

FORM J-I (Rules 82&83)

First Accident Report

(To be submitted within 24 hours from the time of occurrence of the Accidents)

1	(a) Name and address of the factory (b) Telephone No;	
2	Name and address of owner/occupier	
3	Principal products services rendered (i) (ii)	
4	Particulars of the injured person (a) Name with father's name (b) Address (i) Present (ii) Permanent (iii) Age (iv) Sex (v) Occupation	
	Date and time of accident	
6	Branch/department/place where accident occurred	
7	Brief description of (a) causes of accident (b) Nature of injuries	
8	Name and address of witnesses to the accident (1) (2)	
9	Name and address of the medical officer under whose treatment the injured person has been placed	
10	Date and time of despatch of report	

Signature of Owner/manager _____