

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.

2. The circumstances attending the death of the workmen\workmen were as under:

- (a) Time of the accident
- (b) Place where the accident occurred
- (c) Manner in which deceased was/were employed at the time
- (d) Cause of the accident
- (e) 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