



REPUBLIC OF BOTSWANA

Department of Occupational Health and Safety
Ministry of Employment, Labour Productivity and Skills Development
The Factories Act, 1973, Section 57

NOTIFICATION OF ACCIDENT AND/OR A DANGEROUS OCCURRENCE IN A FACTORY

- 1. Name of Occupier (Legal Person).....
(To be completed for an accident or dangerous occurrence)
2. Address of premises where accident or dangerous occurrence occurred.....
3. Nature of industry.....
4. Injured or deceased person:
a) Name (in block letters).....
b) Age.....
c) Sex Male/ Female (Delete as necessary)
5. Accident
a) State date, time and exact place of accident in the workplace.....
b) Description of how accident occurred and extent of injuries sustained (including the part of the body affected)
(If machinery is involved give name of machine and part causing accident)
c) State occupation of injured at time of accident.....
d) State the level of experience of injured person the job he/she was doing at the time of injury
e) State usual or normal occupation of the injured person.....
6. Injury: - Was injury fatal? (If so write "fatal").....

a) If non-fatal has injured person been disabled for at least three days from working at the work at which he/she was employed at the time of the accident (State Yes or No)

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b) State the average hourly pay of the injured.....
NB: - An itemised estimate cost of the injury must be submitted upon the return of the injured person to (full) duty.

c) Name and address of Medical Practitioner or Hospital who attended injured person

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7. Dangerous Occurrence:

a) State date, time and place in factory where dangerous occurrence occurred

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b) Describe briefly how dangerous occurrence occurred.....

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c) Describe briefly damage resulting from dangerous occurrence and estimated financial loss

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d) Were any persons employed in the factory injured or killed by the dangerous occurrence

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e) If so, has notification been submitted on this form as required by section 57?

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f) Were any persons not employed in factory injured or killed by dangerous occurrence? If so give names and addresses, and the description of injuries

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Date:.....

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Signature of person making this report

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Designation of person making the report

For Official Use Only

1. Causation No.....

2. Date of receipt of notification.....

3. Action (if any) to be taken.....

Date:.....