



*Ministry of Commerce Industry and Labour*

**Labour and Employment Regulations 1973**

**FORM 9**

**Register of Work Accidents**

No:.....

**PARTICULARS OF THE VICTIM**

- 1. Name:.....
- 2. Sex:.....
- 3. Address:.....
- 4. Date of Birth:.....
- Occupation:.....

**PARTICULARS OF THE EMPLOYER**

- 5. Name:.....
- 6. Address:.....
- 7. Type of Industry:.....

**PARTICULARS OF ACCIDENT**

- 8. Date:.....
- 9. Approximate Time:.....
- 10. Location:.....

11. Nature:
- |                          |   |  |                          |
|--------------------------|---|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>                            | <input type="checkbox"/>                             | <input type="checkbox"/> |
| <i>Fatal</i>             | <i>Serious Bodily Injury</i><br>(S.35 L&E Act 1972) | <i>Serious Injury Illness</i><br>(S.21 OSH Act 2002) | <i>Other</i>             |

(Tick where appropriate)

12. Nature of the Injury:.....  
.....  
.....

13. Was Victim taken to hospital:..... 14. How and by Whom:.....

15. Names of Witnesses (if any):.....

16. Date and time accident was reported:.....

17. How accident was reported and by whom:.....

18. Expected number of days of medical leave (as in Med. Certificate):.....

19. Investigating Officer:.....

20. Name of Labour Inspector filling the entries:.....

21. Date Investigation Report was submitted for approval and closure:.....

22. Date Investigation Report approved and closed:.....

23. Any other comments:.....

24. Signature:..... Date:.....