**FORM EE**

 See Rule 11

**Report of Fatal Accidents**

To

…………………………………………

Sir,

1. I have the honour to submit the following report of an accident which occurred on…………………. (dated), at………………………. (here enter details of premises) ………….......................................................................................................................

…………………………………………………………………………………………… and which resulted in the death of the workman/workmen of whose particulars are given in the statement annexed.

1. The circumstances attending the death of the workman/workmen were as under:
	1. Time of the accident.
	2. Place where the accident occurred.
	3. Manner in which deceased was/were employed at the time.
	4. Cause of the accident.
	5. Any other relevant particulars.

I have etc.

Signature and designation of person making the report

**STATEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Sex | Age | Nature of employment | Full postal address |
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