

## **Check list for preparation of Accident (fatal, serious etc.) Investigation report.**

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1. Name and details of the factory :-
  - i) Address :-
  - ii) Whether it is a registered factory :-  
If so, registration & licence number
  - iii) If it is not a registered factory, whether :-  
It is a registrable factory, if so status  
of registration. Whether applied for  
registration and it is under process  
or whether not applied.
  - iv) Whether the factory is under :-  
Construction stage
2. Name and details of the Occupier :-  
Age :-  
Father's Name :-  
Permanent address with P.S. :-  
Present Address with P.S. :-
3. Name and details of the Manager :-  
Age :-  
Father's Name :-  
Permanent address with P.S. :-  
Present Address with P.S. :-
4. Details of the deceased/injured person :-  
Name :-  
Age :-  
Father's Name :-  
Designation :-  
Address :-  
Whether regular workers or contract worker :-  
If contract worker name & details of :-  
Contractors to be given

5. Date and time of accident :-
6. Name of location where the accident :-  
 Occurred.
7. (a) Date & time of receipt of information :-  
 (b) The information about the accident :-  
 was received by telephone/telegram/  
 Special messenger/notice of accident/  
 any –other source.
- (It is to be verified & mentioned if the :-  
 Notice of accident has been served as  
 Per the requirement of Rule-97)
8. Date of Investigation :-  
 If the Investigation is done more than a day  
 brief of each day should be mentioned against  
 each date as follows:-
- Visit of spot
  - Examination of witness
  - Examination of machine  
 equipment, structure, building etc.
  - Visit of treating  
 Hospital/police station.
  - To collect postmortem  
 report wherever necessary
  - For any other information.
1. Name of responsible persons :-  
 present during investigation
2. Name of witnesses :-
3. Documents to be enclosed :-
- i. Written statement of witnesses  
 (The witness who can write, the  
 statement in his hand writing with  
 his signature should be obtained.

In the case of witness who cannot write:-  
his verbal statement should be recorded  
In writing by any other person, who should  
read and explain after recording statement  
and obtain the thumb impression of the  
witness & signature of the person recording  
the Statement also to be recorded on it.)

- ii. Neatly drawn sketch of the spot of accident. :-
- iii. Photograph of if any.
- iv. Copy of postmortem report.
- v. Any other documents.
4. Nature of injuries.
  - a) Fatal
  - b) Serious  
(Extent of injuries such as fracture, loss of limbs, loss of eye- sight, hearing etc.)
  - c) In case of burn injuries % of injuries to :-  
be mentioned.
5. Opinion or views of the doctor who attended the victim /injured at 1<sup>st</sup> instance & treated the case subsequently if any.
6. Date of first employment of the injured Person/ deceased in the factory.  
(for this information register of adult workers to be verified) :-
7. Status of health check up of victim :-  
(Applicable for hazardous factory)
8. How the accident occurred (Brief :-  
description of the manufacturing process & spot of accident;  
  
Nature of job, reporting time, shift, sequence of accident.
9. Cause of accident short-comings such as Short-comings such as details of unsafe condition or unsafe Act or both for which the accident occurred to be described.
10. Violation of the provision of the Factories Act & Orissa Factories Rules giving Justification as regards to lapses/short-comings. :-
11. Suggestion to avert such type of accident :-
12. Amount of compensation paid if any :-

Signature of the Investigation Officer