

# NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

*(Accidents and Occupational Diseases (Notification) Act, 1951, Section 3)*

1. Name of Employer .....

2. Address of works or place where accident or dangerous occurrence happened:  
.....

3. Nature of Industry, occupation or business .....

4. Branch or department and exactly where accident or dangerous occurrence happened:  
.....

5. Injured Person's  
(a) Surname.....  
(b) Other Names.....  
(c) Address .....

(d) Sex .....(e) Age last birthday.....

(f) Precise occupation .....  
*(Avoid the term "labourer" where possible)*

6. Date and hour of accident or dangerous occurrence .....

7. Hour at which injured person started work on day of accident .....

8. Cause or nature of accident or dangerous occurrence .....

if caused by machinery -  
(a) give name of machine and part causing accident.....  
.....  
(b) state whether machine was moved by mechanical power at the time of the accident  
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9. Nature, location and extent of injuries .....

10. If accident was not fatal, state whether injured person was disabled for more than three days  
from earning full wages at the work at which he was employed at the time of the accident  
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*Signature of Employer.*

.....  
*Date*