

**CHECKLIST FOR INSPECTION OF MAH FACTORY & FACTORIES WITH
HAZARDOUS MANUFACTURING PROCESS UNDER SECTION 2(cb) OF FACTORIES
ACT,1948**

Status Reported of M/s.....

Under provision of Factories Act.

- 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 :-

A B C G Total

- 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 or 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.

