

**FORM- XIV.**

[See rule 210(7)]

**Report of Accident and Dangerous Occurrences.**

1. Name of the Project/ work
2. Location of project/ work
3. Stage of construction work
4. Particular of employer
  - a. Main contractor firm/ company
  - b. sub contractors particulars

Name:	Name:
Address	Address
Phone Numbers	Phone Numbers
Nature of Business	Nature of Business
5. Particulars of injured-person:
  - (a) Name .....  

(First)	(Middle)	(Surname)
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  - (b) Home Address:.....  
.....
  - (c) Occupation
  - (d) Status of the worker: Casual/ Permanent
  - (e) Sex: Male/ Female
  - (f) Age:
  - (g) Experience:
  - (h) Marital Status: Married/ Unmarried/ Divorced.
6. Particulars of Accident:
  - (a) Exact place where accident occurred
  - (b) Date
  - (c) Time:
  - (c) What the injured person was doing at the time of accident
  - (d) Weather condition
  - (e) How long employed by you for this particular job
  - (f) Particulars of equipment/ machine/ tool involved and condition of the same after the accident occurred.
  - (g) Brief description of the accident

7. Nature of injuries

- (a) Fatal (b) Non-Fatal

(c) If non- fatal, state precisely the nature of injuries (*Describe in detail the nature of injury, for instance fracture of right arm sprain etc.*)

(d) First aid: Given/ Not Given

(d) If not, give the reasons

(e) Name and designation of the person by whom first aid was given

(f) If admitted to hospital,

Name of the Hospital .....

Address of the Hospital .....

.....

Phone No: - ..... Name of the Doctor: -.....

1. Mode of Transport used:

Ambulance Truck Tempo Taxi Private Car

9. (a) How much time was taken to shift the injured person. If very late, state the reasons

(b) How the reporting was made?

Telephone Telegram Special Messenger Letter

(c) Who visited the accident site first and what action was proposed by him

(d) What are the actions taken for the investigation of the accident by the employer describe about photographs/ video film/ Measurement taken etc.

10. Particulars of the person given witness:

(a) Name Address Occupation

1. ....

2. ....

3. ....

(a) Whether temporary/ permanent

7. Particulars in case of fatal:

Date: ..... Time: ..... Place: .....

Whether registered with Building and other Construction

Workers Welfare Board (If yes, give Reg. No.)

8. Dangerous Occurrences as covered under the Regulation No. (give details)

- (a) collapse or failure of lifting appliances, hoist, conveyors etc.
- (b) collapse or subsidence of soil, any wall, floor, gallery etc.
- (c) collapse of transmission towers, pipelines, bridges etc.
- (d) explosion of receiver, vessel etc.
- (e) fire and explosion
- (f) spillage or leakage of hazardous substances.
- (g) Collapse, capsizing toppling or collision of transport Equipment.
- (h) failure of lifting appliance, loose gear, hoist or building and other construction work machinery, transport equipment etc.

13. Certificate from the Employer or authorised signatory.

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

Place:

**Signature  
Designation**

c.c. Forwarded for information and follow-up action:

- 1. ....
- 2. ....
- 3. ....

Note: - If more than one person is involved then for each persons information is to be filled- up in separate forms.