

## A P P E N D I C E S

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## B I B L I O G R A P H Y

## A P P E N D I X

### ) A ) MODEL CODE OF SAFETY

#### GENERAL PROVISIONS:

1. In every industrial establishment the employers should in addition to complying with all official regulations relating to industrial safety and hygiene, assume responsibility and leadership for safety and hygiene activities within the establishment, actively work with and promote the co-operation of his entire personnel with a view to achieving and maintaining the highest possible standards of safety and hygiene by taking into account, both during the carrying out of the positive technical requirements and as a supplement to them such factors as are dependent upon the human nature of the workers.

#### SAFETY RULES :

2. In every industrial establishment, safety rules should be drawn up for such occupation represented in the establishment.

3. Industrial safety rules should incorporate appropriate extracts of all official regulations relating

to the occupation in question and should include all appropriate additional provisions.

4. Industrial safety rules should be drawn up or approved by the safety official in consultation with the workers, their delegates and the safety committee, if there is one.

5. Industrial safety rules should be communicated to the competent official inspector.

DISCIPLINE:

6. In every industrial establishment persons who render distinguished service in the promotion of industrial safety and hygiene should be suitably recognised.

7. In every industrial establishment, any persons who violate any safety rules should be reprimended and if the offence is serious

SUGGESTIONS:

8. In every industrial establishment the employer should invite all workers to submit suggestions for the improvement of industrial safety and hygiene.

9. The authors of such suggestions as are acceptable should be suitably recognised.

10. The authors of such suggestions as are not acceptable should be thanked and given the reasons for the non-acceptance

of their suggestions.

11. All such suggestions should be examined by the safety committee if there is one.

WORKERS SAFETY DELEGATES:

12. In every industrial establishment regularly employing less than 25 workers, the workers should be entitled to appoint at least one of their members to be a safety delegate.

13. Safety delegates shall be entitled to represent the workers in all matters bearing on safety in establishment.

SAFETY COMMITTEES:

14. In every industrial establishment regularly employing 25 workers or more there should be a Safety Committee.

15. Every Safety Committee should consist of representatives of the employer and representatives of the workers and should include :-

- (a) a high executive official,
- (b) the safety official,
- (c) foremans and
- (d) a representative of industrial establishment medical service if any.

16. The names of the members of the safety committee shall be available to the competent official inspector.

17. If an industrial establishment comprises a number of separate departments a safety committee should be appointed in each department in which at least 25 workers are regularly employed a central committee should be appointed for the establishment and the central safety committee should include members of the departmental safety committees elected by those committees.

18. The workers' representative on safety committee should be elected by all the workers.

19. Safety committees should meet at least once a month and keep adequate records of all meetings.

20. The duties of the safety committee should be to :-

- (a) Consider the circumstances and causes of all accidents occurring in the establishment.
- (b) Recommendations to the employer for preventing the recurrence of accidents.
- (c) make periodical inspections of the establishment and all its equipment in the interest of safety and all its equipment in the interest of safety and hygiene.
- (d) make appropriate recommendations to the employer for the improvement of conditions as regards safety and hygiene and watch over the carrying

out of the measures adopted and their efficiency.

(e) watch over compliance with official regulations, instructions etc. relating to safety and hygiene in the establishment.

(f) endeavour to secure the cooperation of all workers in the promotion of safety and hygiene.

(g) participate in drawing up the establishment of safety rules.

(h) study the statistics of accidents occurring in the establishment.

(i) see that all new workers receive adequate safety training, instructions and guidance.

(j) see that all official regulation, instructions, notices and other written and pictorial material relating to safety and hygiene in the establishment are brought to the notice of all workers.

(k) co-operate with the medical services of the industrial establishment, if any and with its first aid services

and

(l) report to the competent official inspector all unsatisfactory conditions as regards safety and hygiene that the employer fails to remedy within a reasonable time.

