

FORM -7
(Prescribed under Rule 18)
Record of lime washing, painting, etc

Part of Factory e.g. name of room	Part lime washed, painted, varnished or oiled, e.g., walls ceilings, wood work etc.	Treatment, whether Lime washed, painted, varnished or oiled	Date on which lime washing, painting, varnishing or oiling was carried out (according to the English calendar)			Remark
			Date	Month	Year	
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Signature of Manager

FORM – 7A
(Prescribed under Rule 58)
Report of examination of hoists and lifts

Occupier of premises
Address

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1. (a) Type of Hoist or lift and identification No. Or description -
(b) Date of construction or reconstruction (if ascertainable) -
2. Are all parts of the hoist or lift of good construction, sound material and adequate strength (so far as ascertainable)? -
3. Are the following parts of the hoist or lift properly maintained and in good working order? If not, state what defects have been found -
- (a) Enclosure of hoist way or lift way -
 - (b) Landing gates and cage gate(s) -
 - (c) Interlocks and the landing gates and cage gate (s) -
 - (d) Other gate fastenings -
 - (e) Cage and platform and fittings, guides buffers, interiors of the hoist way or lift was -
 - (f) Overrunning devices -
 - (g) Suspension ropes or chain and their attachments -
 - (h) Safety gear i.e. arrangements for preventing fall of platform or cage brakes -
 - (i) Brakes -
 - (j) Worm or Spur Gearing -
 - (k) Other electrical equipment -
 - (l) Other parts -
4. What parts (if any) were inaccessible -
5. Repairs, renewals or alterations (if any) -
required and the period within which they should be executed
6. Maximum safe working load subject to repairs, renewals or alterations (if any) specified in items 5 -
7. Other particulars

I/We certify that on (date)_____I/We thoroughly examined this hoist or lift and that the above is a correct report of the result.

Date:

Signature of the competent

Person

Address:

