

**FORM – 18**  
**(Prescribed under rule 107)**

**(To be filled in by the Chief Inspector)**

Number of Case:  
Remarks:

**Notice of Poisoning or disease**

- Factory particulars \_\_\_\_\_
1. Name of Factory \_\_\_\_\_
2. Address of factory \_\_\_\_\_
3. Address of office or private residence  
of occupier \_\_\_\_\_
4. Nature of Industry \_\_\_\_\_  
Person affected: \_\_\_\_\_
5. Name and work number of patient \_\_\_\_\_
6. Address of patient \_\_\_\_\_
7. Sex and age of patient \_\_\_\_\_
8. Precise occupation of patient \_\_\_\_\_
9. Nature of poisoning or disease from,  
which patient is suffering \_\_\_\_\_
- General particulars \_\_\_\_\_
10. Has the case been reported to the  
Certifying surgeon? \_\_\_\_\_

**Date:**

**Signature of Factory Manager**