

Official Edition

Form F.I. 1012

FACTORIES ACT, 1953.

FOR OFFICIAL USE ONLY

Form prescribed by the Minister for Industry and Commerce in pursuance of Section 14 of the Factories Act, 1953, &c.

Date of Receipt

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE, to be sent immediately on the occasion of dangerous occurrence becoming reportable to the Department of Industry and Commerce (Factory Inspection Branch), Dublin (See Instructions overleaf)

Accident No.

Industry

Division

Classification

File No.

Note: If the accident is fatal immediately estimation by coroner or inquest is desirable.

- 1. (i) OCCUPIER of Factory for person undertaking Building Operations or Works of Engineering Construction or carrying on processes at Works, and certain other persons—see overleaf
- (ii) Actual employer of injured person if other than above.

Name
 Address
 Industry
 Name
 Address

2. PREMISES where accident or dangerous occurrence happened—

(i) Address of Department, Branch or Site
 (ii) Exact date
 (iii) Nature of work carried on therein
 (iv) Whether Operation safe whether and whether maintained or dismantled

3. INJURED PERSON: (a) Full Name (Surname Initial)

(b) Sex Age Occupation

(c) Address

4. ACCIDENT OR DANGEROUS OCCURRENCE

(a) Date

(b) Description and Cause

(c) State briefly what injured person was doing at the time

(d) If due to machinery or

(i) Name of machine and part causing accident

(ii) Whether driven by mechanical power at the time

5. INQUIRY AND INVESTIGATION

(a) Name and position of person in charge of the Department or Branch involved

(b) Whether fatal or non-fatal

(c) If non-fatal, what action was decided by you with view to preventing further stages of the work of which it was the cause?

6. If not intended for issue, an acknowledgment from insured or the Chief of Police, Superintendent, Inspector, Detective or Agent

(Printed on reverse)

Date

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