

FORM No. 30  
[See rule 132 (3)]

**Report of Accident including dangerous occurrence resulting in death or bodily injury**

(This report is to be furnished separately for every individual worker injured or killed)

ESIC Employer's Code Number _____	Registration Number _____
Name and address of Local ESIC-Office: _____	Licence Number _____
ESIC Insurance No. of the injured: _____	NIC Code Number _____ (As given in the licence)

1. Name and address of factory : \_\_\_\_\_
2. Name, address and telephone number of the occupier : \_\_\_\_\_
3. Nature of Industry : \_\_\_\_\_
4. Date, shift and hour of accident or dangerous occurrence : \_\_\_\_\_
5. Department/section and exact place where the accident or dangerous occurrence took place : \_\_\_\_\_
6. (a) Describe briefly how the accident or dangerous occurrence took place: \_\_\_\_\_
- (b) If caused by machinery -
- (i) Give the number of machine and the part causing the accident or dangerous occurrence : \_\_\_\_\_
- (ii) State whether it was moved by mechanical power at the time of accident or dangerous occurrence : \_\_\_\_\_
- (c) Give the total number of persons injured/killed : \_\_\_\_\_

Number of persons injured		Number of persons killed	
Inside the factory	*Outside the factory	Inside the factory	*Outside the factory

7. Names and addresses of witnesses : (1) \_\_\_\_\_  
(2) \_\_\_\_\_

8. Cause of accident or dangerous occurrence :

\*If in any accident/dangerous occurrence, persons outside the factory premises are injured or killed, please furnish the information to the extent available.

*Note:-* Details regarding injury and persons injured/killed should be submitted in the format given in the annexure.

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(To be completed by the Inspector of Factories)

1. Date of receipt of the report :
2. District :
3. (a) Number allotted to accident involving and/or fatality :
- (b) Number allotted to dangerous occurrence involving reportable injury and/or fatality :
4. Date of investigation :
5. Classification of accident :
- (a) Causewise (give code) :
- (b) Industrywise (give NIC code) :
- (c) Dangerous operationwise (give Schedule number under section 87) :
- (d) Hazardous processwise [(section2(cb))] :
- (e) Occupationwise (NCO code number) :
6. Result of investigation :
7. Remarks if any :

Date:

Signature of the Inspector  
Name (in block letters)

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#### ANNEXURE

1. Particulars of injured/killed person -
  - (a) Name:
  - (b) Age:
  - (c) Sex
  - (d) Sr. No. in the register of adult worker:

- (e) Address:
- (f) Precise occupation:
- (g) Nature of job:

2. Particulars of injury -

- (a) Fatal (time and date of death):
- (b) Non-fatal (if serious, give the extent of injury such as loss of limb/sight and hearing, fracture, permanent, impairment, severe burns, etc.):
- (c) State whether the injured person was disabled for more than 48 hours :
- (d) Date and hour if returned to work:
- (e) Location of injury (i.e. part of body such as right leg, left hand, left eye, etc. injured) :

3. (a) State exactly what the injured person was doing at the time of accident or dangerous occurrence :

- (b) Does this work fall in the category of hazardous/dangerous process or operation

Hazardous  
process \_\_\_\_\_  
Dangerous  
operation \_\_\_\_\_

- (c) In your opinion, was the injured person at the time of accident or dangerous occurrence -

- (i) acting in contravention of provisions of any law applicable to him; or
- (ii) acting in contravention of any orders given by or on behalf of his employer; or
- (iii) acting without instructions from his employer:

4. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence

- (b) Whether wages in full or part are payable to him for the day of the accident or dangerous occurrence

5. In case the accident or dangerous occurrence took place while travelling in the employers' transport, state whether -

- (a) the injured person was travelling as a passenger to and from his place of work;

- (b) the injured person was travelling with the express or implied permission of his employer;
- (c) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer;
- (d) the vehicle is being/not being operated in the ordinary course of public transport service.

6. In case the accident or dangerous occurrence took place while meeting emergencies state -

- (a) its nature; and
- (b) whether the injured person at the time of accident or dangerous occurrence was employed for the purpose of his employer's trade or business in or above the premises at which the accident or dangerous occurrence took place.

7. (a) Physician, dispensary or hospital from whom or in which the injured person received or is receiving treatment.

(b) Name of dispensary/panel doctor selected by the injured person:

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

Signature of manager/occupier

Name (in block letters)

Address and Tel. No.:

Dated:-