21. The employer shall :-

- (a) give the safety committee, all reasonable encouragement and facilities in the performance of its duties.
- (b) consult the safety committee in all matters relating to safety and hygiene in the establishment.
- (c) take all practicable measures to give effect to recommendations of the safety committee  
and
- (d) in cases in which he does not adopt recommendations of the safety committee, inform the committee of the reasons thereof within a reasonable time.

22. Establishment in one and the same industry and district that regularly employ less than 25 workers and do not have their own safety committees should combine for the joint promotion of safety and hygiene.

SAFETY OFFICIALS:

23. In every industrial establishment with a small number of employees or where the accident hazard is low :--

- (a) an official should be appointed to be in complete charge of all matters relating to industrial safety and hygiene

and

- (b) a joint arrangement should be made, if possible with other industrial establishments in the same neighbourhood to share the services of an accident prevention office.

24. In large industrial establishment and establishments with a high hazard, the employer should appointed a full time safety officer whose duties shall be exclusively concerned with industrial safety and hygiene.

25. If an industrial establishment with a high accident hazards comprises a number of separate departments, a full time accident prevention officer should be appointed for each department in which at least 250 workers are regularly employed and a chief accident prevention officer for the industrial establishment as a whole.

26. The competent authority shall organise periodical meetings to which safety officials and representatives of safety committees shall be invited in order that they may increase their knowledge and safety matters by an exchange of safety information obtained through practical experience.

#### ACCIDENT REPORTS:

27. The safety official should compile a report containing full information on the cause of every lost time, minor accident and dangerous occurrence with a view to preventing its recurrence and copies should be sent to the manager, the workers' delegates or the safety committees as the case may be and where appropriate the medical service of the



industrial establishment.

MODEL ACCIDENT REPORT FORM

Firms Name : \_\_\_\_\_ Location \_\_\_\_\_

Name of injured employee \_\_\_\_\_

Date of Report \_\_\_\_\_

<input type="checkbox"/> head	<input type="checkbox"/> hands	<input type="checkbox"/> wounds	<input type="checkbox"/> amputa- tion	<input type="checkbox"/> death	<input type="checkbox"/> lost time
<input type="checkbox"/> eyes	<input type="checkbox"/> legs	<input type="checkbox"/> strain & sprain	<input type="checkbox"/> burns	<input type="checkbox"/> first aid only	
<input type="checkbox"/> trunk	<input type="checkbox"/> toes	<input type="checkbox"/> hernia	<input type="checkbox"/> foreign body	<input type="checkbox"/> due to delayed medical treatment	
<input type="checkbox"/> arms	<input type="checkbox"/> internal	<input type="checkbox"/> fracture	<input type="checkbox"/> Skin (Occupational)		

Remarks \_\_\_\_\_ Remarks \_\_\_\_\_ Remarks \_\_\_\_\_

Date of injury \_\_\_\_\_ Hour \_\_\_\_\_ Department \_\_\_\_\_ Exact Location \_\_\_\_\_

Eye witnesses \_\_\_\_\_

Describe  
accident :

Include the machine, object or substance

involved ----- all details -----

use back space if necessary \_\_\_\_\_

CAUSE : Mark basic cause.      Mark contributing Cause if any.

UNSAFE ACTS

1. Operating without authority.
2. Operating at Unsafe speed.
3. Making safety devices inoperative.
4. using unsafe equipment or equipment unsafely.
5. Unsafe loading, placing maxing.
6. taking unsafe position
7. working on moving or dangerous equipment.
8. distraction, teasing horse play.
9. failure to use personal protective devices.

UNSAFE CONDITIONS

1. inadequately guarded
2. Unguarded.
3. defective tools, equipment or substance.
4. unsafe design or construction.
5. hazardous arrangement
6. unsafe illumination.
7. unsafe ventilation.
8. unsafe clothing.

