

ANNEXURE-A

INFORMATION REQUIRED FOR INSPECTION UNDER FACTORIES ACT, 1948.

(to be handed over by the Occupier/Manager to the inspector once he reaches the factory for inspection)

- 1 Name of the factory :-
- 2 Name of present address of the Occupier, :-
- 3 Name of the Factory Manager :-
- 4 Details of finished product :-
- 5 Details of raw materials & maximum storage amount of hazardous chemical :-
- 6 Whether hazardous factory under section 2(cb) of Factories Act. :-
- 7 Whether involves dangerous operation under section 87 of Factories Act. :-
- 8 Licence No. the Licenced figure of manpower & installed power. :-
- 9 Total no. of workers including regular, contractor & casual workers. :-
 - a) Total no. of male. :-
 - b) Total no. of female :-
 - c) No. of workers working shift wise in the previous day of filling this report :-

	<u>A</u>	<u>B</u>	<u>C</u>	<u>G</u>	<u>Total</u>
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- i Regular
- ii Contractor
- iii Casual
- 10 Actual installed Power :-
- 11 Whether plans of all buildings/ structures have been approved. If not state the portions which have not been approved. :-
- 12 State total no. of latrines & urinals along with their location and if all are functional or otherwise. :-
- 13 State total no. of washing place along with their location. :-
- 14 States total nos. of first aid fire extinguishers their location & type :-
- 15 States total nos. of fire hydrant landing valves & their location. :-
- 16 States total nos. of first aid boxes, their location & total no. of trained first-aider. :-
- 17 States total no. of safety officer their names & designation & modality of their functioning. :-
- 18 State total no. of welfare officers their names & designation. :-

- 19 State if ambulance room is provided or not & if all the appliances are kept as per rule or not. :-
- 20 State if ambulance van is provided or not. :-
- 21 State if rest room is provided or not. :-
- 22 State if canteen is provided or not, The no. of sitting arrangement, the present status of managing committee, be specified. :-
- 23 State whether notice of period of work is exhibited or not & if yes its location :-
- 24 State the number of personal protective equipments like shoes, helmet, aprons, face shields (item wise) issued to workers. :-
- 25 State whether health check up for workers has been launched or not, Give no. of workers so far medically examined year-wise. :-
- 26 State whether safety permit system is adopted or not. :-
- 27 State the total no. of safety committee meeting convened during last calendar year :-
- 28 Whether up-to-date on-site emergency plan is approved/accepted by the competent authority or not if yes mention the no. of mock drills conducted so far if not its status. :-
- 29 State if safety audit is undertaken by the safety officers it yes, what is the modality. :-
- 30 State if adult worker register is maintained or not. :-
- 31 State if leave with wages registers is maintained or not. :-
- 32 State if leave books are issued to each regular, contractor & casual workers or not. :-
- 33 State if over time register is maintained or not. :-
- 34 State if overtime wages are paid as per Factories Act or not. :-
- 35 State if over time slips are issued to all the regular, casual & contractor workers or not. :-
- 36 State if accident register is maintained or not. :-
- 37 State if all the reportable accidents are investigated by the safety officer and :-

- report obtained from him of not,
- 38 State if compensatory holiday register :-
is maintained or not.
 - 39 State if periodical fire drills are :-
conducted and recorded or not.
 - 40 State if cautionary notice where over :-
required are displayed or not.
 - 41 State if written statement of general :-
policy with respect to health & safety
of workers is prepared and carried out
by the Occupier.
 - 42 State if N.O.C/consent from the State :-
Pollution Control Board is obtained or
not.
 - 43 State the status of detection of :-
Occupational disease and study on
ergonomics.
 - 44 State the no. of safety Training :-
programme conducted by in house
effort during the last calendar year.

Signature with Seal of Occupier/Manager