

Form No. 21

[Prescribed under rule 102]

To be filled in by the Chief Inspector.

No. of case.....

Remarks.....

Notice of Poisoning or Disease
(See instructions on reverse)

Factory Particulars	1. Name of Factory..... 2. Address of Factory..... 3. Address of office or private residence of occupier.-
Person Affected	4. Nature of industry..... 5. Name and Works Number of Patient..... 6. Address of Patient..... 7. Sex and age of Patient..... 8. Precise occupation of Patient..... 9. Nature of Poisoning or Diseases from which Patient is suffering.....
General Particulars	10. Has the case been reported to the Certifying Surgeon.....

Signature of Factory Manager.....

Dated.....