

**Form No.18**  
**(Prescribed under Rule 96)**  
**NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE**  
**RESULTING IN DEATH OR BODILY INJURY**  
**(To be sent forthwith to the Inspector of Factories)**

(See Instruction below)

This space to be completed by Inspector of Factories

District .....

Date of Receipt .....

Number of Accident or dangerous Occurrences .....

Industry No. ....

Causation No. ....

Sex (M.W.B., or G).....

Other particulars (e.g. fatal, leg injury, arm injury etc.).....

Date of Investigation

Result of Investigation

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1. Name of Factory

2. Address of Works where accident or dangerous occurrence happened

3. Nature of Industry

4. Branch or Department and exact place where the accident or dangerous, occurrence happened.

5. Injured person's name and address .....

6. (a) Sex

(b) Age (last birthday and)

(c) Occupation of injured person

7. Date and hour of accident or dangerous occurrence

8. Hour at which he started work on day of accident or dangerous occurrence.

9. (a) Cause or nature of accident or dangerous occurrence (a)

(b) If caused by machinery:

(i) Give name of the machine and part causing the accident or dangerous occurrence, and (b) (i)

(ii) State whether it was moved by mechanical power at the time (b) (ii).

(c) State exactly what injured person was doing at the time (c)

10. Nature and extent of injuries (e.g.) fatal, loss of finger, fracture of leg, scald, scratch followed by .....

Sepsis .....

11. If accident or dangerous occurrence is not fatal, state whether injured person was disabled for 48 hour or more .....

12. Name of medical officers in attendance or injured person.

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

**Signature of Occupier or Manage**  
**Date of dispatch of report**

Note :- To be completed in legible handwriting or preferably typewritten.