

¹[FORM NO. 23A*(See Rule 103)***Quarterly Return**

Period beginning first of January/April/July/October, 19

1. Name of Factory :
2. Postal Address :
3. Nature of Industry :
4. Name of Occupier :
5. Name of Manager :
6. Particulars of toxic/hazardous chemicals store, used and handled and chemicals produced and stores.

Name of chemicals

Quantity

(i)

(ii)

(iii)

(iv)

(v)

etc.

7. New chemical added to the list shown against item 6 above, during the quarter

Name of chemicals

Quantity

(i)

(ii)

(iii)

etc.

8. Short details of preventive measures provided and maintained in the plant/workplace for safety of workers and for preventing pollution of environment

Date 19

Signature of Manager