## FORM No. 17B

Supplementary notice of accident

- 1. Name of the factory and location –
- 2. Name of the injured person –
- 3. Date of accident –
- 4. Reference of the first notice of accident

in Form no. 17A –

- 5. Date on which the worker returned to work -
- 6. Man days lost due to the accident -

Signature of Occupier or Manager