

# Labour and Employment

## FORM 25

(Prescribed under Rule 117)

### Register of Accident and Dangerous Occurrences

Name of Injured Person (if any)	Date of Accident or dangerous occurrence	Date of Report (in Form 17) to Inspector	Nature of accident or dangerous occurrence	Date of return of Injured person to work	Number of days injured person was absent from work
1	2	3	4	5	6