

Department of Labour and Employment

FORM 32

(Prescribed under sub rule (95) of rule 110)

Accidents - Annual Returns

Year ending 31st December 200

1. Registration number of the factory -
2. Name and address of the factory -
3. Name of fatal accidents during the year -
4. Number of non-fatal accidents (in which the person injured was prevented from returning to work for 48 hours or more) during the year -
5. (a) Out of (5) above, the number of persons injured who returned to work in the factory during the year and the number of man days lost to the factory due to their absence from work -
- (b) Out of (5) above the number of persons injured who are yet to return to work in the factory at the end of the year and the number of man days lost to the factory due to their absence from work during the years -
- (c) Number of persons injured in accident which occurred during the previous year(s) and from which they returned to work during the year under report and the number of man days lost to the factory due to their absence from work during the year -
6. Total number of man-days lost to the factory during the year (a + b + c +) of col. (2) -

Certified that the information furnished above is to the best of my knowledge and belief, correct.

Date:

Signature of Manager