

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	Name
Address	Address
Phone Nos.	Phone Nos.
Nature of business	Nature of business
5. Particulars of injured person:
 - a. Name
(First) (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 accident occurred.
 - b. Date c. Time
 - d. What the injured person was doing at the time of accident?
 - e. Weather condition
 - f. How long employed by you for this particular job?

11. Particulars in case of fatal:

Date	Time
Whether registered with Building and other Construction Workers Welfare Board	If yes, Give Reg. No.

12. Dangerous Occurrences as covered under the 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
- g) collapse, capsizing, toppling or collision of transport equipment.
- h) leakage or release of harmful toxic gases at the construction site.
- i) failure of lifting appliance, loose gear, host or building and other construction work machinery, transport equipment etc.

13. Certificate from the Employer or authorised signatory.

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

Place	Signature
Date	Designation

c.c. forwarded for information and follow-up action:

- 1.
- 2.
- 3.

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