

REGISTER FOR INSPECTION FOR HOIST AND LIFT UNDER RULE(84) FORM J-L

Serial No.	Name of the Machinery	Date of manufacture and the name of the supplier	Repairing carried out if any	Safe Working load	Remarks
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(3) For the existing Form J, the following form shall be substituted namely:

FORM 'J-I'
[RULES 82 & 83]
NOTICE OF ACCIDENT
First Accident Report

[To be submitted within 24 hours from the time of occurrence of the Accident].

- I. (a) Name and address of the factory.....
- (b) Telephone No.....
2. Name and address of owner/occupier.....
3. Principal product services rendered:
 - (i).....
 - (ii).....
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. Date and time of accident
6. Branch/Department/Place where accident occurred
7. Brief description of:
 - (a) Causes of accident.
 - (b) Nature of injuries.
8. Names and addresses of witnesses to the accident:
 - (1).....
 - (2).....
9. Name and address of the medical office under whose treatment the injured person has been placed
10. Date and time of dispatch of report.....

Signature of Owner/ Manager.