

B02 Accident / Incident Reporting Procedures

1. Introduction

According to the Laboratory and Research Safety Policy of HKSTP, all accidents and incidents that happened in or originated from any laboratories shall be reported to HKSTP. The purpose of reporting is to identify causation and determine corrective actions in order to prevent recurrence. This laboratory related accident/incident reporting requirement applies to all laboratory operators including HKSTP clusters, tenants, incubates, licensees, etc.

This document outlines the actions to be taken in reporting an accident or incident and the investigation procedures to be followed.

2. Terminology

An accident – any unplanned event that resulted in injury or ill health of people, or damage or loss to property, materials or the environment.

An incident – any unexpected event that may result in property damage, but does not result in an injury or illness.

3. Responsibilities

Laboratory Worker – S/he who suffers injury due to an accident or witnesses an incident that happen in any laboratory environment is required to report the case to the Laboratory Person In-Charge or his/her supervisor. For emergency situation, s/he shall call the 999 emergency hotline or report the cases directly to HKSTP 24hrs Customer Services Hotline at:

- 2639-8008 (for laboratory buildings excluding 17W and 19W) , or
- 2639-8020 (for laboratory buildings 17W and 19W)

following the procedures as delineated in the “General Laboratory Emergency Procedures” of HKSTP’s SHE Handbook.

Laboratory Person In-Charge – S/he shall assist the injured in an accident or witness of an incident to complete the Accident / Incident Report Form (Appendix 1) and send the completed form to SHE Office within 72 hours.

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4. Reporting Procedures

- a) In the event of an accident or incident constituting an emergency or life threatening situation, immediately report and seek assistance in accordance with the “General Laboratory Emergency Procedures” in HKSTP’s SHE Handbook.
- b) After an accident or incident, the concerned laboratory worker (either the injured in an accident or the witness of an incident) is required to inform his/her supervisor and the Laboratory Person In-Charge.
- c) The Laboratory Person In-Charge shall assist the concerned laboratory worker to fill in the Accident / Incident Report Form (Appendix 1) and send the scanned copy of the completed form to the SHE Office of HKSTP by email (she_office@hkstp.org) within 72 hours of the accident / incident.
- d) In addition to the reporting of accidents or incidents to HKSTP by completion of the Accident / Incident Report Form (Appendix 1), concerned employers are required to inform the Labor Department of any serious accidents in accordance with local legislations, i.e. the Occupational Safety and Health Ordinance (Cap 509) and Employees’ Compensation Ordinance (Cap 282).

5. Causes of Accident and Incident

In the Accident / Incident Report Form (Appendix 1), the Laboratory Person In-Charge or laboratory supervisor is required to identify the causes of an accident or incident in an objective manner. As a simple investigation, interviewing the concerned personnel who may provide clues to the causes may be necessary.

6. Remedial Actions

According to the causes having identified, the Laboratory Person In-Charge or laboratory supervisor shall put down appropriate remedial actions or preventive measures to avoid recurrence of similar accident or incident cases. S/he shall also ensure the implementation of such remedial actions and monitor their effectiveness.

For very serious laboratory related accidents or incidents, HKSTP may demand for an independent group for investigation and following up actions.



Appendix 1
Accident / Incident Report Form

Report No.: _____

Hong Kong Science and Technology Parks Corporation

Note: This report form should be completed and sent to the Safety, Health & Environment (SHE) Office of HKSTP within 72 hours of the accident or incident. The information provided herein will be used for investigation and compiling accident statistics. In case of work-related accident to employee resulting in death or partial incapacity, the concerned unit of HKSTP or the client should fill in the relevant form provided by the Labor Department of Hong Kong and return it in duplicate to the Commissioner for Labor within the statutory required period.		
1. Accident / Incident Information		
Date:	Time:	Location:
Type of Area: <input type="checkbox"/> Office <input type="checkbox"/> Laboratory / Workshop <input type="checkbox"/> Others (Please specify):		
2. Nature of Accident / Incident		
<input type="checkbox"/> Personal injury	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Spillage of hazardous substances
<input type="checkbox"/> Flooding	<input type="checkbox"/> Unpleasant smell	<input type="checkbox"/> Damage to property / equipment
<input type="checkbox"/> Others (Please specify):		
3. Personal Details (For the injured or person concerned)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Post Title:	Phone No.:	
Division / Company Name:		
Company Address:		
Nature of Injury: <input type="checkbox"/> Amputation <input type="checkbox"/> Burn <input type="checkbox"/> Contusion <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Sprain <input type="checkbox"/> Others (Please specify):		
Part of Body Injured: <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Head / Face <input type="checkbox"/> Eye <input type="checkbox"/> Others (Please specify):		
The injured received medical treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
The injured was hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No		
The injured took sick leave: <input type="checkbox"/> Yes (No. of days:) <input type="checkbox"/> No		
4. Accident / Incident Reported By		
Name:	Signature:	
Post Title:	Date:	
5. Accident / Incident Report Endorsed By		
Name:	Signature:	
Post Title:	Date:	

Please fill in details about the accident / incident in the next page.

