

**FORM NO. 7**

**(Prescribed under Rule 17)**

**Record of Lime washing, painting, etc.**

Name and number of the room and its location in the factory	Part of the room treated	Treatment whether lime washed, colour washed, painted, varnished, or oiled	Date of treatment	Remarks
1.	2.	3.	4.	5.

Date :

Signature of manager :

Name (In block letters)

Address and Telephone

Number :