

**FORM - 32**

Prescribed under Rule 130

**REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES**

Name of Injured person	Date of Accident or dangerous occurrence	Date of report (in Form 25)	Nature of accident or dangerous occurrence	Date of return of injured Person	Number of days the injured Person was
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(if any)		to Inspector		to work	absent from work
1	2	3	4	5	6

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