

FORM NO. 18

(See rule 84)

Registered No.

ACCIDENT REPORT

1. (a) Name and address of the factory
(b) Telephone No.....
2. Name and address of occupier.....
3. Principal product (s) services rendered:
(i)
(ii)
(iii)
4. Particulars of the injured person:
(a) Name:
(b) Address:
(i) Present:
(ii) Permanent:
(c) Age:
(d) Sex:
(e) Occupation:
5. Date and time of accident:
6. Branch/Department/ Place where accident occurred:
7. Brief description :
(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

.....
Signature of Occupier/Manager

FORM NO. 18A

See rule (3)

Registered.....

1. (a) Name and address of the factory
(b) Telephone No.
2. Name and address of occupier
3. Principal Product (s) service rendered:
 - (i)
 - (ii)
 - (iii)
4. Particulars of the injured persons:
 - (a) Name:
 - (b) Address :
 - (i) Present:
 - (ii) Permanent:
 - (c) Age:
 - (d) Sex:
 - (e) Occupation:
5. Nature of accident: (Please tick which is applicable) :
 - (i) Date
 - (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 16 hours and up to 20 days.....
 - (vi) Injury causing less than 48 hours absence (If this sub. itmes is ticked, please do not fill up item 6 to 10).
6. If 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 at the elbow.	Left arm above or at the elbow
Right arm below 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 foot
One phalanx of thumb	Index finger
Great toe	Any finger or other than index finger.

N.B.-Loss of any limb or member also includes loss of its use.

7. Classification by type of accident (please tick which is applicable):

- (i) Falls of persons
- (ii) Falling objects
- (iii) Stepping or strike against or struck of objects including falling objects..
- (iv) Electricity....
- (v) Poison, corrosive and harmful substances, including radiation
- (vi) Explosion.....
- (vii) Fire.....
- (viii) Irruption of water
- (ix) Suffocation by gases.....
- (x) Any other (specify, e.g., over exertion/strenuous movement etc.)

8. Classification by agency of accident (Please tick which is applicable)

- (i) Prime movers.....
- (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
- (ix) Any other (specify, e.g., water transport, pressure vessels, furnaces. Ovens, liins etc.)

9. Period (working hours) of absence from duty in the case of non-fatal accident:-

10. Name and address of the medical officer under whose treatment the injured person has been placed-

11. Date of despatch of report:-

Signature of Occupier/ Manager/ Agent,

Date.....

Dated.....

Registered No.....

FORM NO. 18B

(See rule 88)

NOTICE OF DANGEROUS OCCURRENCE

To

Sir

I hereby give notice under section 89 of the Factories Act, 1965 of a dangerous occurrence in the factory as detailed below:-

1. Date and hours of dangerous occurrence:
2. Full account of dangerous occurrence:
3. Name of persons who saw dangerous occurrence and can give important evidence:
4. Name of Factory:

Address:

Signed.....

Date.....

EXPLANATORY NOTES

1. The information in the above proformas should be supplied separately for perennial and seasonal factories.

2. The following definitions of the terms involved should be borne in mind while filling in the same.

Permanent total disablement shall be deemed to result from the permanent total loss of the sight of both eyes or from any combination of injuries specified in the primary reporting form where the aggregate percentage of the loss of earning capacity, as specified therein, amounts to or exceeds one hundred per. Cent.

Permanent partial disablement means such disablement as reduces earning capacity of the injured workman in every employment which he was capable of undertaking at that time provided that every injury specified in the primary reporting form shall be deemed to result in permanent partial disablement.

Serious bodily injury means an injury other than that resulting in permanent partial disablement but which causes a forced absence of the injured person from work for a period exceeding twenty days.

Minor accident means any injury due to which the injured person is unable to return to his work within 48 hours of occurrence of accident.

FORM NO. 19

See rule 89

Registered No.....

REPORT OF OCCUPATIONAL DISEASES

To be submitted within 24 hours of the detection of the diseases.

