

FORM – 22

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

NOTICE OF ACCIDENTS 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 : -----
