

Form No. 20-A

[Prescribed under rule 101]

Notice of Dangerous Occurrence [which does not result in death or bodily injury]

(Vide clause 2 of Schedule under rule 101)

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 occurrence took place.....
6. Date and hour of occurrence.....
7. Nature of dangerous occurrence (State exactly what happened).
8.

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

Signature of the Occupier/Manager.....

Date of dispatch of report.....

Note.— To be completed in legible handwriting or preferably typewritten.

(This space to be completed by Inspector of Factories)

District.....

Date of receipt.....

D.O. No.....

Date of investigation

Causation No.....

Result of investigation.....