

## **FORM No. 17A**

*Notice of Accident or dangerous Occurrence  
(To be sent forthwith to the Inspector of Factories)  
(See instruction on reverse)*

1. Name of Occupier (or Factory) –
2. Address of Works where accident or Dangerous occurrence happened –
3. Name 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 occupation of (a)- (b)-(c)-Injured person –
7. Date and hour of accident of dangerous occurrence -
8. Hour at which he started work on day of accident –
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, 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. total loss of finger, Fracture of leg, scalp, scatch followed by sepsis) –
11. If accident is not fatal, state whether injured Person was disable for 48 hours or more. –
12. Name of Medical officer in attendance on 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 Manager