Why was the unsafe act committed ? \_\_\_\_\_

Why did the unsafe condition exist ? \_\_\_\_\_

Any physical disabilities \_\_\_\_\_

No. of previous disabling injuries ? \_\_\_\_\_

Injured's Occupation      Payroll number      Supervisor      Shift

Age      Length of employment      Department      Section  
At Plant      On Job

GUIDES TO CORRECT ACTION

Based on the cause checked above, indicate below the corrective action you are taking :-

UNSAFE ACTUNSAFE CONDITION

- |                                    |  |
|------------------------------------|--|
| 1. Stop the worker                 | 1. Remove  |
| 2. Study the job                   | 2. Guard   |
| 3. Instruct (tell-show-try-check.) | 3. Warn.<br>If the supervisor can't handle, then   |
| 4. Follow-up.                      | 4. Recommend to :<br>a) Own Supervisor, Or<br>b) Safety Committee Or<br>c) Maintenance dept., Or<br>d) _____ |
| 5. Enforce                         | 5. Follow up.  |

What are you actually doing to prevent similar injuries ?

\_\_\_\_\_

What further recommendations ?

\_\_\_\_\_

\_\_\_\_\_

S/d \_\_\_\_\_

Deptt. Head (Immediate  
Supervisor )

Plant Manager/Safety  
Engineer.

\_\_\_\_\_

ACCIDENT STATISTICS:

28. Every industrial establishment should keep records of all lost time accidents, minor accidents and dangerous occurrences.

29. Every industrial establishment should compile accident statistics that will show the accident record of each department, occupation and individual and show the distribution of accidents by causes so that means of prevention can be determined.

30. Accidents records and statistics of industrial establishments should be constantly available to the official inspector, the safety official, the safety delegates and the safety committee, if any.

31. Accident statistics of industrial establishments should be compiled by methods approved by the competent authority as national standards and such as to ensure the maximum degree of comparability with all other establishments in the same industry and with establishments in other industries.

INDUSTRIAL ESTABLISHMENTS MEDICAL SERVICE:

32. If an industrial establishment has a medical service, the service should cooperate in the promotion of industrial safety and hygiene in the establishment.

## APPENDIX - KB

### ' GUIDE FOR SAFETY AUDIT '

#### LOSS CONTROL ANALYSIS GUIDE :

#### I) Management Organisation :

- (a) Does the company have a written policy on Safety ?
- (b) Draw an organizational chart and determine the line and staff relationships.
- (c) To what extent top management accept its responsibility for safety ?
  - 1) To what extent does it participate in the efforts ?
  - 2) To what extent does it assist in administering ?
- (d) To what extent does top management delegate safety responsibility ? How is this accepted by :-
  - 1) The Works Manager or top production people ?
  - 2) The foremen or supervisors ?
  - 3) The staff safety people ?
  - 4) The employees ?
- (E) How is the Company Organized ?
  - 1) Are there staff safety personnel ? Is so, are their duties clear ? Are responsibilities and authorities clear ? Where is staff safety located ? What influence does it have ? To

Whom does it report ?

2) Are there safety committees ?

a) What is the makeup of the committees ?

b) Are their duties clearly defined ?

c) Do they seem to be effective ?

3) What type of responsibility is delegated to the employees ?

1) Is safety covered in these rules ?

(a) Is it built into each rule, or are there separate safety rules ?

## II) Accountability For Safety:

A) Does management hold line personnel accountable for accident prevention ?

B) What techniques are used to fix accountability ?

1) Are accidents charged against departments ?

2) Does appraisal or performance of supervisors include looking at their accident records ?  
Are bonuses influenced by accident records ?

3) How does management ensure that supervisors conduct shop floor meetings, inspections, accident investigations, regular safety supervision and education ?

4) Others ?

III) Systems To Identify Problems - Hazards :

A) Are routine inspections performed ?

- 1) Who is responsible for inspection functions ?
- 2) Who makes inspections ?
- 3) How often are they made ?
- 4) What types of inspections are made ?
- 5) To whom are the result reported ?
- 6) What type of follow-up action is taken ?
- 7) By whom ?

B) Are any special inspections made ?

