

The Tamil Nadu Factories Rules

FORM 26

(Prescribed under Rule 104)

Register of Accidents

Name and address of the factory _____

Calendar year _____ Registration number of the factory _____

Running Sl. No. of the accident for the calendar year	Date and hour of accident	Name and designation of person injured	Exact place in the factory (Branch, Department, Machine, etc) where the accident occurred	A full clear description of how the accident occurred	Nature, extent, location, etc, of injury received	Date of despatch of report on Form 18	Date of return to work of persons injured.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Date of despatch of report to the Inspector of the date of return to work of the person injured.	Date/s of despatch of subsequent report/s in Form 18B	Number of days the person injured was away from work	Number of man-days lost	Details of disablement and loss of earning capacity, if any	Remarks and initials of Manager
(9)	(10)	(11)	(12)	(13)	(14)
