

# 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 Tel. No. :

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