

Form-15
Half yearly/Annual Return
(See rule 94)

1.	Name of the Factory	:	
2.	Average number of workers employed daily	:	Male
		:	Female
3.	Normal hours per week	:	
4.	Number of days worked in a year	:	
5.	Does the factory come under section 87. (Dangerous Operations)	:	Yes/No
6.	Average daily number of workers employed in dangerous operations	:	
7.	Number of Accidents reported involving	:	
.1.	Fatalities	:	
.2.	Serious occurrences (without injury to persons)	:	
.3.	Minor loss of time (Accident causing disability of more than 48 hours)	:	
.4.	Permanent partial disability	:	
.5.	Permanent total disability	:	
8.	Causative factors of accidents	:	
.1	Machinery	:	
.2	Handling of materials	:	
.3	Chemicals	:	
.4	Hand tools	:	
.5	Fall of persons	:	
.6	Fall of objects	:	
.7	Striking against/struck	:	
.8	Explosion or Fire	:	
.9	Misc. Agencies	:	

Manager

Signature:

Date:

Name: