Form - 11

PRELIMINARY REPORT OF ACCIDENT OR DANGEROUS OCCURRENCES

(See rules 89(1), 89(3))

1. Name of the Factory :
2. Name of injured person & address :

   Official :

   Residential :
3. a) Sex : M/F b) Age:

   c) Designation : d) Pay:
4. Date and hours of accident/dangerous occurrence :
5. Cause & Nature of accident/dangerous occurrence :

Date: **Manager** **Signature:**

Place: **Name :**

1. District/Sub Divisional Magistrate
2. Officer in charge of nearest police station

} In case of fatal accident or if it is of such a nature that it is likely to be

3. Inspector concerned.
4. Competent Authority.
5. Relatives of the injured/deceased.
6. Electrical Inspector.[In case of Electrical Accidents.]