FORM 31 [see Rule 161 (2)]

$\frac{\textbf{REPORT OF DANGEROUS OCCURRENCE WHICH DOES NOT RESULT IN DEATH OR}{\underline{\textbf{BODILY INJURY}}}$

1.	Name and address of factory	:	
2.	Name of Occupier	:	
3.	Name of Manager	:	
4.	Nature of industry	:	
5.	Branch or department and exact place when the dangerous occurrence took place	re :	
6.	Date and hour of dangerous occurrence	:	
7.	Nature of dangerous occurrence (State exactly what happened)	:	
I certify that to the best of my knowledge and belief the above particulars are correct in every respect.			
Na	gnature of manager me, designation and address of manager te of dispatch of report	: : :	
	(To be completed by the I	nspector of I	Factories)
Di			
	strict	:	Date or receipt :
	me of the accident dangerous occurrence :	:	Date or receipt : Causation :
or Ot	me of the accident	:	•

Result of investigation