ paid ☐ to be paid on ____ / ____ / ____ Day / Month / Year

I. Place of accident (tick one box)

The accident occurred in — ***(Note 7)***

Construction site		Shipyard		Manufactory		Others	
☐ 01	Building worksite	☐ 04	Floating vessel	☐ 07	Production area	☐ 11	Container yard
☐ 02	Civil worksite	☐ 05	Non-floating vessel	☐ 08	Maintenance workshop	☐ 12	Catering establishment
☐ 03	Renovation/repair of existing buildings	☐ 06	Maintenance workshop	☐ 09	Loading/unloading area	☐ 13	Please specify
				☐ 10	Storage area		

Activity carried out on the site at the time of accident ***(Note 8)***

J. Nature of injury ***(Note 9)***

Describe the nature of injury

Indicate nature of injury (tick one box) —

☐ 01	Abrasion	☐ 06	Contusion & bruise	☐ 11	Electric shock	☐ 16	Poisoning
☐ 02	Amputation	☐ 07	Concussion	☐ 12	Fracture	☐ 17	Irritation
☐ 03	Asphyxia	☐ 08	Laceration and cut	☐ 13	Puncture wound	☐ 18	Nausea
☐ 04	Burn (heat)	☐ 09	Dislocation	☐ 14	Sprain & strain	☐ 19	Multiple injuries
☐ 05	Burn	☐ 10	Crushing	☐ 15	Freezing	☐ 20	Others (please specify)

Part of body injured (tick one box) —

Head		Neck & Trunk		Upper Limbs		Lower Limbs			
☐ 21	Skull/scalp	☐ 31	Neck	☐ 41	Finger	☐ 51	Hip	☐ 61	Multiple locations (please specify)
☐ 22	Eye	☐ 32	Back	☐ 42	Hand/palm	☐ 52	Thigh		
☐ 23	Ear	☐ 33	Chest	☐ 43	Forearm	☐ 53	Knee		
☐ 24	Mouth/tooth	☐ 34	Abdomen	☐ 44	Elbow	☐ 54	Leg		
☐ 25	Nose	☐ 35	Trunk	☐ 45	Upper arm	☐ 55	Ankle		
☐ 26	Face	☐ 36	Pelvis/groin	☐ 46	Shoulder	☐ 56	Foot		

K. Type of accident (tick one box) ***(Note 9)***

☐ 01	Trapped in or between objects	☐ 05	Striking against fixed or stationary object	☐ 10	Trapped by collapsing or overturning object	☐ 15	Exposure to fire
☐ 02	Injured whilst lifting or carrying	☐ 06	Striking against moving object	☐ 11	Struck by moving or falling object	☐ 16	Exposure to explosion
☐ 03	Slip, trip or fall on same level	☐ 07	Stepping on object	☐ 12	Struck by moving vehicle	☐ 17	Others (Please specify)
☐ 04	Fall of person from height* _____ metres	☐ 08	Exposure to or contact with harmful substance	☐ 13	Contact with moving machinery or object being machined		
		☐ 09	Contact with electricity or electric discharge	☐ 14	Drowning		

* distance through which person fell

L. Agents involved, if any (tick one or more boxes) ***(Note 9)***

☐	01	Equipment for lifting/ conveying	☐	04	Material/product being handled or stored	☐	07	Movable container or package of any kind	☐ 10	Electricity supply, wiring apparatus or equipment
☐	02	Portable power or hand tools	☐	05	Ladder or working at height	☐	08	Floor, ground, stairs or any working surface	☐ 11	Vehicle or associated equipment or machinery
☐	03	Other machinery, please specify:	☐	06	Sewage, manhole or other confined space	☐	09	Gas, vapour, dust or fume	☐ 12	Others (Please specify) _____

Type : _____

Part causing injury:

☐ (a) prime mover
☐ (b) transmission part
☐ (c) working part

Describe briefly the agents you have indicated ***(Note 9)***

M. Sketch (to supplement the descriptions given above, if considered necessary)

For official use only

I.A./Non-I.A. ☐

Investigation ☐

Processed by ☐

➢End of Part I➢

➢ Part II ≺

(To be completed if the accident occurred on a construction site)

N. Type of work performed by the employee at the time of accident (tick one box)

☐	01	Concreting	☐	07	Painting	☐	13	Trench work	☐ 19 Slope work
☐	02	Woodworking	☐	08	Plastering	☐	14	Gas pipe fitting	☐ 20 Others
☐	03	Glazier work	☐	09	Arc/gas welding	☐	15	Water pipe fitting	(please specify)
☐	04	Reinforcement bar bending	☐	10	Formwork erection	☐	16	Electrical wiring	
☐	05	Bamboo scaffolding	☐	11	Brick laying	☐	17	Material handling	_____
☐	06	Tubular scaffolding	☐	12	Caisson work	☐	18	Lift installation	

Whereabouts on the site such work was performed

O. Machinery involved, if any (tick one or more boxes) ***(Note 10)***

☐	01	Skip/material hoist	☐	06	Hydraulic crane	☐	11	Bar bender
☐	02	Passenger hoist/builders' lift	☐	07	Suspended working platform	☐	12	Concrete mixer
☐	03	Tower crane	☐	08	Boatswain's chair	☐	13	Air compressor/receiver
☐	04	Mobile crane	☐	09	Pile driver	☐	14	Others (please specify)
☐	05	Lorry-mounted crane	☐	10	Boring jig			

_____

P. Transporting or construction machinery involved, if any (tick one box)

☐	01	Dump truck	☐	04	Bulldozer	☐	07	Others (please specify)
☐	02	Loader	☐	05	Grader			
☐	03	Excavator	☐	06	Compacting roller			_____

➢End of Part II≺

Explanatory Notes

Note 1: The signature and company chop which appear in both copies of Form 2 submitted to the Commissioner for Labour should be in the original.

