

## **REPORT ON ACCIDENT CONCERNING SCIENCE EXPERIMENTS/FACILITIES IN SCHOOL**

To: Regional Education Office (HK / Kln / NTE / NTW \*)

*\* Please delete whichever is inappropriate*

1. Name of School : \_\_\_\_\_  
Address : \_\_\_\_\_  
Tel. No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_  
Name of Principal : \_\_\_\_\_

- 2 Occurrence of accident  
Date : \_\_\_\_\_ Time : \_\_\_\_\_  
Place : \_\_\_\_\_  
Class : \_\_\_\_\_ No. of students in class : \_\_\_\_\_

3. Nature of accident (e.g. fire, explosion, heat burns/scalds, chemical burns, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

4. Name(s) of student(s) involved (with age in bracket), and description of injury (if any) caused by the accident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name(s) of teacher(s)/laboratory staff involved, and description of injury (if any) caused by the accident  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Cause of the accident (e.g. wrong procedure, or carelessness or malicious action of students or others, faulty equipment, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

7. Title of the experiment performed when the accident occurred (if applicable)

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8. Distribution of students at time of accident

(a) Group experiment :

Number of students in each group

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(b) Demonstration experiment :

Location of students

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9. Location and activity of the teacher in charge of the class at time of accident

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10. First aid given (if any)

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11. Was any of the following telephoned for help? Yes / No \*

Put a "✓" as appropriate

Time notified

Time arrived

Police

☐

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Fire Services

☐

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Ambulance

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Action taken by the above on arrival:

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12. Was the Regional Education Office (HK / Kln / NTE / NTW \*) notified of the accident by telephone? Yes / No \*

Date and time notified:

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13. Was the parent(s) or guardian(s) of the injured student(s) notified of the accident?

Yes / No\*

14. Name(s) and designation(s) of witness(es) to the accident (if any)

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15. General remarks on the accident (if any)

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16. Particulars of the teacher in charge of the class at time of accident (if applicable)

Name (Print) : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Teaching experience (number of years) : \_\_\_\_\_

17. Particulars of the laboratory technician in charge of the laboratory where the accident occurred (if applicable)

Name (Print) : \_\_\_\_\_

Qualifications (including professional qualifications) : \_\_\_\_\_

Working experience (number of years) : \_\_\_\_\_

18. Reporting person(s) (Put a "✓" as appropriate) :

<input type="checkbox"/> Teacher	_____	_____
	(Name)	(Signature)

<input type="checkbox"/> Laboratory technician	_____	_____
	(Name)	(Signature)

Signature of principal: \_\_\_\_\_

Date : \_\_\_\_\_