



# INTEGRATED MANAGEMENT SYSTEM

Document No.:  
BPDB-IMS-FR-037

Revision No.: 00

## MONTHLY REPORT REGISTER OF INCIDENT/ACCIDENTS

Effective Date: 01-11-2021

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### Monthly Report Register of Incident/Accidents

Bangladesh Gazette, Addendum, September 15, 2015

7548

Form-28

[See section 80 and clause-73(1)]

Register of accident and dangerous incident and report of monthly accident

Name of address of Factory/institute:.....

Registration no. of Factory/institute:

Type and nature of the manufactured product/service

No.	Name of the injured/dead person, card no, post	Date and time of the accident or dangerous incident	Date of submitting report to the inspector (if the injured worker is unable to join work for more than two working days	Type of the accident or dangerous incident (slight, grave/fatal), description of injury (place of injury/type) and brief description of incident	Date of returning to workplace	Time injured worker absent from work	Name of the clinic/physician/hospital injured worker received treatment from	Earning capacity percentage of loss/information related to compensation (if worker deserves)	comment
1	2	3	4	5	6	7	8	9	10

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