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| **Sl.**  **No.** | **Area / Unit** | **Exact location where measurement observed** | **Date** | **Time** | **Illumination reading** | **Signature** | **Remarks** |
| 1 |  |  |  |  |  |  |  |
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Checked By ………………………………………………………………… Date……………………………………

Signature:

HSE Officer Superintendent /Foreman