

## Accident Notification Form

### Section-1 Details of Person Making This Report

Persons Name		Designation	
Contact No. & Address:			
Date & Time of Report:		Signature:	

### Section-2 Accident Details

Name of the Company / Contractor			
Name of the Injured Person:			
ID Number		Age	
Location Of Accident		Male / Female	
Date of Accident		Occupation of the Person	
Shift Timings		Time Of Accident	
Name of Main Contractor (If applicable)		Contact Number	
Nature Of Accident causing (Tick in the appropriate box)	Injury	Property Damage	Fatality
	Fire	Environmental Disturbance	Amputation
Details Of Plant / Equipment Involved In Accident			
Accident Reported By: (Name & Position of Supervisor)		Contact Number	

### Section-3 Brief Details of the Accident (Attach Separate Sheet If Required)

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### Section-4 Immediate Actions Taken (Tick on Y for YES and on N for No)

First Aid given to the injured	Y / N
Called the Emergency Number	Y / N
Any Other	

### Section -5 Witness to the Accident / Incident

Witnesses Names	Position	Company/Contractor	Contact Nos.	Signature
1.				
2.				

⚠ In the case of all accidents this form must be filled and faxed to EHS within 24 hours of the accident. Fax: 04-8818857 or 04-8817023  
⚠ For major/significant accidents in BU's, ECC will inform EHS to carry out necessary investigation.

Environment, Health & Safety Division

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