

FORM No. 18.
(See rules 95 and 106.)

NOTICE OF ACCIDENT

To Dated.....19....

Sir,

I hereby give notice under section 88 of the Factories Act, 1948, that an accident occurred in this factory and the following person was involved in the accident :—

Name.....Occupation.....Sex.....Age....

1. Date and hour of accident.....
2. The hour at which the injured person started work on day of occurrence.....
3. (a) State how the accident occurred.....
(b) If caused by machinery—
 (i) give the name of the machine and part causing the accident.....
 (ii) state whether it was being moved by mechanical power at the time....
4. Was the accident due to injured person's negligence or to that of any other person ?.....
5. Names of persons who saw the accident and can give important evidence.....
6. Nature and extent of injury giving medical diagnosis, if possible.....
7. Number of days the injured person is likely to be off work.....
8. Name and address of Medical Officer in attendance on injured person.....

Name of factory..... Nature of industry.....
 Branch or Department where accident occurred.....
 Address..... Signed.....

Note.—Any additional information which the Manager may wish to give, in order to let the Inspector have a clear idea of the circumstances surrounding the accident, should be attached to this form.

(To be filled in by the Factory Inspection Department.)

Classification..... Inspector's initial.....
 Responsibility..... Date.....