

**FORM- XIII.**

[See rule (230) (2)]

**Notice of Poisoning or Occupational Notifiable diseases.**

1. Name and address of the Employer.....
2. Name of the building workers and his work no. if any .....
3. Address of the building worker.....
4. Sex and age.....
5. Occupation.....
6. State exactly what the patient was doing at the time of contacting the Disease  
.....
7. Nature of poisoning or disease from which the building worker is suffering from  
.....

Date

**Signature of the Employer/CMD**

*Note:* When a building worker contacts any disease specified in schedule 6 a notice in this form shall be send forthwith to the Chief Inspector.