




**SECTION C : NAME OF PERSON WHO PREPARED OR REVIEWED**

<p>PREPARED BY :</p> <p>Name :</p> <p>Title :</p> <p>Date :</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature)</p>	<p>REVIEWED BY :</p> <p>Name :</p> <p>Title :</p> <p>Date :</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature)</p>
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**RESEARCH LABORATORIES**  
**SCHOOL OF DENTAL SCIENCES**

**REGISTER OF CHEMICALS HAZARDOUS TO HEALTH**

Page :  
Revision :  
Date :

**Section A: COMPANY INFORMATION**

<p>Name : <input style="width: 100%; height: 20px;" type="text"/></p> <p>Address : <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/></p> <p>City : <input style="width: 80%; height: 20px;" type="text"/> Postcode : <input style="width: 20%; height: 20px;" type="text"/></p> <p>State : <input style="width: 100%; height: 20px;" type="text"/></p> <p>Telephone no : <input style="width: 80%; height: 20px;" type="text"/></p> <p>Email : <input style="width: 100%; height: 20px;" type="text"/></p>	<p>DOSH Registration No : <input style="width: 100%; height: 20px;" type="text"/> (Refer to Appendix 4 for Code of Sector &amp; Appendix 5 for Class of Industry)</p> <p>Code of Sector : <input style="width: 30%; height: 20px;" type="text"/></p> <p>Class of Industry : <input style="width: 40%; height: 20px;" type="text"/></p> <p>Company Activity (Please enter (/) in the appropriate box :</p> <p>Manufacturer : <input style="width: 30px; height: 20px;" type="text"/></p> <p>Distributor : <input style="width: 30px; height: 20px;" type="text"/></p> <p>Formulator : <input style="width: 30px; height: 20px;" type="text"/></p> <p>Importer : <input style="width: 30px; height: 20px;" type="text"/></p> <p>End-user : <input style="width: 30px; height: 20px;" type="text"/></p>
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