## FORM – XVIII

## THE GUJARAT BUILDING AND OTHER CONSTRUCTION WORKERS (REGULATION OF EMPLOYMENT AND CONDITIONS OF SERVICE) **RULES, 2003**

## (See Rule 240[7]) REPORT OF ACCIDENTS AND DANGEROUS OCCURRENCES

1.	Name of the project/work						
2.	Location of project/work						
3.	Stage of construction work						
4.	Particulars of Employer						
	a.	Main contractor firm/	co. b. Sub-contractor's particulars				
	Name Addres Phone Nature		Name Address Phone Nos. Nature of business				
5.	Particu	Particulars of injured person:					
	a. (First)	Name (Middle)	(Surname)				
	b.	Home Address					
	c.	Occupation					
	d. Status of the worker:  Casual  Permanent						
	e.	Sex: Male Female	f. Age				
	g.	Experience					
	h.	Marital status: Married/Unmarried/Divorced					
6.	Particulars of Accident						
	a.	Exact place where acc	cident occurred.				
	b.	Date	c. Time				
	d.	What the injured pers	on was doing at the time of accident?				
	e.	Weather condition					
	f.	How long employed by you for this particular job?					

	g.	Particulars of equipment/machine/ tool involved & condition of the same after the accident occurred						
	h.	Brief descripti	ef description of the accident					
7.	Nature of injuries							
	a.	Fatal	b. No	n-fatal				
	c.	If non-fatal, state precisely the nature of injuries (Describe in detail the nature of injury, for instance fracture of right arm, sprain etc.)						
	d.	First Aid: Given: Not Given:						
	e.	If not, give the reasons						
	f.	Name & designation of the person by whom first aid was given						
	g.	If admitted to hospital, Name of the hospital: Address of the hospital Phone No: Name of the Doctor						
8.	Mode	Mode of transport used						
	Ambulance Truck		Truck	Tempo	Taxi	Private Car		
9.	How m	w much time was taken to shift the injured person?						
	a.	If very late, state the reasons						
	b.	How the reporting was made?						
		Telephone	Telegram	Special M	Iessenger	Letter		
	c.	Who visited the accident site first and what action was proposed by him?						
	d.	What are the actions taken for the investigation of the accident by the employer? (Describe about photographs/video film/measurements taken etc.)						
10.	Particulars of the persons given witness:							
	(a)	Name	Address	О	ccupation			
		1. 2. 3. 4.						
	b)	whether	tempo	rary	Perma	nent		

7.

8.

9.

11.	Particulars in case of fatal:						
	Date		Time				
	Buildin Constr	er registered with ng and other uction Workers re Board	If yes, Give Ro	eg. No.			
12.	Dange	rous Occurrences as co	e Regulation NO. (give details)				
	a)	collapse or failure of lifting appliances, hoist, conveyors etc.					
	b)	collapse or subsidence of soil, any wall, floor, gallery etc.					
	c)	collapse of transmission towers, pipelines, bridges etc.					
	d) explosion of receiver, vessel etc.						
	e) fire and explosion						
	f) spillage or leakage of hazardous substances						
	<ul><li>g) collapse, capsizing, toppling or collision of transport equipment.</li><li>h) leakage or release of harmful toxic gases at the construction site.</li></ul>						
	i)	failure of lifting app construction work made		gear, host or building and other ort equipment etc.			
13.	Certificate from the Employer or authorised signatory.						
correct	I certify that to the best of my knowledge and belief, the above particulars are et in every respect.						
	Place Date			Signature Designation			
c.c. 1.	forwar	ded for information an	d follow-up act	ion:			
2.							
3.							

Note- If more than one person is involved, then for each person, information is to be filled-up in separate forms.