

**NOTICE OF ACCIDENTS OR DANGEROUS OCCURRENCE**

( See rules 89(2), 89(5))

1. Name of the Factory :
2. Branch or section & exact place where the accident or dangerous occurrence happened :
3. Name of injured person :
- Address Official :
- Residential :
4. a) Sex : M/F b) Age :
- c) Designation : d) Pay :
5. Date and hour of accident or dangerous occurrence :
6. Hours at which he started work on the day of accident :
7. a) Cause & nature of accident or dangerous occurrence :
- b) If caused by machinery :
- i) Name of the machine and part causing the accident, & :
- ii) Whether it was moved by mechanical power at that time : Yes/No
- c) Exactly what injured person was doing at that time :
8. Names & addresses of the witnesses to the accident : 1)
- : 2)
9. Nature & extent of Injury :
10. Period of disability :

11. If accident is not fatal, state whether injured person is likely to be disabled for 48 hours or more : Yes/No

12. Name of Medical Officer in attendance on injured person :

I certify that to the best of my knowledge and belief that the above particulars are correct in every respect.

**Date:**

**Manager**

**Signature :**

**Place:**

**Name :**

**Competent Authority.**