

(4)After Form J-I, substituted as above the following new FormJ-II shall be added namely:

FORM 'J-II'

(RULE 86)

**NOTICE OF ACCIDENT
Final Accident Report**

To be submitted within 3 months from the date of occurrence of the accident :

1. (a) Name and address of the factory
(b) Telephone No.
2. Name and address of owner/occupier
3. Principal product(s) services rendered:
(i).....
(ii).....
(iii).....
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. Nature of accident (Please tick applicable):
(i) Death
(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 48 hours and upto 20 days
(vi) Injury causing less than (48 hours absence) if this sub-item is ticked please do not fill up items 6 to 10)
- 6.B.II 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	one eye
Left arm above or at the elbow	Thumb
Right arm below the elbow	All toes of one feet
Left arm below the elbow	One phalanx of thumb
Leg at or above the knee	Index finger
Leg below the knee	Great toe
Hearing-Permanent total	Any finger other than index finger

*Loss of any limb or member also includes loss of its use.
7. Classification by type of accident (Please tick applicable :)
(i) Fall of persons
(ii) Falling objects
(iii) Stamping on strike against or struck by objects excluding falling objects
(iii) —(iv)Electricity
(iv) —(v)Poison, corrosive and harmful substances including radiation
(v) —(vi)Explosion
(vi) —(vii)Fire
(vii) —(viii)Irruption of water
(viii) —(ix)Suffocation by gases
(ix) —(x)Any other type (specify e.g., over exertion/strenuous movement, etc.)

8. Classification by agency of accident (please tick applicable):--

- (i) Prime mover
- (ii) Transmission Machinery
- (iii) Lifting Machinery
- (iv) Working Machinery
- (v) Other equipment and Installations
- (vi) Rail transports
- (vii) Other transport and haulage
- (viii) Hand tools
- (ix) Any other agency (specify e.g., water transport, pressure vessels, furnaces ovens, kilns, etc.)

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

10. In case of injury involving absence of more than ninety days entry in item 9 be made as the injured person is still absent instead of writing number of days.

11. Name and address of the Medical Officer under whose treatment, the injured person has been placed.

Date of dispatch of report

Signature of Owner/Manager

For use by Chief Inspector of Factories

Secretary to Government of the Punjab,
Labour and Human Resource Department