

# The Tamil Nadu Factories Rules

## FORM 18-B

(Prescribed under Rule 96)

### Report of further details of accident

To be sent to the Inspector of Factories within 28 days of the occurrence of the accident and once every fortnight thereafter as necessary until the final report on the date of return to work of the person injured is made.

1. Name of the factory:
2. Address of the factory:
3. Registration number of the factory:
4. Running Serial Number of the accident in the factory and calendar year in respect of which this further report is now sent;
5. Name of the person injured:
6. Date and hour of accident:
7. Date of return to work:
8. Number of days the person injured was away from work:
9. Details of disablement, if any:
10. Percentage loss of earning capacity, if any:

(Give reference to the medical certificate and enclose copy of the same)

11. Details of payment of disablement benefit where such payment is made by the employer himself: (If the person injured is covered by Employees State Insurance Scheme, state so.)
12. If the person is still undergoing treatment, state the present position, where he is undergoing treatment, when he is likely to be fit to resume work, etc. Even if the person injured is under treatment under the ESI Scheme the relevant information shall be obtained and furnished to the Inspector by the Manager of the factory:
13. Any other relevant information

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

Date of despatch of report. \_\_\_\_\_

Signature of Manager (name in BLOCK letters) \_\_\_\_\_