1. Name and address of the factory
2. Name and address of occupier:
3. Principal products/services rendered:
 - (i)
 - (ii)
 - (iii)
4. Particulars of the injured person :
 - (a) Name:
 - (b) Address:
 - (i) Present:
 - (ii) Permanent:
 - (c) Age :
 - (d) Sex:
 - (e) Occupation:
5. Name of the occupational disease the workman is found suffering from (tick applicable):

(i) Anthrax	<input type="checkbox"/>
(ii) Compress air illness or its sequelae	<input type="checkbox"/>
(iii) Poisoning by lead tetra-ethyl	<input type="checkbox"/>
(iv) Poisoning by nitrous fumes	<input type="checkbox"/>
(v) Lead poisoning or its sequelae (excluding poisoning by lead tetra-ethyl)	<input type="checkbox"/>
(vi) Phosphorus poisoning or its sequelae.....	<input type="checkbox"/>
(vii) Mercury poisoning or its sequelae.....	<input type="checkbox"/>
(viii) Poisoning by benzene and its homologue or the sequelae of such poisoning.....	<input type="checkbox"/>
(ix) Chrome ulceration or its sequelae.....	<input type="checkbox"/>

(x) Arsenical poisoning or its sequelae	<input type="text"/>
(xi) Pathological manifestations due to.....	<input type="text"/>
(a) Radium and other radio-active substances ..	<input type="text"/>
(b) X-rays	<input type="text"/>

FORM NO. 20

See rule 89

Registered No.....

Notice of Poisoning or Disease

1. Name and address of factory
2. Name of industry :
3. Name and works No. of the patient :
4. Address of the patient:
5. Sex: Age:
6. Precise occupation of the patient:
7. Nature of poisoning or disease for which the patient is suffering....

Signature of Manager.

To be filled by the Inspector of
Factories
No. of case.....

Remarks.

FORM NO. 21.
See rule 92 (a)
ANNUAL RETURN

Reg No.....

Under the Factories Act, 1965

Year ending 31st December, 20.....

Name of Factory.....

Name of Manager.....

Name of Factory

Name of Occupier.....

1. District.....

2. Postal address.....

3. Nature of Industry.....

Adult:

Men:

Women:

Adolescent:

Male:

Female:

Children:

Boys :

Girls:

4. Average number of
worker employed daily

Men:

Women:

5. Normal hours worked
per week.

Children:

6. Number of days worked in the year:

7. What rest intervals were given to adults?

8. Were week-days sometimes substituted for Sundays/ Fridays as
weekly holidays?

50?

51?

53?

9. Were the majority of workers expected from
the provisions of sections

54?

55?

10. Was factory exempted under the second proviso to section 61(1) ?
11. Total number of(i) Fatal accidents.
(ii) Non-fatal accidents
12. Total number of man-days lost de to the accidents shown against item (ii) above:
13. Average daily number of workers employed in dangerous operations:

Dated.....20.....

.....
Manager

The average daily number should be calculated by dividing the aggregate number of attendance on working days by the number of working days in the year. In reckoning attendances by temporary as well as permanent employees should be counted, and all employees should be included. Whether they are employed directly or under contractors. Attendances on separate shifts (e.g., night and day shifts) should be counted separately. Days on which the factory was closed, for whatever cause, and days on which the manufacturing processes were not carried on should not be treated as working days.

Enter "one hour", "two-half hours," "one-half hour" or "none," as the case may be. If none of these categories applied to all the adult employees, enter the category applicable to the majority of adult employees. Where the majority received an interval exceeding one hour, enter "one hour".

Manufacture of aerated water and process incidental thereto: manufacture or repairs to electric accumulators; manufacture of Class; grinding or glazing metals; manufacture or handling of lead or lead-alloys; generation of gas from petroleum; sand-blasting; liming or tanning of raw hides; manufacture, use or storage of cellulose solution; feeding of jute or other fibres into softening machines; manufacture of compressed air : compressed hydrogen or compressed oxygen; manufacture of rayon by viscose process; manufacturing processes varied on in the chemical works and work on cranes and other lifting machines.

FROM NO. 22

See rule 92 (a)

ANUAL LEAVE WITH WAGES-ANNUAL RETURN

Under the Factories Act, 1965

Reg: No.

For the year endings 31st December, 20...

