

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

1.	Name of employer.....	
2.	Address of works or place where accident or dangerous occurrence happened.....	
3.	Exact place where accident or dangerous occurrence happened.....	
4.	Nature of industry or business.....	
5.	Injured person's	
	(a) Surname.....	
	(b) Other names.....	
	(c) Sex (M or F).....	(d) Age.....
	(e) Precise occupation.....	
6.	Date and hour of accident, or dangerous occurrence or industrial diseases.....	
7.	Cause or nature of accident, or dangerous occurrence or industrial diseases.....	
	If caused by machinery:	
	(a) Give name of machine and part causing accident.....	
	(b) State whether it was moved by mechanical power at the time.....	
	Whether caused by machinery or not	
	(c) State exactly what injured person was doing at the time.....	
8.	Nature and extent of injuries (e.g. fatal, loss of finger, scald, scratch followed by sepsis, etc.).....	
9.	State whether injured person was disabled for more than three days from following his normal Occupation.....	for official use only
10.	Has the accident been entered in the general register?.....	<div style="border: 1px solid black; padding: 5px;"> Date of receipt..... Accident No. Causation No. Sex (M.W.B. or G)..... Other particulars (e.g. D.O. Exp..... Fatal..... </div>
11.	Name of a person reporting accident.....	
12.	Signature..... Rank.....	

INSTRUCTIONS FOR FILLING IN NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE OR INDUSTRIAL DISEASES

Notice on this form, should be sent to the director, at the address below in the following cases

1. Where an accident arising out of and in the course of employment of any worker
 - (a) causes loss of life to such worker, or
 - (b) disables such worker from earning full wages at the work at which he/she was normally employed for more than 3 days. (The criterion is not whether a worker was paid, but whether or not the injury prevented hi/her from working full time and normal efficiency, at his or usual job)
2. Where a dangerous occurrence, as defined in the first schedule of the occupational safety health and welfare act, occurs.
3. Where any accident causing dismemberment is notified, and after notification thereof results in the death of the person disabled, notice of the death should be sent by the employer to the director as soon as the fact of the death comes to the employers knowledge.

Every employer who fails to furnish this Notice is liable, on conviction to a fine not exceeding K10,000.00 (Section. 83),

In paragraph 5 (e) of this notice, occupation should be defined as precisely as possible, trying to avoid such general definitions as labourer.

In paragraph 7, give a full description of the circumstances of the accident or dangerous occurrence.

In paragraph 8, indicate precisely the nature of the injury and the part of the body affected, for example fracture of the left arm, lacerated wound of the left forearm, burns on the face and chest etc.

4. **This accident report form is quite distinct from any report which may have to be rendered under the Workers Compensation Act.**

**THE DIRECTOR OF THE OCCUPATIONAL SAFETY AND HEALTH
MINISTRY OF LABOUR
PRIVATE BAG 344
LILONGWE 3.**

**Tel. No. : 01 773277
Fax : 01773805**