## Form 6: Notice of Dangerous Occurrence which does not Result in Death or Bodily Injury

Note : To be completed in legible handwriting or preferably typewritten.

1. Name of the Enterprise/Workplace: ……………………………….
2. Address: ………………………………………………………………..
3. Name of the Employer: ………………………………………………….
4. Name of the Manager: …………………………………………………...
5. Nature of Industry/Enterprise: ………………………………………….
6. Branch or Department and exact place where the dangerous occurrence took place: ………………………..……………………………………………..
7. Date and Hour of occurrence: ………………………………………….
8. Nature of dangerous occurrence: ………………………………………. (State exactly what happened. Use additional sheets)

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

Signature of the Employer/Manager

Date of dispatch of Report

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This space to be completed by Labour Inspector)

Date of receipt: ………………………..

Date of Investigation: ……………………………..

Result of Investigation: ……………………………………………………………….