- 1) Boilers, elevators, hoists, overhead cranes, chains and slings, ropes, hooks, electrical insulation and grounding, special machinery such as punch presses, X-ray equipment, emery wheels, ladders, scaffolding and planks, lighting, ventilation, plant trucks and vehicles, materials handling equipment, fire and other catastrophic hazards, noise and toxic controls.

c) Are any special system set up ?

- 1) Job safety analysis.
- 2) Critical incident technique.
- 3) High-potential accident analysis.
- 4) Safety sampling.

- D) What procedure is followed to ensure the safety of new equipment, materials, processes, or operations ?
- E) Is safety considered by the purchasing department in its transactions ?
- F) When corrective action is needed, how is it initiated and followed up ?
- G) When faced with special or unusual job, how does the company ensure safe accomplishment ?
  - 1) Is there adequate job and equipment planning ?
  - 2) Is safety a part of the overall consideration ?
- H) What are the normal exposures for which protective equipment is needed :
  - 1) What are the special or unusual exposure for which personal protective equipment is needed ?
  - 2) What personal protective equipment is provided ?
  - 3) How is personal protective equipment initially fitted ?
  - 4) What type of care maintenance program is instituted for personal protective equipment ?
  - 5) Who enforces the wearing of such equipment ?

IV ) Selection and placement of Employees :

- A) Is an application filled out by prospective employees ?



- 1) Does it ask the right questions ?
- B) What type of interview and screening process is the prospective employee subjected to before being recruited ?
- C) Is the physical condition of the employee checked before recruitment ?
  - 1) If a physical exam. is given, how complete is it ?
  - 2) How is the information used ?
- D) Are any skill, knowledge or psychological tests given ?
- E) Are job physical requirements specified from job analysis ?
  - 1) Are these requirements considered in the case of new recruits ?
  - 2) Are they considered in job transfers ?
- V) Training and Supervision :
  - A) Is there safety induction for new employees ?
    - 1) How conducts it ?
    - 2) Of what does it consists ?
  - B) What is the usual procedure followed in training a new employee for a job ?
    - 1) Who does the training ?
    - 2) How is it done ?

3. Are written job instructions based on the job analysis used ?
  4. Do they include safety ?
- C) What training is given to an older employee who has been transferred to a new job ?
- D) What methods are used for training the supervisory staff ?
1. How are new supervisors trained ?
  2. Is there continuous training for the entire supervisory force ?
  3. Who does the training ?
  4. Is safety a part of it ?
- E) After employees have completed the training hapses of their job, what is their status ?
1. What is the quality of the supervision ?
  2. What use is made of the probation period ?

#### VI) Motivation :

- A) What ongoing activities are aimed at motivation.
1. Group meetings, Literature distribution, contests.
  2. Film showings, posters, notice boards, letter from management, incentives, house magazines, accident facts on plant operations, other gimmicks and activities.

B) What special-emphasis campaigns have been used ?

VII) Accident Records and Analysis :

A) What injury records are kept ? By whom ?

B) Are standard methods of frequency and severity recording used ?

C) Who sees and uses the records ?

D) What type of analysis is applied to the records ?

E) What is the accident investigation procedure ?

1. What circumstances and conditions determine which accident will be investigated ?

2. Who does the investigation ?

3. When is it done ?

4. What type of reports are submitted ?

5. To whom do they go ?

6. What follow-up action is taken ?

7. By whom ?

F) Are any special techniques used ?

VIII) Medical Programme :

1. What first-aid facilities, equipment, supplies, and personnel are available to all shifts ?

2. What are the qualifications of the people responsible for the first-aid program ?

3. Is there medical direction of the first-aid program ?

4. What is the procedure followed in first-aid assistance ?

- 5) What emergency first-aid training and facilities are provided when normal first-aid people are not available ?
- 6) Are there any catastrophe or disaster plans ?
- 7) What facilities are available for transportation of the injured to a hospital ?
- 8) Is a directory of qualified physicians, hospitals, ambulances, available ?
- 9) Does the company have any special preventive medicine program ?
- 10) Does the company engage in any activities in the health education field ?

