

Accident Reporting Information - Quick Report Form

(Edition: March, 2023)

Reporting time:	Date and Time:
Accident number: (no need to fill in)	【When adding new assignments, the system will automatically number them】 After notification, the environmental safety section will fill in the information
Reporting personnel:	
Contact number:	
Accident category:	<input type="checkbox"/> Major accident <input type="checkbox"/> Designated accident <input type="checkbox"/> Other accidents
Is it related to other schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No

School Safety Incident Immediate Reporting Form

Time of occurrence:	Date and Time:
Notification time:	Date and Time:
Accident category:	<input type="checkbox"/> (0001) fall, drop <input type="checkbox"/> (0002) fall down <input type="checkbox"/> (0003) collision <input type="checkbox"/> (0004) object flying down <input type="checkbox"/> (0005) Object collapsed, crumbled <input type="checkbox"/> (0006) Hit <input type="checkbox"/> (0007) Pinched, rolled <input type="checkbox"/> (0008) Cut/scratched <input type="checkbox"/> (0009) Trampling <input type="checkbox"/> (0010) Drowning <input type="checkbox"/> (0011) Contact with high or low temperatures <input type="checkbox"/> (0012) Contact with hazardous materials, etc. <input type="checkbox"/> (0013) Induction <input type="checkbox"/> (0014) Explosion <input type="checkbox"/> (0015) Rupture of object <input type="checkbox"/> (0016) Fire <input type="checkbox"/> (0017) Improper action <input type="checkbox"/> (0018) Other <input type="checkbox"/> (0019) Uncategorizable <input type="checkbox"/> (0020) Commuting highway traffic accident <input type="checkbox"/> (0021) Commuting railway traffic accident <input type="checkbox"/> (0022) Commuting vessel aircraft traffic accident <input type="checkbox"/> (0029) Other traffic accidents while commuting to work <input type="checkbox"/> (0030) Other {COVID-19 and other related infectious diseases} <input type="checkbox"/> Non-commuting highway traffic accident <input type="checkbox"/> Non-commuting railway traffic accident <input type="checkbox"/> (0022) Non-commuting vessel aircraft traffic accident <input type="checkbox"/> Other non-commuting traffic accidents
	Other accident and disaster descriptions:

Location of occurrence:	
Statistics on the number of people affected by accident:	Media informed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of deaths: _____person
	Number of injured persons: _____person
	Number of patients: _____person
	Number of others: _____people
Whether it is a occupational disaster:	<input type="checkbox"/> Occupational hazards as defined in Article 37 of the Occupational Safety and Health Act <input type="checkbox"/> Non-occupational disasters
Injured location:	(Check at least 1 location, and at most 3 locations: most severe/major location) <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Clavicle <input type="checkbox"/> Upper arm <input type="checkbox"/> Elbow <input type="checkbox"/> Front arm <input type="checkbox"/> Wrist <input type="checkbox"/> Chest <input type="checkbox"/> Skull <input type="checkbox"/> Back <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip <input type="checkbox"/> Groin <input type="checkbox"/> Femur <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Visceral <input type="checkbox"/> Total Body <input type="checkbox"/> Other explanations: _____
Media:	<input type="checkbox"/> (1) Prime mover: Refers to electric motors, generators, steam engines, internal combustion engines, water vehicles, etc. <input type="checkbox"/> (2) Power transmission device: refers to a mechanical device that uses the prime mover to transmit power at the mechanical operation point. <input type="checkbox"/> (3) Wood processing machinery: refers to timber making machinery, plywood machinery, woodworking machinery, etc. <input type="checkbox"/> (4) Construction machinery: Refers to machinery used for excavation, loading and unloading, transportation, and foundation (excluding trucks), mostly used in construction, forestry, port and other places. <input type="checkbox"/> (5) General power machinery: refers to general power machinery except for wood processing machinery and construction machinery. (Including portable power tools,

powered transportation machinery, passenger devices such as elevators, etc., should be categorized according to the classification).

- (6) Lifting machinery: refers to a device that uses dynamic force to lift objects.
- (7) Dynamic transportation machinery: Refers to dynamic transportation machinery other than dynamic lifting machinery and passenger devices.
- (8) Transportation: refers to various transportation vehicles. (including fire trucks, steam engines, ships, and airplanes, etc.).
- (9) Pressure vessel: refers to the pot and pressure vessel (including piping and its accessories).
- (10) Chemical equipment: refers to stationary equipment used for the manufacture or processing of hazardous materials. (Including piping and its accessories, pressure vessels, welding equipment, and drying devices are classified separately according to this classification).
- (11) Kiln: refers to a kiln, kettle, drying equipment, etc.
- (12) Electrical equipment: refers to various electrical equipment (separate motors and prime movers should be classified according to this classification).
- (13) Human powered mechanical tools: refer to machinery, lifting, transportation, and hand tools operated by human power.
- (14) Appliance: Refers to the mechanical device of the entire group. (Excluding some of the devices).
- (15) Other equipment: refers to equipment that cannot be classified as pressure vessels, pressure equipment, welding equipment, kilns, electrical equipment, human machinery, tools, utensils, etc.
- (16) Buildings and construction equipment: refers to media suitable for conducting operations on buildings and causing disasters such as building collapses. (electrical equipment and devices should be classified separately according to this classification).
- (17) Hazardous substances and harmful substances: refer to the hazardous substances and harmful substances referred to in the Labor Safety and Health Law.
- (18) Materials: refers to metal materials, wood, bamboo, stone, sand, etc.
- (19) Moving objects: Refers to packaged or unpackaged goods.
- (20) Environment: refers to soil and sand, rocks, standing trees, water, special environments, high and low temperature environments, etc.

Other explanations: _____

Summary of school safety reporting events:	
School safety reporting handling:	
Overview of accident occurrence process and on-site handling (files or pictures can be uploaded)	1. Is there a mentor or teaching assistant present during the experiment? <input type="checkbox"/> Yes <input type="checkbox"/> No, not applicable
	2. Did you wear safety protective equipment during the experiment? <input type="checkbox"/> Yes <input type="checkbox"/> No, not applicable
	3. What kind of protective equipment is it? Answer: _____
	4. Received safety and health education and training before the experiment or not? <input type="checkbox"/> Yes <input type="checkbox"/> No, not applicable
	5. Is there a laboratory safety and health work code or <u>other safety and health work code established on campus</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No, not applicable
	6. File upload (it is recommended to use file name + date to avoid being overwritten due to duplication with other files) File Name: _____ Number of Files: _____
<p>【 Quick report photo file format setting: Recommended 420 * 594 】</p> <p>※ Please provide a detailed explanation based on the process of the event and the on-site handling situation.</p> <p>※ Please provide evidence of at least four photos of the accident scene.</p> <p>※ Please use horizontal photos as the preferred choice for photos.</p> <p>Please send the above electronic files, photos, etc. to the environmental safety section of the office of the general affairs via e-mail: pro@g2.usc.edu.tw, and call to confirm (extensions 5810, 5811)</p> <p>(1) Cause and process of occurrence (clearly state the work content and process at the time of the accident)</p> <p>(2) Current on-site handling situation: Please provide information on the loss status of accident handling situation</p> <p>(3) Analysis of accident causes</p>	

Signature and seal of the person filling in:

Signature and seal of the unit supervisor: