## Form No. 29 (Prescribed under Rule 109)

## Register of Accidents and Dangerous Occurrences

Name of	Date of	Date of	Nature of	Date of	No. of
injured	accident or	Report (in	accident or	return of	days
person (if	dangerous	Form No.	dangerous	injured	injured
any)	occurrence	20 to	occurrence	person to	person was
		Inspector)		work	absent
					from work
1	2	3	4	5	6