#### APPRAISAL OF SAFETY PROGRAMME

##### I) Goals :

- A) What safety objectives were set for this period ?
- B) What progress was made toward achieving those objectives ?

##### II) Growth of Personnel :

How are we improving the safety knowledge of our personnel ?

	Subjects	Time	Effectiveness
Line Supervisor			
Intermediate manager			
Plant engineer			
Product engineer			
Industrial engineer			
Plant manager.			

### III) Inspections:

A) are inspections effective.

B) General plant inspections.

Item	When inspected	By whom	Items corrected		Comments
			Last Period	This Period	

C) Below are some items that might be checked in making general safety inspections :

General Layout	Fire protection
Flow of Material	Guarding
Asiles	Rest and Wash rooms
Machine controls	Access ladders & stairs
Fumes, Dusts	
Illumination	Protective equipment
Temperature	Electrical equipment
Floor loads	Elevated Platforms
Pits and excavations	Others.
Noise.	

### IV) Injury Summary :

Item	Last period	this period	Significance
Total disabling injuries			
Total time lost			
Total accident cost			
Cost factor (per 1000 worker hrs.)			

V) Investigations:

What operational factors may be indicators of accident trends ?

	Last period	This period	Signi- ficance
A) Accident causes and corrective action :			
- Number of incidents reported			
- Number where no effective action was possible.			
B) Where action was taken, give number where :			
- Guarding Changed.			
- Work method was changed			
- Equipment or facility was modified.			
- Employee was reinstructed in method.			
- Protective equipment was changed.			
- Employee was cautioned.			
- Employee personal factor was given added consideration.			
- What causes and agencies were most predominant ?			

VI) Expenses:

It guides - What has been the total safety programme expenses ?

Item	Last period	This period	Signi- ficance.
------	-------------	-------------	--------------------

Total staff expense.

Total cost of  
protective  
equipment

Total safety expense

Safety expense factor-  
(per 1000 worker-hours

VII : Suggestions :

QUESTIONNAIRE FOR WORKERI) Personal Details:

- |                        |                    |
|------------------------|--------------------|
| 1) Name :              | Age:               |
| 2) Education :         | Experience:        |
| 3) Department:         | Type of work       |
| 4) Family Background:  |                    |
| Income:                | No. of dependents: |
| No. of family members: | Male : Female:     |

Expenditure Pattern:

- |              |                  |               |
|--------------|------------------|---------------|
| (a) Food     | (d) Transport    | (g) Medicine  |
| (b) Rent     | (e) Education    | (h) Donations |
| (c) Clothing | (f) Contribution | (i) Miscs.    |

Total :

Savings:

5) Means of conveyance:

- |             |              |
|-------------|--------------|
| (a) Train   | (b) Bicycle  |
| (c) On foot | (d) City Bus |

6) Habits ( a) Tobacco Chewing

- (b) Smoking  
(c) Pan Eating  
(d) Gambling

7) Have you ever met with any accident ? Yes/No8) If yes, whose fault ?

- (a) Personal (b) Machine (c) Environmental

II) Psychological Background:1) How do you find factory life ?

- (a) Good (b) Interesting (c) Boring

2) Do you feel very tired during work ?3) Who is mainly responsible for accident.

- (a) Men (b) Machine (c) Environmental

4) Are you suffering from serious personal problems.



- (a) Sickness (c) Money problems  
(b) Quarrels (d) Mental disturbance

- 5) Which shift you like most ? I II III  
6) Are you satisfied with present job ? Yes/No  
7) Which shift is suspected to be accident prone ?  
8) Are you given additional work load ?  
(a) Frequently (b) Occasionally (c) Not at all  
9) When you will have pressure of work more  
1) before lunch break  
2) after lunch break  
3) at the end of shift

