## Form 7: Register of Accidents and Dangerous Occurrences

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| **Name of injured**  **person**  **(if any)** | **Date of accident or dangerous occurrence** | **Date of report (in Form 6 and 8) to Labour Inspector** | **Nature of accident or dangerous occurrence** | **Date of return of injured person to work** | **No. of days**  **Injured person was absent from work** |
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