FORM – 22

[Prescribed under C.G. Factory rule No. 108]

NOTICE OF ACCIEDENTS OR DANGEROUS OCCURRENCES RESULTING IN DEATH OR BODILY INJURY

1. Name of Occupier :
2. Address of works :
3. Nature of Industry :
4. Branch or Departments and exact place where The accident of dangerous occurrence happened :

5. Injured person's Name and Address :

:

6. (a) Sex (a) :
   (b) Age (b) :
   (c) Occupation of Injured persons (c) :

7. Date and hour of accident or dangerous occurrence :
8. Hours at which he started work on day of Accident of dangerous occurrence :
9. (a) Cause or nature of accident or dangerous Occurrence :
   (i) Give name of the machine and parts causing the accident or dangerous occurrence and :
   (ii) State whether it was moved by mechanical Power at the time :
   (iii) State exactly what injured person was doing at the time :

10. Nature of extent of injuries (e.g. Fatal loss of fingers, fracture of leg, scald scratch followed by sepsis :
11. If accident or dangerous occurrence is not Fatal State whether injured person who disabled for 48 hours or more :
12. Name of medical officer in attendance on injured person :

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

Signature of the site in charge or Manager

Date of Dispatch of report.

NOTE : To be completed in legible hand writing or preferably typewritten.

(THIS SPACE TO BE COMPLETED BY INSPECTOR OF FACTORIES)

District : ----------

Date of Receipt : ----------

No. of Accidents or Dangerous Occurrences : ----------

Industry No. : ----------

Causation No. : ----------
Sex (Man)
(Woman)
(Boy)
(Girl)

Others particulars' e.g. (fatal)
(Leg injury)
(Arm injury)
(etc.)

Date of Investigation : ----------

Result of Investigation : ----------