**FORM NO. 29**

(Prescribed under Rule 111)

## Register of accidents, major accidents and dangerous occurrences

| Serial number | Date & time of notice | Name and serial number of the person involved in the register of adult/child register | ESIC Insurance number | Date | Injury/dangerous occurrence | | | | | Name of the person giving the notice | Name, address and occupation of two witnesses | Date of return of injured Person to work | Number of days the injured person was absent from the work including holidays and off days | Signature and designation of the person who makes the entry with date. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Time | Place | Cause of accident/major Accident/dangerous occurrence | Nature of injury/dangerous occurrence | What exactly was the injured person, if any doing at that notice | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | | | | | | | | | | | | | | |