FORM NO. 31

(Prescribed under rule 112)

Inspector's or Certifying Surgeon's Remarks

Name Of Establishment :	**Name Of Officer :**
Address Of Establishment :	**Date Of Visit :**
LIN No. :	**Factory Licence :**

FORM NO. 31

(Prescribed under rule 112)

Inspector's or Certifying Surgeon's Remarks

Name Of Establishment :	**Name Of Officer :**
Address Of Establishment :	**Date Of Visit :**
LIN No. :	**Factory Licence :**

FORM NO. 31

(Prescribed under rule 112)

Inspector's or Certifying Surgeon's Remarks

Name Of Establishment : **Name Of Officer :**

Address Of Establishment : **Date Of Visit :**

LIN No. : **Factory Licence :**