

Form 24

(Prescribed under C.G. Factory Rule No. 108)

[Notice of Dangerous occurrence which does not result in death or bodily injury]

1. Name of Occupier (or factory)
2. Address of works where the occurrence occurred.
3. Exact place, branch or department where the occurrence occurred.
4. Date and hour of occurrence
5. Full description indicating the circumstances under which the occurrence took place.
6. Extent of damage or loss involved
7. Estimated loss in money.
8. Whether the parts/part involved were insured; if so, give the amount for which insured and the name of the Insurance Company?
9. When where the machines or structures involved inspected, tested, required or certified and by whom?
10. Name of the eye witnesses, if any, who witnessed the occurrence.
11. Possible reason which may have to be occurrence.

Signature of Manager.....

Date of Posting.....