

FORM 17 A
(Prescribed under rule 106)

Notice of dangerous occurrence, which does not result in death or bodily injury

(Vide Para 2 of schedule under rule 106)

1. Name and address of the factory _____
2. Name of the occupier _____
3. Name of the manager _____
4. Nature of industry _____
5. Branch or Department and exact place where the dangerous occurrences took place _____
6. Date and hour of 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.

Occupier/Manager

Signature of the

Date of dispatch of report

Note: to be completed in legible handwriting/preferably typewritten

(This space is to be completed by Inspector of Factories)

District:

Date of Receipt:

D.O. No.:

Date of Investigation:

Causation No.:

Result of Investigation: