Page.....of.....

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2		Register of A Occupation		oisoı	_	rous Occurre d Occupatio	Indus (Refer Size I	trial Classification Table 3, insert code) ndustry # tick (/) (Refer JKKP 8 (IV	//IV) B	I I		
te: This form is required by Regulation 10 of the Occupational ety and Health (Notification of Accident, Dangerous Occurrence, cupational Poisoning and Disease) Regulation 2004 and must be it in the place of work for 5 years. Failure to maintain and post is connection with work which occur a contravention of the above.									e of Employer / Self byed: e of Company: ess:	, 5		
Bil:	Employees Name No	-	Ge	nder F	Age	Citizenship	Job Descrip (<i>Refer Tab</i>		Employment Status (Refer Table 7)	Date of Incident	Time of Incident	Nature of work when incident occurred
	ł				 						-	

ш	C:	~ [:	
#	Size	OI	ma	ustrv

B : Annual Sales Turnover > RM 25 mil	(Workers > 151)	Certification of Annual Register Totals by :
M : Annual Sales Turnover = RM 10 - 25 mil	(Workers 51 - 150)	Title :

S : Annual Sales Turnover < RM 10 mil (Workers < 50)

JKKP 8 (II)/(IV)

	OCCUPATIONAL ACCIDENT CASES										
	Body	Type of	Outco	ome acc	ident *	Accide	ent with lost workd	lays	Type of injury	Agent causing	Date of
Bil:	Location of injury (<i>Refer Table 12</i>) (1)	Accident (Refer Table 9) (2)	PD (3)	NPD (4)	D (5)	Accident cases with days away from work (6)	Enter number of days away from work (7)	Accident without lost workdays (8)	(Refer to Table 10) (9)	injury (Refer to Table 11) (10)	submission JKKP 6 (11)
						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			
						Yes / No		Yes / No			
						Yes / No		Yes / No			
	•		To	otal		Yes	days	Yes			

* PD	: Permanent Disability
NPD	· Non Permanent Disability

: Death

Certification of Annual Register	Totals by:
Title	Data:

Title:	Date:

JKKP 8 (III)/(IV)

	JKKP 8 (III) /(IV))							
		0	CCUPATI	ONAL PO			DANG	EROUS	OCCUR	RENCE						
	Date of	l costion of	Tuna of		Agent	Poisonin	g / Disease workdays	with lost			Tura of			Location		
Bil.	Occupatio nal Poisoning /Disease detected (12)	Location of Poisoning / Disease (Refer Table 12) (13)	Type of Poisoning / Disease (Refer Table 16) (14)	Route of Entry (<i>Refer</i> Table 17) (15)	causing Poisoning / Disease (Refer Table 18) (16)	Poisoning / Disease cases with days away from work (17)	Enter number of days away from work (18)	Poisoning / Disease without lost workdays (19)	Fatalities (death) (20)	Date of submissi on JKKP 7 (21)	Type of Dangerous Occurrence (Refer Table 6) (22)		Time of incident (24)	of incident (Refer Table 4) (25)	No. days not operating (26)	Date of submissio n JKKP 6 (27)
						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								
					Total:	Yes	days	Yes			-					-

Certification of Annual Register Totals by:

Title: Date:

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

OCCUP	ATIONAL A	CCIDENT	CASES		OCCUP/	Total man-hours worked in Year 20			
Accident related fatalities (death)	Accident workd		Accident without lost workdays	Total of number of accidents	Poisoning / Disease related fatalities	Poisoning / D lost wor		Total Poisoning / Disease without lost workdays	(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 average employment in Year Z (Round up to the
Α	В	С	D	E	Т	U	V		nearest whole number)

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

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