





OCCUPATIONAL POISONING AND DISEASE CASES											DANGEROUS OCCURRENCE					
Bil.	Date of Occupational Poisoning /Disease detected (12)	Location of Poisoning / Disease (Refer <b>Table 12</b> ) (13)	Type of Poisoning / Disease (Refer <b>Table 16</b> ) (14)	Route of Entry (Refer <b>Table 17</b> ) (15)	Agent causing Poisoning / Disease (Refer <b>Table 18</b> ) (16)	Poisoning / Disease with lost workdays			Fatalities (death) (20)	Date of submission on <b>JKKP 7</b> (21)	Type of Dangerous Occurrence (Refer <b>Table 6</b> ) (22)	Date of incident (23)	Time of incident (24)	Location of incident (Refer <b>Table 4</b> ) (25)	No. days not operating (26)	Date of submission <b>JKKP 6</b> (27)
						Poisoning / Disease cases with days away from work (17)	Enter number of days away from work (18)	Poisoning / Disease without lost workdays (19)								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
						Yes / No		Yes / No								
<b>Total:</b>						Yes	days	Yes								

Certification of Annual Register Totals by: .....

Title: ..... Date:.....

1. Occupational Accident and Occupational Poisoning / Disease Register (Covering Calendar Year 20.....)

- Complete this section by copying totals from the annual register.
- Leave this section blank if there were no Occupational Accident, Occupational Poisoning or Disease, please fill Y and Z only

OCCUPATIONAL ACCIDENT CASES					OCCUPATIONAL POISONING AND DISEASE			Total man-hours worked in Year 20.....
Accident related fatalities (death)	Accident with lost workdays		Accident without lost workdays	Total of number of accidents	Poisoning / Disease related fatalities	Poisoning / Disease with lost workdays		Total Poisoning / Disease without lost workdays
								<b>Y</b> (Round up to the nearest whole number)
Number of Deaths	Total accident cases with days away from work	Total number of days away from work	Total accident cases without lost workdays		Number of Death	Poisoning / Disease with lost workdays	Enter the no. of days away from work	Total number of Poisoning / Disease cases
								<b>Z</b> (Round up to the nearest whole number)
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>T</b>	<b>U</b>	<b>V</b>	<b>X</b>

**\*\* Note: 1 day = 8 hours    1 death = 6000 days (lost days)**

OCCUPATIONAL ACCIDENT CASES	OCCUPATIONAL POISONING AND DISEASE CASES
Fatality Rate = $\frac{\text{No. of Fatalities (A)} \times 1000}{\text{Annual Average of No. Employees (Z)}} =$ <input type="text"/>	Fatality Rate = $\frac{\text{No. of Fatalities (T)} \times 1000}{\text{Annual Average of No. Employees (Z)}} =$ <input type="text"/>
Incident Rate = $\frac{\text{No. of Accidents (E)} \times 1000}{\text{Annual Average of No. Employees (Z)}} =$ <input type="text"/>	Incident Rate = $\frac{\text{No. Poisoning \& Disease (X)} \times 1000}{\text{Annual average of No. Employees (Z)}} =$ <input type="text"/>
Frequency Rate = $\frac{\text{No. of Accidents (E)} \times 1,000,000}{\text{Total man-hours worked (Y)}} =$ <input type="text"/>	Frequency Rate = $\frac{\text{No. of Poisoning \& Disease (X)} \times 1,000,000}{\text{Total man-hours worked (Y)}} =$ <input type="text"/>
Severity Rate = $\frac{\text{Total workdays lost (C)} \times 1,000,000}{\text{Total man-hours worked (Y)}} =$ <input type="text"/>	Severity Rate = $\frac{\text{Total workdays lost (V)} \times 1,000,000}{\text{Total man-hours worked (Y)}} =$ <input type="text"/>
# Size Industry: B : Annual Sales Turnover > RM 25 mil      (Workers > 151) M : Annual Sales Turnover = RM 10 - 25 mil      (Workers 51 - 150) S : Annual Sales Turnover < RM 10 mil      (Workers < 50)	NAME : ..... TITLE : ..... SIGNATURE : ..... DATE : .....