### III) Working Conditions:

- 1) What are your observations regarding the provisions of the following in your Company  
(a) Satisfactory (b) Unsatisfactory  
(a) Illumination (e) Dust, Fumes (i) Passage Ways  
(b) Ventillation (f) Noise (j) Safety exhibits  
(c) Temperature (g) Over Crowding & Posters  
(d) Humidity (h) Cleanliness (k) Safety Inspections  
2) How do you find machine when you start working ?  
(a) Working Condition.  
(b) Not in well condition (Not Oiled and inspected )  
3) What is your opinion about distance between two machines ?  
(a) Large enough (b) Very less (c) crowded  
4) Are you satisfied with facilities provided by Company such as - Water, Medical benefit, Canteen etc. Yes/No  
5) Are your working conditions satisfactory or not  
Your suggestions : \_\_\_\_\_

### IV) Safety Conditions:

- 1) Are you satisfied with safety devices provided to you presently Yes/No  
2) Are you using them or not ? If not why ?  
3) Are they according to your fittings ? Yes/No  
Are they replaced at proper times ?  
4) Are you provided training to avoid accidents or given any special instruction ? Yes/No  
If not what are your suggestions.  
\_\_\_\_\_

- 5) Do you get instructions about safety measures from your supervisor inspector Yes/No
- 6) Do you think that your officers are really interested in implementing safety measures ? Yes/No
- 7) Does your union takes any part in safety training education ? Yes/No

V) R e l a t i o n s :

- 1) How are your relations with other workers ?
- (a) Indifferent
  - (b) Co-operative
  - (c) Friendly
- 2) What is your opinion about supervisors instructions ?
- (a) Useful
  - (b) Misleading
  - (c) Confusing
- 3) Do you have good relations with your supervisors/foremen ?
- 4) Are you satisfied with the treatment you get from officers and staff.
- (a) Good
  - (b) Fair
  - (c) Bad
- 5) What is your opinion about attitude of mgt. in providing SAFETY Measures, to maintain employee health and working conditions.

APPENDIX 'D'QUESTIONNAIRE TO SUPERVISOR

- 1) Name : - Age:-
- 2) Designation :- Education :-
- 3) Department :- Experience :
- 4) In your department which machine do you feel is dangerous ?
- 5) How many machines in your department need safety devices, according to you ?
- 6) Do the worker use these safety devices regularly ?
- 7) What are the safety devices provided by the Company ? (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(c) \_\_\_\_\_
- 8) Do you provide information about safety devices to the workers. Yes/No
- 9) What are the most common causes of accidents you find in your department.
- 10) What type of relations do you have with your workers - (1) Co-operative  
(2) Fair  
(3) Good
- 11) Do the workers take precautions besides safety devices to avoid accident Yes/No
- 12) What precautions would you suggest.
- 13) Do you feel that carelessness could be one of the cause of accident. Yes/No
- 14) Do you warn the workers of the dangers of not using safety devices Yes/No
- 15) Have you safety posters in your department Yes/No

- 16) Have you tried to convince the workers to use the safety devices and to avoid the accidents Yes/No
- 17) What do you feel about awarding a special prize to workers who have had no accidents during the year. Give nature \_\_\_\_\_ Yes/No
- 18) Does the company provide any safety training to the workers Yes/No
- 19) If yes, what is the impact ?

- ACCIDENT :
- 1) Generally in which shift more accidents take place.
  - 2) In which category of workmen accidents are more.
  - 3) Do you register all the accident failing place in your department Yes/No
  - 4) How is the team spirit among the workers.
  - 5) Is the worker trained for the job assigned to him. Yes/No
  - 6) Is there any safety officer or safety Committee in your industry. Yes/No
  - 7) What are the measures taken by management in avoiding accidents.
  - 8) What are your suggestions about safety.
  - 9) What is your opinion about attitude of mgt. in providing SAFETY measures, to maintain employee health and working conditions.
  - 10) Do you think that the accident reporting and recording etc. are satisfactory on the part of Company. Yes/No
-

**Shri Shahu Chhatrapati Mills, Kolhapur.****FORM No. 24**

(Prescribed under Rule 103)

