

**Section 61 of FACTORIES ORDINANCE No. 45 of 1942 - Notification of accidents
FOLLOW-UP REPORT**

This report should be submitted to the District Factory Inspecting Engineer within ten days from the date the injured person resumes normal work after the accident.

Part A: 1. Name and address of factory :

2. Name of injured person :

3. Date of accident :

4. Date injured person reported for work after the accident :

5. State the number of WORK DAYS lost as a result of the accident :

NOTE:

WORK DAYS lost are those days on which the injured person would have worked but could not because of the accident. The number of WORK DAYS lost should not include the day on which the accident occurred and any non-working days.

6. If the DISABLEMENT is PERMANENT (Total or partial), please indicate the impairment or loss of body member and the loss of earning capacity as indicated by the Medical Officer, (Attach a photocopy of Medical Examination Report :

7. Date of death (if occurred after sending Form 10)

8. Nature of injury as indicated by the Medical Officer :

Date : _____

Signature and Seal of Occupier

Part B:
(for the use of DFIE)

Date of receipt of this Report :

Accident No. (give Accident No. allocated to Form 10)

Observations :

Date : _____

DFIE.