

FORM 3

OFFICIAL EDITION

This space to filled  
in by the Inspector

OCCUPATIONAL SAFETY AND HEALTH ACT

Form prescribed by the Minister for Notice of Accident  
To be sent (immediately on the accident becoming reported) to the Inspector

1. Name of Occupier.....

2. Address of works where accident happened.....

3. Nature of Industry.....

4. Branch of Department and exact place where the accident happened.....

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5. Injured person's name (in full).....

6. Address.....

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6. (a) Sex; (b) Age (last birthday) and (c) Occupation. (a)..... (b)..... (c).....

7. Date and hour of accident.....

8. Hour at which he/she started work on day of accident.....

9. Cause or nature of accident.....

(a) If caused by machinery –

(i) Give name of the machine and part causing accident (a) (i).....

(ii) State whether it was moved by mechanical power at the time (ii).....

(b) State exactly what injured person was doing at the time (b).....

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10. Described briefly nature and extent of injures (e.g. fatal, loss of finger, fracture of leg, scald, etc.)

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11. If the accident is not fatal, state whether injured person was disabled for more than three days from earning full wages at the work which he/she was employed.....

12. Has the accident been entered in General Register?.....

Date.....

Signature of Occupier, Manager or Agent