

Notice of Accidents or Dangerous occurrences resulting in Death or Bodily Injury

To,

.....

Dated

Sir,

I hereby give notice under section 88 of the Factories Act, 1948 that fatal/non-fatal accident occurred in this factory to the person mentioned below : .

1. Name of occupier (of Factory)/Employer

.....

2. Address of E.S.I. Employer's Code No.

.....premises where accident or dangerous occurrences took place

3. nature of Industry

4. Branch or department and exact place where the accident or dangerous occurrence took place

5. Name and address of injured person

.....

6. (a) Sex

.....

(b) Age (last birthday)

.....

(c) Occupation of the injured person

.....

7. Local E.S.I. Office to which the injured person is attached

.....

8. Date, shift and hour of accident or dangerous occurrence

.....

9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence

.....

(b) Whether wages in full or part are payable to him for the day of the accident or dangerous occurrence

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10. Cause or nature of accident or dangerous occurrence

.....

11. Cause of accident or dangerous occurrence :

(a) If caused by machinery

.....

(i) Give name of the machine and the part causing the accident or dangerous occurrence

.....

....

(ii) State whether it was moved by mechanical power at that time

.....

(b) State exactly what the injured person was doing at that time

.....

(c) In your opinion, was the injured person at the time of accident or dangerous occurrence

.....

.....

(i) acting in contravention of provisions of any law applicable to him, or

(ii) acting in contravention of any orders given by or on behalf of his employer, or

(iii) acting without instruction from his employer.

(d) In case reply to (c), (i) (ii) or (iii) is in the affirmative state whether the act was done for the purpose of securing the safety in connection with the employer's trade or business.

12. In case the accident or dangerous occurrence happened while travelling in the employer's transport state whether

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(i) The injured person was travelling as a passenger to or from his place of work

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(ii) The injured person was travelling with the express or implied permission of his employer,

(iii) The transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer, and

(iv) the vehicle being not/being operated in the ordinary course of public transport

13. In case the accident or dangerous occurrence happened while meeting emergency state

.....

(i) its nature

(ii) whether the injured person at the time of accident or dangerous occurrence was employed for the purpose of his employer's trade or business in or about the premises at which the accident or dangerous occurrence took place.

14. Describe briefly how the accident or dangerous occurrence occurred.

15. Name and address of witness :

(1)

(2)

16. (a) Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, sealed or scratch and followed by sepsis.)

(b) Location of injury (right leg, left hand or left eye etc.)

17. (a) If the accident or dangerous occurrence is not fatal, state whether the injured person was disabled for more than, 48 hours.

(b) Date and hour of return to work.

18. (a) Physician, dispensary or hospital from whom or in which the injured person received or is receiving treatment.

(b) Name of dispensary/panel doctor selected by the injured person

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.....

19. (i) Has the injured person died

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(ii) If so, date of death

..... I

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

Signature

.....

Name and designation of the Occupier or Manager Employer

.....

Employer's Address and Code No

..... (This space is to be completed by the Inspector of Factories) Sex (Men, Women, Boy or Girl).

District
of receipt.

Date

Number of accident or dangerous occurrence. Causation number, other particulars (e.g. fatalleg injury, etc.)

Date of investigation

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Result of investigation

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