

# Kalinga Safety Excellence Award 2018

**(1<sup>st</sup> Jan 2018 to 31<sup>st</sup> Dec 2018)**

## 1. General Information

Name of the Company	
Address	
Contact No (Tel & Fax)	
Name & Designation of	1. Occupier : 2. Factory Manager : 3. Unit Head :
Phone Number (Mobile / Landline)	
Email	
Website	
Whether your establishment (applicant unit) possesses separate entity/responsibility without having any administrative control of the registered factory (primary unit) as stated above for SHE management	Yes/No If Yes:- i) Reason for making separate application ii) Attach documents issued by the primary registered factory vesting responsibility on applicant unit for SHE management iii) Name and Designation of Head of applicant Unit along with Email address, Mobile no.
Manufacturing / Services Key Process	
Maximum Employment Including contract workers in a day [G+A+B+C shift]	Regular : Contract :
Total Man hour Worked (1 <sup>st</sup> Jan to 31 <sup>st</sup> Dec, 2018)	

## 2. Business Details

What kind of business is carried out?	
Organizational Chart (Is it available?)	Yes/No (If yes, attach a copy)

Do you have Job Descriptions? If so, do they include responsibilities?	Yes/ No (If yes, attach a sample copy)
Do you have a company logo that is used in your SHE Manual?	Yes/No
Is your company a group, or part of a group? If yes, please elaborate	Attach corporate profile.

### 3. SHE Details

What are the major risks to your Employees / Workers during manufacturing / business activities? (e.g. Manual Handling, Handling Hazardous Chemicals, Hot Metal, Fire, Explosion, Toxic Gas release, Petroleum Substance etc.)	
Do your SHE Management is headed by a senior Officer?  How many Safety Officers (SOs) are statutorily required and how many are actually appointed?	Yes/No (If yes mention Name & Designation)  Number of SO (s) legally required: ..... Number of SO (s) actually in position .....
Do you have any documented SHE policy? Is it in line with Rule 12AA of the state factory rule?	Yes/No (If yes, please attach copies)
Do you have copies of the relevant Legislation and Standards relating to SHE? If yes, what legislation and standards do you have?	Yes / No
Is a Safety Committee in Place?  Please describe. (with regard to participating members)	Yes / No (If yes, Please attach Names/Designation of members of Safety Committee and copies of minutes of discussion during the year 2018)
Are safety issues discussed in the meeting?	Yes/No
Are Health Monitoring of Employees (e.g. Eye Sight, Hearing, Lung Function Tests; Pre-Employment Medicals and periodic Health Checkup etc.) Carried Out? Records of health check up maintained and are---	Yes/No  Available / Not Available
Are records of minutes/details of discussions/meetings stored in an appropriate file?	Yes/No (if yes, attach a Copy of Previous Meeting Minutes as a Sample)
Do you provide SHE information to staff and keep a record?	Yes/No (If yes attach a training calendar)
How many staffs are trained in First Aid?	Trained / None If yes, Number trained –

#### 4. Best Safety Practices

Do you have an OH&S Provider/Independent Auditor or have you ever used an OH&S Consultant in the Past? External Safety Audit Carried out? When and by whom?	Yes/No (if yes please specify)
Which of the following Work Instructions/SOP/SMP might be required in your Workplace?	
Manual Handling (including if Staff do any Heavy Lifting)	
Hazardous Substances Storage & Handling (Include item if you have any Hazardous Chemicals stored.)	
Ergonomics Adoption in Work Place	
Safe Operation of Forklifts/Hydras and Heavy Earth Material Moving vehicles.	
Food Safety of the Canteen's	
SOP & SMP Made Available of all dangerous operations	Yes / No
Job Safety Analysis for Hazardous Process Available	Yes / No
Any Award and Recognitions like British Safety Award / NSC / DGFASLI / State Safety Award or Any Other have been conferred please specify.	Yes / No

#### 5. Contractors

Do all contractors sign a written contract before beginning work?	Yes/No (If yes, please attach a copy)
Do contractors submit required records (e.g.-Workers Compensation, Adult Register as per the Factories Act) etc as well as detailed work methods to be carried out?	Records Maintained / Not Maintained
Do all the Contract workers use PPEs (As required for Nature of Work) & have Photo ID Card, and their Health Check Carried? Who provide PPE's and what is the method of check?	Yes/No

#### 6. Hazardous Chemicals

Display of Hazardous Chemicals Involving at gate provided. Whether stored / Handled / used Hazardous Chemicals are listed with quantities and the list is attached?	Yes/No
Is a Hazardous Substances Register in Place?	Yes/No
Are Material Safety Data Sheets for each Hazardous Chemical handled/stored/used available?	Yes/No

#### 7. Maintenance and Servicing

How often Fire Fighting Equipments (FFE's) are serviced, and by whom? And, whether their records maintained properly?	Yes/No
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Is electrical equipments tested and tagged? How often? By whom?	Yes/No
Do you have Regular Servicing Contracts (AMC) for your air conditioning, refrigeration and other systems?	Yes/No
Is ETP in place and inlets outlets water tested	Yes/No /not applicable Please attach report

### 8. Injury and Incidents

No. of fatal accidents (2018) – 1 <sup>st</sup> Jan,2018 to 31 <sup>st</sup> Dec 2018 No. of reportable accident (2018) - No, of Dangerous occurrence such as fire, toxic release etc.	
How many First Aid boxes are available on site?	Have / Do not have, If available provide number –
Do all Staff know where to find First Aid kits?	Yes/No
Is an injury/incident register maintained?	Yes/No
Do you have a Return to Work Coordinator to manage workplace injuries?	Yes/No
Has your business had an insurance claim (of any kind) in the last three years?	Yes/No

### 9. Risk Assessment

Have you conducted OH&S Risk Assessments for your organization?	Yes/No
If so, who is responsible for conducting them, and do you have procedures in place for a control measure to be implemented.	Name/Designation:  Yes/No

### 10. Emergency

Is your factory a MAH unit? What kind of emergency such as fire, explosion, toxic release is likely in your factory	Yes/No Fire / Explosion / Toxic Release / Any other
Do you have an evacuation plan which indicates escape route and location of fire and first aid equipment?	Yes/No
Have you considered all possible types of emergency that might apply to your factory, and have written plan for it?	Yes/No
Do you carry out a regular mock drill?  If yes how often?	Yes/No  No of drill conducted in 2018:
Is approved 'on site emergency plan' available?	Yes/ No/ Not applicable

### 11. Training

Are staffs sent regularly on OH&S related training courses?	Yes/No
Do you keep OHS training records of all staff? (Manual Handling, OH&S Consultation etc.) If so, where do you keep records?	Yes/No

12. Please attach company Profile activities highlighting the achievements in the field of SHE for the year 2018 in not more 1500 words (Please attach documents, photographs in support).

**Declaration:**

I hereby declare that the above mentioned information is up-to-date and correct to best of my knowledge.



**Name** .....

**& Designation** .....

**(of Person furnishing  
information for the Company)**