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 :