



INTEGRATED MANAGEMENT SYSTEM

Document No.:
BPDB-IMS-FR-035

Revision No.: 00

FINAL REPORT OF ACCIDENT

Effective Date: 01-11-2021

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Final Report of Accident

Mutilation:

Elbow of right hand or above elbow	Elbow of left hand or above elbow
Below right hand elbow	Below left hand elbow
Leg- on the knee or above knee	Leg-below knee
Permanent total hearing	One eye
thumb	All toes of a leg
A bone of thumb	Index finger
Big toe	Any finger except index finger

9. Class of accident (mark the appropriate option):

- a) Fall of a person:
- b) Fall of an object:
- c) An object hit by other except for the fallen object:
- d) Electricity
- e) Poison, fatal object or radiation:
- f) Explosive:
- g) Fire:
- h) Incoming of forceful current of water
- i) Asphyxia due to gas
- j) Other reason (specify, for example: excessive use of force/excessive movement etc.)

Final report of accident and professional injury

(Sent after two months of the accident or joining work after temporal physical inability)

1. a) Name of address of Factory/institute:.....
- b) Registration no. of Factory/institute:
- c) Telephone, mobile, fax and email no:.....
2. a) Name and address of management authority (with phone number):.....
- b) Name and address of constructor (if applicable) (with phone number):.....
3. Type and nature of the manufactured product/service:.....
4. Date and time of the accident:
5. place/branch/ division (where the accident has taken place):.....
6. . Description of the victim of the accident:
- (a) name:.....
- (b) address..... present:..... Permanent:.....
- (c) age:.....(d) sex..... (e) card/token no:.....f)post:..... (g):.....salary:.....
7. Type of accident: (mark the suitable gap)
- a) Death:.....
- b) Permanent total physical inability:
- c) Permanent partial physical inability
- d) If the worker is absent from work for more than 20 days because of the injury:
- e) If the worker is absent from work for more than 16 hours and less than 20 days because of the injury (if you mark this ..., do not fill up point 6-10)...
8. If the injured person faces permanent physical inability (if applicable) mark the following injury list

Prepared By		Approved By	
Reviewed By			



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10. Responsible object for accident (mark the suitable option)

- a) Main operating machine:
- b) Moderator machine:
- c) Lifting machine
- d) Operative machine
- e) Other machine or supporting machine:
- f) Rail or trolley :
- g) Other transportation or goods transportation:
- h) Hand run machine:
- i) Others (please specify, e.g. water, transportation, pressure vessel, plant, oven, kilns etc)

11. The time of absence form work (working hour)

12. The name and address of the medical officer under whose treatment the injured person produced:

13. Date of sending report:

Sign of manager/representative

Date:.....

Prepared By		Approved By	
Reviewed By			