

DEPARTMENT OF FACTORIES INSPECTORATE

Factories, Offices And Shops Act, 328 (1970)

Notice Of Occupation

(UNDER SECTIONS 2 AND 3 OF THE ACT MENTIONED ABOVE)

**PARTICULARS TO BE SUBMITTED
BY OCCUPIER OR INTENDING OCCUPIER OF FACTORY
FOR PURPOSE OF REGISTRATION AND
RENEWAL OF CERTIFICATE OF REGISTRATION**

(All Applications to be submitted to nearest Regional / District offices of the Department of Factory Inspectorate. All certificates of registration, issued under sections 2 and 3 expire on 31st December, of each year of renewal).

(Particulars to be submitted by occupier or intending occupier of Factory)

1. NAME OF OCCUPIER OR INTENDING OCCUPIER OF THE FACTORY.....
.....
2. POSTAL ADDRESS OF THE FACTORY.....
.....Tel. No.....
3. LOCATION OF THE FACTORY.....
(State exact location, district and region)
4. (a) STRUCTURE/TYPE OF FACTORY BUILDING.....
.....Roof made of.....
(b) Number of floors on which factory operations are intended to be carried out
.....
5. NATURE OF WORK OR MANUFACTURING PROCESS CARRIED ON OR INTENDED TO BE CARRIED ON IN THE
FACTORY.....
6. FULL DESCRIPTION OF MECHANICAL POWER USED OR INTENDED TO BE USED IN THE FACTORY.....
.....
7. (a) NUMBER OF PERSONS EMPLOYED OR INTENDED TO BE EMPLOYED IN THE FACTORY
Male Female
(b) Where persons are employed or intended to be employed in shifts, the maximum number employed or
intended to be employed at any time:
Male Female
8. (a) PARTICULARS OF STEAM BOILER(S) IN USE OR INTENDED TO BE USED IN THE FACTORY (IF APPLICABLE):-
(Where more than one steam boiler is used in the same factory, particulars of each boiler must be given)
 - (i) Type, description and distinctive number
 - (ii) Year and place of manufacture.....
 - (iii) Date of last thorough examination.....
 - (iv) Maximum permissible working pressure.....
- (b) PARTICULARS OF UNFIRED PRESSURE VESSEL(S) IN USE OR INTENDED TO BE USED IN THE FACTORY (IF
APPLICABLE):-
(Particulars of each unfired pressure vessel must be given where more than one is used in the same factory).
 - (i) Type, description and distinctive number
 - (ii) Year and place of manufacture.....
 - (iii) Date of last thorough examination.....
 - (iv) Maximum permissible working pressure.....

(c) PARTICULARS OF HOISTS, LIFTS, CRANES AND OTHER LIFTING MACHINES IN USE OR INTENDED TO BE USED IN THE FACTORY (IF APPLICABLE):-

- (i) Type of machine and identification number or description
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- (ii) Date of installation
- (iii) Date of last thorough examination
- (iv) Maximum safe working load
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9. CHEMICALS: NAME TYPES OF CHEMICALS USED IN MANUFACTURING PROCESS-

(a) CHEMICAL NAME	TRADE NAME
(i)	
(ii)	
(iii)	
(iv)	

(Use Blank sheet if necessary)

- (b) Any known Toxicity effect?
- (c) Any Environmental Impact of chemicals?

10. FIRE PRECAUTIONS

- (a) Means of escape in case of fire provided (e.g. number and type of door, stairs, etc.)
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.....
- (b) Fire-fighting equipment provided (e.g. Extinguishers, etc.)
.....
(state type and number)
- (c) Type of fire alarm provided.....
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11. WELFARE FACILITIES

- (i) Number of sanitary conveniences provided: Male..... Female.....
- (ii) State whether urinal accommodation has been provided in addition to the sanitary conveniences.
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- (iii) Facilities provided for employees' clothing not worn during working hours.....
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- (iv) Type and number of washing facilities provided in the factory for each sex (e.g. wash basins, showers, etc.).....
.....
- (v) Has a messroom or canteen been provided for the use of persons employed in the factory?
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12. FIRST AID

(i) Type of first-aid facilities provided in the factory (e.g. clinic, ambulance room, first aid boxes, etc.)

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(ii) Minimum contents of first aid box.....

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(iii) Name and address of nearest Medical Officer / Hospital / Clinic in the area.....

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13. Date of occupation or intended occupation of the factory.....

14. Particulars of all Directors/Partners

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(Name and address of each Director/Partner to be stated)

Date of Application

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Signature of Applicant

FULL NAMES OF APPLICANT (BLOCK CAPITALS)

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