

FORM NO. 21
(Prescribed under Rule 103)

REPORT OF ACCIDENT INCLUDING, DANGEROUS OCCURRENCE RESULTING IN DEATH OR BODILY INJURY

ESIC Employer's Code Number		Registration Number	
Name and Address of Local ESIC office		License Number	

1.	Name and address of factory	:	
2.	Name, address and telephone number of the Occupier	:	
3.	Nature of Industry (As given in the License)	:	
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) Did it involve	:	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Emission of toxic substance(s) <input type="checkbox"/> Substance(s) emitted
7.	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

Note :

- *If in any accident/dangerous occurrence, persons outside the factory premises are injured or killed, please furnish the information to the extent available.
- Details regarding injury and persons injured/killed should be supplied in the format given in the annexure.

8. Name and address of witnesses : 1.

2.

Cont. 2

9. Cause of accident or dangerous :
occurrence

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

Date:

Signature of Manager / Occupier

Name
Address

Telephone number

(To be completed by the Inspector of Factories)

1.	Date of receipt of the report	
2.	District	
3.	(a) Number allotted to accident involving injury and / or fatality	
	(b) Number allotted to dangerous occurrence involving reportable injury and / or fatality	
4.	Date of investigation	
5.	Classification of accident	
	(a) Cause wise (Give code)	
	(b) Industry wise (Give *NIC-Code)	
	(c) Dangerous operation wise (Give schedule number under Section 87)	
	(d) Hazardous process-wise Section 2(cb)	
	(e) Occupation wise (NCO-Code Number)	
6.	Result of investigation	
7.	Remarks, if any	

Signature of the Inspector

Name

Date :

ANNEXURE

Particulars of Persons Injured, Killed

1.	Particulars of injured/killed person	
	a)	Name
	b)	Age
	c)	Sex
	d)	Serial Number in the register of adult workers
	e)	Address
	f)	Precise occupation
	g)	Nature of job
2.	Cause of Injury	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Emission of toxic substance(s) <input type="checkbox"/> Other (Please Specify)
3.	Particulars of injury	
	a)	Fatal (Time and Date of Death)
	b)	If serious, give the extent of injury such as loss of limb/slight & hearing, fracture, permanent impairment, severe burns)
	c)	State whether the injured person was disabled for more than 48 hours.
	d)	Location of injury (i.e. part of body such as right leg, left hand, left eye, etc, injured).
4.	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 of operations (<i>Place mark (✓) in the box</i>) <input type="checkbox"/> Hazardous Process <input type="checkbox"/> Dangerous Process / Operation
5.	a)	Hour at which the injured person started work in the day of accident or dangerous occurrence
	b)	Whether the wages in full or part are payable to him for the day of accident or dangerous occurrence

6.	In case the accident or dangerous occurrence took place while traveling in the employer's transport, state whether	
	a)	The injured person was traveling as a passenger to and from his place of work
	b)	The injured person 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
7.	In case the accident took place while meeting emergencies, state	
	a)	Its nature; and
	b)	Whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place
8.	a)	Physicians, dispensary or hospital from whom or in which injured person received or is receiving treatment
	b)	Name of dispensary/panel doctor selected by the insured person.