FORM NO. 18

(See Rule 97) Notice of poisoning or disease

- 1. Name of the Factory -
- 2. Address and location of factory -
- 3. Name of work affected by poisoning or disease -
- 4. Sex Age -
- 5. Serial number of the worker in the register of adult/child workers -
- 6. Permanent or home address of the worker -
- 7. Department and process or operation on which the worker was normally employed -
- Department, process or operation on which the worker was employed at the time when the poisoning or disease was detected or reported –
- 9. Nature of poisoning/disease -
- 10. Date on which the poisoning/disease was detected/reported -
- 11. Was the poisoning/disease detected or reported by the Certifying Surgeon -

Date

Copy to -

the Chief Inspector of Factories,

the Inspector of Factories,

the Medical Inspector of Factories,

the Certifying Surgeon.