

**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 &amp; Address of Organisation

Contact Number

R.O.C. No  JKKP Reg. No 

Industrial Classification Code (Table 3)

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  Male  
 Female

Occupation

Name &amp; 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 an admission of liability of any kind by the person making the report or by any other person(s)