FORM 31
[see Rule 161 (2)]

REPORT OF DANGEROUS OCCURRENCE WHICH DOES NOT RESULT IN DEATH OR BODILY INJURY

1. Name and address of factory : 
2. Name of Occupier : 
3. Name of Manager : 
4. Nature of industry : 
5. Branch or department and exact place where the dangerous occurrence took place : 
6. Date and hour of dangerous occurrence : 
7. Nature of dangerous occurrence (State exactly what happened) : 

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature of manager : 
Name, designation and address of manager : 
Date of dispatch of report : 

(To be completed by the Inspector of Factories)

District : Date or receipt :
Name of the accident or dangerous occurrence : Causation :
Other particulars (e.g. fatal, leg injury, arm injury, etc) :
Date of investigation :
Result of investigation :