## APPENDIX - B

## ACCIDENT REGISTER AS PER E.S.I. AND B.I. RULES 1950.

## FORM NO. 29.

- 1) Serial No.
- 2) Time of Injury
  - 3) Date
  - 4) Name of injured person
  - 5) Sex
  - 6) Age
- 7) Insurance No.
- 8) Shift and department
- 9) Cause
- 10) Nature of injury
- 11) What was worker doing
- 12) Time of notice
- 13) Date of notice
- 14) Name, address, Designation & Signature of the person giving notice
- 15) Signature & Designation of the person making entry

- 16) Name and Address of witness
- Date of the report in form No. 24.
- 18) Resumption duty date of injured person
- 19) No. of days the injured person was absent from duty.
- 20) Remarks