

**FORM 17 A**  
**(Prescribed under rule 106)**

**Notice of dangerous occurrence, which does not result in death or bodily injury**

(Vide Para 2 of schedule under rule 106)

1. Name and address of the factory \_\_\_\_\_
2. Name of the occupier \_\_\_\_\_
3. Name of the manager \_\_\_\_\_
4. Nature of industry \_\_\_\_\_
5. Branch or Department and exact place where the dangerous occurrences took place \_\_\_\_\_
6. Date and hour of occurrence \_\_\_\_\_
7. Nature of dangerous occurrence (State exactly what happened) \_\_\_\_\_

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

**Occupier/Manager**

**Signature of the**

**Date of dispatch of report**

Note: to be completed in legible handwriting/preferably typewritten

(This space is to be completed by Inspector of Factories)

**District:**

**Date of Receipt:**

**D.O. No.:**

**Date of Investigation:**

**Causation No.:**

**Result of Investigation:**