MONTHLY ACCIDENT REPORT (BODILY INJURY) FORM

SECTION 1: COMPANY'S DATA

Name of Company			
Office Location			
Postal Address	**P. O. Box**	**Facsimile #**	
City/Town/Village		**Email Address**	
Region		**Website**	
Fixed Phone Line #		**Mobile Phone Line #**	
Mine Name			
Does Report pertain to an employee of your Company? ☐ **Yes** ☐ **No**		**Does Report pertain to an employee of your Contractor?** ☐ **Yes** ☐ **No**	
If Yes, please give details:		*If Yes, please give details:*	

Date of Injury	Name	Job Title	Job No.	Part of the body	Work Location	Nature of Injury	Accident Classification	Work Being Performed	Shift loss Ri/ Di	First Aid

I ……, solemnly and sincerely declare that the above information submitted is true and correct to the best of my knowledge.
(*Manager***)**

…… ……
Signature Date

NB: This Monthly Report must be submitted to the Chief Inspector of Mines not later than the 15th day of the month immediately following the period to which the returns relates.