

Notice of Accident FORM J-II (Rule 86)

Final Accident Report

To be submitted within 3 months from the date of occurrence of the accident:

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| 1 | (a) Name and address of factory (b) Telephone No. | |
| 2 | Name and address of owner/occupier | |
| 3 | Principal products service rendered: (i) (ii) (iii) | |
| 4 | Particulars of the injured person:- (a) Name with father's name (b) Address (i) Present (ii) Permanent (c) Age (d) Sex (e) Occupation | |
| 5 | Nature of accident (please tick applicable) (i) Death (ii) Permanent total disablement (iii) Permanent partial disablement (iv) Injury causing absence from work exceeding 20 days (v) Injury causing absence from work for more than 48 hours and up to 20 days (vi) Injury causing less than (48 hours absence)(if this sub-item is ticked please do not fill up item 6 to 10) | |
| 6 | The accident resulted, in permanent partial disablement to the injured person (tick one or more as may be the case) in the following list of injuries:- * Loss of-- Right arm above or the elbow Left arm above or at the elbow | |

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| | <p>Right arm below the elbow Left arm below the elbow Leg at or above the knee Leg below the knee Hearing permanent total One eye Thumb All toes of one feet One phalanx of thumb Index finger Great toe Any finger other than index finger</p> <p>* Loss of any limb or member also includes list of its use.</p> | |
| 7 | <p>Classification by type of accident (please tick applicable)</p> <ul style="list-style-type: none"> (i) Fall of person (ii) Falling objects (iii) Stamping on strike against or struck by objects excluding falling objects. (iv) Electricity (v) Poison corrosive and harmful substances including reduction (vi) Explosion (vii) Fire (viii) Erruption of water (ix) Suffocation by gases (x) Any other type (specify, e.g. over exertion/strenous movement, etc) | |
| 8 | <p>Classification by agency of accident (please tick applicable)</p> <ul style="list-style-type: none"> (i) Prime mover (ii) Transmission machinery (iii) Lifting Machinery (iv) Working Machinery (v) Other equipment and installations (vi) Rail Transport (vii) Other transport and haulage (viii) Hand tools | |

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| | (ix) Any other agency (specify e.g, water transport, pressure vessels furnaces ovens, kilns, etc). | |
| 9 | Period of working hours(for absence from duty in the case of non-fatal accident) | |
| 10 | In case of injury involving absence of more than 90 days entry in item 9 be made as the injured person is still absent instead of writing number of days | |
| 11 | Name and address of the Medical Officer under whose treatment, the injured person has been placed. Date of despatch of report, | |

Signature of Owner/Manager: _____

For use by Chief Inspector of Factories.

Secretary to Government of the
Punjab, Labour Department