

**REPORT FOR OCCUPATIONAL POISONING / OCCUPATIONAL DISEASE OCCUPATIONAL SAFETY AND HEALTH-
(NOTIFICATION OF ACCIDENT, DANGEROUS OCCURANCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASE) REGULATION 2004**

Part A1

Notifier - Regulation 7(1) Employer
(If more than one person please use separate form)

Name

Designation

Name & Address of Organisation

Contact Number

R.O.C. No	<input type="text"/>	JKKP Reg. No	<input type="text"/>
Industrial Classification Code (Table 3)	<input type="text"/>		

Contact person (if different from above)

Part A2

Notifier - Regulation 7(2) Registered Medical Practitioner

Name

Designation

Address of Clinic / Hospital

Contact Number

Part B - Affected Person

Name

Date of Birth

NIRC/Passport No

Nationality

Gender L / P

Occupation

Name & Address of Organisation

Location of incident

Part C - Occupational Poisoning / Disease

Diagnosis / Provisional Diagnosis

Date of Diagnosis

Name and Address of Attending Doctor

Part D

Description of work that led to occupational poisoning/disease (Please describe any work done by the affected person which might have led to them getting the disease is thought to have been caused by exposure to an agent at work, e.g.a specific chemical - please state what that agent is)

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)