**Notice of accident or dangerous occurrence**

1. Name of Occupier (or Factory) :- **SHRI SHAHU CHHATRAPATI MILLS.**  
E. S. I. CODE No. 31-3324-11
  2. Address of works where accident or dangerous occurrence happens :- **SHAHUPURI, KOLHAPUR.**
  3. Nature of Industry **COTTON SPINNING & WEAVING MILL**
  4. Branch or Department and exact place where the accident or dangerous occurrence happened  

Engine	Spinning	Weaving
--------	----------	---------
  - B) Shift :-
  5. Injured person's name and address \_\_\_\_\_
  6. (a) Sex \_\_\_\_\_ (b) Age \_\_\_\_\_ (Last birthday and (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
(c) Occupation of injured person \_\_\_\_\_
  7. Date and hour of accident or dangerous occurrence \_\_\_\_\_
  8. Hour at which he started work on the day of accident \_\_\_\_\_
  9. (a) Cause or nature of accident or (a) \_\_\_\_\_  
dangerous occurrence \_\_\_\_\_
  - (b) If caused by Machinery :-  
(1) Give name of the Machine and (b) (i) \_\_\_\_\_  
part causing the accident, and \_\_\_\_\_  
(2) State whether it was moved by (b) (ii) \_\_\_\_\_  
mechanical power at the time \_\_\_\_\_  
(c) State exactly what injured person (c) \_\_\_\_\_  
was doing at the time \_\_\_\_\_
  10. Nature and extent of injuries ( e. g. ) \_\_\_\_\_  
Fatal, loss of finger, fracture of leg \_\_\_\_\_  
Scald, scratch followed by sepsis \_\_\_\_\_
  11. If accident is not fatal, state whether injured persons is likely to be disabled for 48 hours or more \_\_\_\_\_
  12. Name of Medical Officer in attendance on injured person \_\_\_\_\_ 1st Aid in the Mills and then Kolhapur.  
to E. S. T. Dispensary
- I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

**To :**  
**The Inspector of Factories**  
**Kolhapur.**

Signature of Occupier  
or Manager

For Shri Shahu Chhatrapati Mills,

General Manager

Date of despatch of report :-

To be completed in legible handwriting or preferably Typewritten.)

Director of Factories

# SHRI SHAHU CHHATRAPATI MILLS, KOLHAPUR.

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CODE No 31/3324/11

## ACCIDENT REPORT FROM EMPLOYER

FORM 16

( Regulation 68 )

- 1 Name of Employer **Shri Shahu Chhatrapati Mills,**
- 2 Employer's Code No **31-3324-11**
- 3 Address of premises where accident happened **Shahupuri-Kolhapur-2**
4. Nature of Industry or business, **Cotton Spg. & Wvg. Mill.**
- 5 Department, shift, hours (if any) **Ist Shift      IInd Shift      IIIrd Shift**  
and exact place where the accident happened **(6-30A Mto 3-OPM) (3-0PMto 11-30PM) (11-30PMto 6-30AM)**
6. Name of the injured person
- 7 Insurance No
8. Address to the injured person
- 9 a) Sex b) Age (last birthday)  
c) Occupation of injured person  
d) Local office to which attached **a)      b)  
KOLHAPUR**
10. Date and hour of accident.
11. a) Hour at which he started work on day of accident.  
b) Whether wages in full or part are payable to him for the day of his accident. 

}	Wages in full/part are payable
	wages are not payable
- c) i) Whether the Insured person was on the day of accident an employee as defined in sec 2 (9) of ESI Act  
ii) Whether the Contributions were Payable by him in respect of the week in which the accident occurred 

}	Yes
---	-----
- 12 Cause of accident :  
a) If caused by machinery -  
i) Give name of the machine & part causing the accident and  
ii) State whether it was moved by mechanical power at that time  
b) State exactly what the injured person was doing at that time  
c) In our opinion the was injured person at the time of accident :-  
i) Acting in contravention of the provisions of any law applicable to him, or  
ii) Acting in contravention of any orders given by or on behalf of his employer, or  
iii) Acting without instructions from his employer