

7. Fan Motor:
  - (a) Type.....
  - (b) Speed and horse power .....
8. Particulars of defects, if any, disclosed during test in any of the above components.

I, certify that on this \_\_\_\_\_ day of \_\_\_\_\_ the above dust extraction system was thoroughly cleaned and (so far as its construction permits) make accessible for thorough examination. I further certify that on the said date, I thoroughly examined the above dust extraction system including its components and fittings and that the above is a true report of my examination.

Signature.....  
 Qualification.....  
 Address.....  
 Date.....

If employed by a Company or Association, the name and address of the company or association :

**FORM NO. 25**  
 [PRESCRIBED UNDER RULE 102]  
**Muster Roll**

Name of Factory..... Place..... District.....

SI. No.	Name of the worker	Father's name	Nature of work	For the period ending										Remarks
				1	2	3	4	5	6	7	8	9	10	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**FORM NO. 26**  
 [PRESCRIBED UNDER RULE 103]  
**Register of Accidents and Dangerous Occurrences**

Name of injured person (if any)	Date of accident or dangerous occurrence	Date of report (in Form No. 18) to Inspector	Nature of accident or dangerous occurrence	Date of return of injured person to work	Number of days the injured person was absents from work
1	2	3	4	5	6