

FORM - 26

Prescribed under Rule 121(3)

REPORT OF DANGEROUS OCCURRENCE WHICH DOES NOT RESULT IN DEATH OR BODILY INJURY

1. Name and address of factory :
2. Name of occupier :
3. Name of manager :
4. Nature of industry :
5. Branch or department and exact place where the dangerous occurrence took place :
6. Date and hour of dangerous occurrence :
7. Nature of dangerous occurrence (State exactly what happened) :

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

Signature of manager :

Name, designation and
address of manager :

Date of despatch of
report :

(To be completed by the Inspector of Factories)

District : Date of receipt :

Number of the
dangerous occurrence : Causation :

Date of investigation :

Result of investigation :