

FORM No. 27

[See paragraph 9(2) of Schedule II to rule 131]

Health Register

Sr No.	Department of works	Name of worker	Age at last birthday	Date of employment on present work	Date of leaving or transfer (with reasons for discharge or transfer)	Nature of job or occupation	Raw material or by-products handled	Date of weekly examination with result (fit/unfit)	Nature of symptoms	Signature of registered medical practitioner
1	2	3	4	5	6	7	8	9	10	11

30. [Accident and dangerous occurrences (see Explanatory note 'P'(1))]

(a) Total number :

Categories	Accident involving							
	Only non-fatal injuries See Explanatory note 'P' (2)			Fatal injuries as well as non-fatal injuries See Explanatory note 'P' (2)				
	Number of			Number of				
	Accidents/ occurrences	Persons injured		Accidents/ occurrences	Persons injured		Persons killed	
		Inside the factory	Outside the factory		Inside the factory	Outside the factory	Inside the factory	Outside the factory
1	2	3	4	5	6	7	8	9
1. Accidents including dangerous occurrences and major accidents involving injuries/deaths								
2. Dangerous occurrences not involving injuries/death								
3. Dangerous occurrence involving injuries/deaths								
*4. Major accidents involving injuries/deaths								
*5. Major accidents not involving injury/death								

* See Explanatory note 'P' (3)

