

THE FACTORIES ORDINANCE No. 45 OF 1942
NOTICE OF ACCIDENT UNDER SECTION 61

PART A	
1. Name and address of the factory where the accident occurred	
2. Name of occupier	
3. Nature of industry carried on	
4. Branch or department and exact place where the accident occurred	
5. Total number of workers in the factory	Males: Females:
6. Injured person's (a) Full name (b) Private address (c) Sex (d) Age (on last birthday) (e) Occupation	
7. Date and hour of accident	
8. Hour at which the injured person started work on the day of accident	
9. (a) The nature of work the injured person was doing at the time of the accident (b) The cause of the accident (c) The cause of the injury	
10. If the accident was caused by machinery:- (a) The name of the machine (b) The part of machine which caused the accident (c) Is the machine power driven (d) Was the machine in motion at the Time of accident	
11. If accident was not caused by machinery the manner in which the accident occurred	
12. Injury (a) Location of injury (b) Nature and extent of injury (eg. fatal, loss of body member, fracture, scald, scratch etc.)	
13. If the accident is not fatal, state whether the injured person was disabled for more than three days from earning full wages at the work at which he was employed	
Date: Signature and Seal of Occupier

For official use.

To be entered by the District Factory Inspecting Engineer

Part B

Date of receipt of the notification :.....

Accident No :.....

Observations :.....

Date :.....

.....
D.F.I.E

Part C.

Month and year of Accident :	
Accident No ;	
Economic Activity No :	
Occupation No :	
Broad Age group No :	
Sex No :	
Workforce group No :	
Type of Accident No :	
Accident Agency No :	
Nature of Injury No :	
Location of Injury No :	

Category of injury	No of workdays charged
Fatal	
Permanent Total disability	
Permanent partial disability	
Temporary disability	

Date:.....

.....
Signature of Officer
(Statistical cell)