FORM 18

Prescribed under Rule 123 (3)

Report of accident including dangerous occurrence resulting in death or bodily injury

ESIC	Employer's Code No	Registration No
Name	& Address of Local ESIC	Licence Number
Office	······	
		NIC Code Number(As given in the licence)
1.	Name and address of factory :	
2.	Name, address and telephone number of the occupier	
: 3.	Nature of Industry (As given in the licence)	
: 4.	Date, shift and hour of accident or dangerous occurrence	
: 5. place	Department/Section and exact place where the accident or dangerous occurrence took	
:		
6.	(a)Describe briefly how the accident or dangerous occurrence took place	
:	(b) Did it involve Explosion Fire :	
	Emission of toxic substance(s)	
	Substance(s) emitted	
7.	Give the total number of persons injured/killed	
	Number of persons injured	Number of persons killed