

SCHEDULES

FIRST SCHEDULE
(Made under Regulation 145)

ACCIDENT REPORT

_____ Mine (**fatal/Non-fatal*)

Name of (**injured/deceased person*) _____

Mine No. _____

Nature of Employment _____

Place of accident _____

Date of accident _____

If not employed by min, state name of actual employer _____

Nature and extent of injury _____

Description of accident and cause _____

Recommendation to prevent occurrence of similar accident _____

Official in charge _____

Date report dispatched _____