

The Tamil Nadu Factories Rules

FORM 18

(Prescribed under Rule 96.)

Report of Accident

(A separate report is to be filled up in respect of each person killed or injured and each report will constitute a separate accident.)

Type of accident	Authority to whom report is to be sent in this Form	Within what period
(1)	(2)	(3)
Fatal or serious accident likely to prove fatal.	1. Inspector of Factories.	Within 12 hours of the accident
	2. Chief Inspector of Factories.	
	3. District Magistrate or Sub-division Officer.	
	4. Officer-in-charge of the nearest police station.	
Which causes such bodily injury as prevents the person injured from working for a period of 48 hours immediately following the accident.	Inspector of Factories	Within 24 hours of the expiry of 48 hours after the occurrence of the accident.

1. Registration number of the factory _____
2. Running serial number of the accident in the factory for the calendar year and calendar year, 19 _____
3. Name and address of the factory _____

4. Nature of industry _____
5. Name and address of the Occupier _____

6. Name and address of the Manager _____

7. Exact place in the factory (branch, department, machine, etc.) where the accident occurred _____

8. Particulars of person injured—
 - (a) Name _____
 - (b) Address _____
 - (c) Sex _____
 - (d) Age last birthday _____

- (e) Occupation _____
- (f) Monthly wages _____
9. Date and hours of accident _____
10. Hours at which the person injured started work on the day of accident _____
11. Describe clearly how the accident occurred _____
12. State exactly what the person injured was doing at the time of the accident _____
13. If the accident was caused by machinery---
- (a) Give the name and part, etc., of the machine causing the accident _____
- (b) State whether it was moved by mechanical power at that time _____
14. Give names and addresses of witnesses to the accident _____
- _____
15. Detail the nature, extent, location, etc., of injury received. _____
- _____
16. Name and address of the Doctor of Hospital from whom or in which the person injured received or is receiving treatment. _____
- _____
17. If the person injured has died, give _____
- (a) the date and hour of his death _____
- (b) the date and hour of post-mortem examination _____
- (c) the name and address of the Doctor who conducted the post-mortem examination _____
- _____
- (d) the reasons therefor, if no post-mortem examination was conducted. _____
- 18 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). _____

(This part is to be filled up by the Inspector of Factories.)

R. No./Accident No. _____ 19 _____	Industry No. _____
Date of receipt _____	Causation No. _____
Date of investigation _____	Sex (M/W; P/a) _____
Result of investigation _____	Fatal/site of injury _____
	Date of return to work _____
	Minor/serious _____