



## MONTHLY REPORT OF ACCIDENTS

The Contractor should complete the appropriate column in this form monthly and submit to the Administrator Y Y Wong Safety Consultants Ltd. by email [reda-hkca-spp@yywongsafety.com.hk](mailto:reda-hkca-spp@yywongsafety.com.hk) or by fax to 27861767 on or before the 5<sup>th</sup> of the following month. NIL returns are required.

### Contractor Information

Project Reference		Project Description	
Name of Contractor			
Name and telephone no. of person providing the data	Name:		Title:
	Office :	Mobile :	Email:

### Accident Data for 20\_\_ (Please fill in the year)

Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of Accidents *												
Man-days worked in the month #												
Initial by the person making report												
Date of making report												

- \* Accidents are those that results in the injured person absent from work for 4 days or more. Attach the Form 2 for each accident with this report. In case of fatal accident, indicate by putting the number in brackets.
- # The total man-days worked include those of the site staff and supervisors.
- Incidences that resulted in no injury but have called for the assistance of Governmental emergency services need to be reported by enclosing the incidence report.
- If the contractor receives late notification of accident, a fresh report for that month with the updated information need to be submitted as soon as possible.