

FORM NO.21-A

(Prescribed under Rule 103)

Report of dangerous occurrence which does not result in bodily injury

Registration No.

Licence No.

* NIC Code No.

(As given in the licence)

1. Name and address of factory :
2. Name, address and telephone number :
of the occupier
3. Name of the Manager :
4. Nature of the industry :
5. Department, Section and exact place :
where the dangerous occurrence took
place.
6. Date, shift, and hour of dangerous :
occurrence
7. (a) Type of dangerous occurrence:
(See overleaf)
(b) Did it involve Explosion Fire
Emission of Toxic/
Flammable/Explosive
substance(s)
Substance(s) emitted
8. State exactly what happened :

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

Signature of the Manager

Name (In block letters)

Address and telephone No.

Date :

(To be completed by the Inspector of Factories)

1. Date or receipt of the report :
2. District :
3. (a) Number allotted to the :
dangerous occurrence not
involving injurious and/or death
(b) Number allotted to "Major" :
accident" not involving
reportable injuries and/or
death
4. Date of investigation :
5. Cause :
6. *NIC Code (As given in the licence) :
7. Result of investigation :