Note 2: If the Business Registration Certificate No. is not available, the Identity Card No. of the employing person should be entered.

Note 3: Section C on particulars of principal contractor/holding company should be completed only when the employer is either —

(a) a subcontractor; or

(b) a subsidiary of a holding company within the meaning of the Companies Ordinance (Cap. 32) and which is covered by and specified in the insurance policy taken out by the group of companies to which it belongs.

Note 4: Describe how the accident happened, state what the employee was doing at the time and give details of how the accident happened, e.g. what work was the injured doing, what factors (directly and indirectly) leading to the accident, and how he was injured, etc.

Note 5: The name and address of the insurer as appeared on the insurance policy, instead of those of the broker or agent, should be entered here.

Note 6: Earnings include —

(a) cash wages;

(b) the value of any privilege or benefit which can be estimated in cash, e.g. food, fuel or quarters supplied to the employee if, as a result of the accident, he is deprived of any of them;

(c) overtime or other special remuneration for work done, whether in the form of bonus, allowance or otherwise, if it is of a constant nature; and

(d) customary tips.

But remuneration for intermittent overtime, casual payments of a non-recurrent nature, the value of travelling allowances or concession and the employer's contributions to provident funds are not included.

Note 7: *Construction Site*

Building worksite: site for building substructure, superstructure, etc.

Civil worksite: site for building roads, bridges, etc.

Renovation/repair of existing buildings: internal or external renovation, repairing, painting or external wall cleaning, etc. (Note: Fitting-out in new buildings should be regarded as a building worksite.).

Shipyard

Floating vessel: ship building or repairing conducted on floating shipyard or floating vessel.

Non-floating vessel: ship building or repairing conducted on slipway or shore.

Maintenance workshop: maintenance workshop of the shipyard where parts of ships are machined, repaired or maintained.

Manufactory

Production area: production workshop or any location where actual production is being carried out.

Maintenance workshop: maintenance workshop of the manufactory where machinery parts are machined, repaired or maintained.

Loading/unloading area: location inside the manufactory assigned for loading and unloading activities including cargo handling.

Storage area: location inside the manufactory used for storage purpose.

Others

Container yard: the location where container handling, stacking and maintenance work, etc. are being carried out.

Note 8: Please briefly describe the main function of the workplace at the time of the accident.

Note 9: Please give details on the injury sustained, e.g. while working on a working platform, an employee twisted his ankle and fell 3 m onto the ground.

In the above example, the following boxes in sections J, K and L should be marked —

- In section J *Nature of injury*: Sprain & strain (box 14).
- In section J *Part of body injured*: Ankle (box 55).
- In section K *Type of accident*: Fall of person from 3 m (box 04).
- In section L *Agents involved*: Ladder or working at height (box 05).
- In the description of the agents indicated: A platform constructed of a plank which measured 5 m long by 2 m wide and by 5 mm thick.

Note 10: If none of the machinery provided is suitable, please tick box 14 and specify the name of the machinery or briefly describe the type of machinery involved.

Supplementary Information on Accidents on Construction Sites

Explanatory Notes:

*This is **not** a statutory form required to be submitted under the Employees' Compensation Ordinance for reporting accident. However, the co-operation of employers is sought to complete Sections I, II and III below for accidents occurred on construction sites. The supplementary information will be used for the purpose of accident analysis within Government and by the public bodies concerned.*

I. Particulars of Worksite

Commencement of Construction Work: _____ / _____ Month / Year	Expected Date of Completion: _____ / _____ Month / Year
Contractor Name: _____ _____ Site Address: _____ _____ Contract No. (if available): _____ Date of Accident: _____ Contact Telephone: _____	_____ Chop of Company

II. Particulars of Project

(A) Nature of Project

☐ Civil Engineering ☐ Superstructure ☐ Maintenance and Repair

(B) Private Project

☐ Yes ☐ No

If Yes, please give name and contact telephone no. of authorized person or project manager

Name: _____

Position: _____

Tel. No.: _____

If No, please indicate below the type of public works/government project

(C) Public Works or Government Project

☐ 01	Architectural Services Department	☐ 12	Airport Authority Hong Kong
☐ 02	Buildings Department	☐ 13	Agriculture, Fisheries & Conservation Department
■ 03		☐ 14	Environmental Protection Department
☐ 04	Drainage Services Department	☐ 15	Home Affairs Department
☐ 05	Electrical & Mechanical Services Department	■ 16	
☐ 06	Highways Department	■ 17	
■ 07		☐ 18	Food & Environmental Hygiene Department
☐ 08	Water Supplies Department	☐ 19	Civil Engineering & Development Department
☐ 09	Housing Department	☐ 20	MTR Corporation Limited
■ 10		☐ 99	Others (please specify)
■ 11			_____

III. Particulars of Place of Fall (If Injured by Fall from Height)

☐ 01	Bamboo scaffold	☐ 04	Working platform/falsework	☐ 07	Ladder
☐ 02	Fragile structure	☐ 05	Unfenced edges & lift shaft opening	☐ 08	Others
☐ 03	Material hoistway	☐ 06	Unfenced/insecurely covered opening		_____

Please '✓' in the appropriate box.