Name of Factory :.....

Name of Occupier :.....Name of Manger

District:.....

Postal address:.....

Nature of Industry:.....

1. Total number of workers employed during the year:

Men:

Women:

Children:

2. Number of workers who completed twelve months' continuous service during the year :

Men:

Women:

Children:

3. Number of workers who were granted holidays during the year:

Men:

Women:

Children:

4. Number of workers who were granted holidays during the year:

Men:

Women:

Children:

5. Number of workers discharged/dismissed from service during the year:

Dated.....20.....

.....

Manager

FROM NO. 23

See rule 92 (a)

COMPENSATORY HOLIDAY-ANNUAL RETURN

Under the Factories Act, 1965

Reg. No.....For the year ending 31st December, 20.....

Name of Factory.....Name of Manager.....

1. District:
2. Postal address:
3. Nature of Industry:
4. Number of workers exempted from section 51 of the Factories Act, 1965:
 - Men:
 - Women:
5. Number of workers who received (Compensatory) holidays in the:
 - (i) Same month:
 - (ii) Following month:
 - (iii) Third month:
 - (iv) Fourth month:

Dated20

.....
Manger.

FORM NO. 24

See rule 92 (a)

ANNUAL RETURN

Under the Factories Act, 1965

CANTEEN

Year endings 31st December 20.....

1. Reg. No.....
2. Name of Factory
3. Number of workers employed during the year:

Providing:

- (i) Cooked food and refreshment:
- (ii) Cooked food only:
- (iii) Refreshment and Tea only:
- (iv) Tea only:

4. Items of expenditure borne by the occupier, if any:
5. State the items provided below the ordinary cost price:
6. Remark, if any:

Dated.....20.

.....
Manager

FORM NO. 25

See rule 92 (b)

HALF-YEARLY RETURN

Under the Factories Act, 1965

Reg. No.Half-year endings 30th June, 20.....
31st December, 20..

Name of Factory

Name of Occupier Name of Manger

1. District.....
2. Postal address.....
3. Nature of Industry.....

	Adults:-
	Men:-
	Women:
	Adolescent:-
Average number of workers employed daily.	Male:
	Female:
	Children:-
	Boys :
	Girls:

5. Number of days worked in the half-year :

Dated.....20

.....

Manger

The average daily number should be calculated by dividing the aggregate number of attendance or working days by the number of working days in the half-year. In reckoning attendances by temporary as well as permanent employees should be counted and all employees should be included, separate shifts (e.g., night and day shifts) should be counted separately. Days which the factory was closed, for whatever cause and days on which the manufacturing process were not carried on should not be treated as working days.

FORM NO. 26

See rule 96.

ANNUAL CRECHE RETURN

(Under the Factories Act, 1965)

CRECHE

1. Reg. No..... Year ending 31st December, 20.....
2. Name of Factory
3. Number of women workers employed:.....
4. Average daily attendance of children at the Creche:.....
 - (a) 2 years and below:
 - (b) Above 2 years
5. Facilities provided with regard to:
 - (a) Milk:
 - (b) Food:
 - (c) Clothes:
 - (d) Toys:
 - (e) Medical aid:
6. Number of staff employed:
 - (a) Doctors:
 - (b) Nurses:
 - (c) Ayah:
 - (d) Teacher:
 - (e) Sweeper:

Dated.....20.....

.....
Manager

FORM NO. 27

See rule 97

ANNUAL RETURN**SHELTERS, REST ROOMS AND LUNCH ROOMS.**

Year endings 31st December, 20.....

1. Reg. No.....
2. Name of Factory.....
3. No. of workers ordinarily employed :
4. Average daily attendance of workers :
room
5. Facilities provided
6. Accommodation, furniture and other :
equipments provided
7. Remarks (if any)

Date20....

.....
*Signature of Manager***FORM NO. 28**

See rule 100

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES.

Name and address of the Factory:

Name of injured workers	Date of accident of dangerous occurrence.	Date of report of Inspector of Factories.	Nature of accident or dangerous occurrence	Date of return to work	Number of days the injured workers were absent from work.	Remarks
1	2	3	4	5	6	7