

DEPARTMENT OF FACTORIES INSPECTORATE
FACTORIES, OFFICES AND SHOPS ACT , 328 (1970)

NOTICE OF OCCUPATION

(UNDER SECTION 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 Factories Inspectorate. All certificates of registration, issued under sections 2 and 3 expire on 31st December, of each year of renewal).

PARTICULARS OF OFFICES AND SHOPS

1. Occupier of premises:

(a) Name of the employer:

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(b) Trading/Business name:

.....

(c) Postal address and location of premises:

.....

(d) Telephone No:

2. Nature of business/trade:

.....

3. Number of persons employed or intended to be employed in the office or shop premises at the above address in the following types of workplaces (where applicable)

	MALE	FEMALE
(a) Office -----		
(b) Shop (retail) -----		
(c) Wholesale department or warehouse -----		
(d) Catering establishment open to public -----		
(e) Staff canteen -----		
(f) Fuel storage depot -----		
Total -----		

4. How many of the total are (or will be) employed on floors other than the ground floor?

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5. Of the total stated in response to question 3, are any (or will any be) housed in separate building? (Yes/No)

6. Is the employer the owner of the building(s) or part of the building(s) containing the premises?

7. If not, state the name and address of the owner(S) or person(s) to whom the rent is paid:
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8. Welfare Facilities:

No. of sanitary conveniences provided:

Male

Female

Details of amenities provided:

(a) Washing facilities: (Yes/No)

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(b) Supply of drinking water: (Yes/No)

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(c) Accommodation for clothing: (Yes/No)

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(d) Canteen/Messroom: (Yes/No)

(e) First Aid Box/Ambulance Room: (Yes/No)

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9. Fire precaution:

Means of escape in case of fire provided (e.g., Number and type of doors, etc.):

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Firefighting equipment (e.g. Type of fire extinguishers) provided:

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Whether Fire Alarm has been installed: (Yes/No)

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Date:

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*Signature of employer or person
authorized to sign on his behalf*