 भारतीय मानक ब्यूरो BUREAU OF INDIAN STANDARDS MANAGEMENT SYSTEMS CERTIFICATION			FORMS	
TITLE: Questionnaire for obtaining Preliminary Information from the Applicant for Obtaining Licence for Certification of Occupational Health and Safety Management Systems (OHSMS) as per IS 18001 / IS/ISO 45001				
DOC : MSC-F11-08		ISSUE: 04		DATE :FEB 2019
Prepared by Head (MSCD)			Approved by DDG (MSCD)	

FORM - X

1. DETAILS OF THE COMPANY

1.1 Name of the Organization

1.2 Address of the Factory/Unit _____

Telephone _____ Fax _____ Email _____

Contact Person _____

1.3 Address of the Registered Office _____

Telephone _____ Fax _____ Email _____

1.4 Status of the Unit

Large/Small Scale Industry/ Ancillary/Tiny units/Small Scale Service and Business (Industry Related) Enterprises/ small enterprise (see Note)

Note: Please enclose Registration letter from the concerned authority and also see BIS 'Guidelines for Applicants'.

1.5 Indicate whether the unit is a part of some larger organization, if so give the name and address of the holding organization

Name: _____

Address: _____

1.6 Whether the unit is registered under Factories Act.

1.7 Legal occupancy of the Unit: OWNER/TENANT/LESSEE

1.8 Year of commissioning of unit at the present site

1.9 **Number of Shifts (with timings of each shift) :**

2.0 **Number of Personnel**

2.1 Number of part-time personnel covered in the scope of certification converted to full time personnel (based on 8 hours/day working) : _____


2.2 Number of personnel partially involved in the scope of certification converted to full time personnel (based on 8 hours/day working) : _____

2.3 Number of personnel in simple functions (Finance, Admin, Security, Transport, Drivers, Canteen, Gardening, etc) : _____.

2.4 Total number of personnel in general shift/shift-1 : _____

2.5 Total number of personnel in other shifts : _____

2.6 Number of personnel in other shifts for mutually exclusive operations/functions other than that in general shift/Shift 1 : _____

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3. INFORMATION PERTAINING TO OCCUPATIONAL HEALTH & SAFETY MANAGEMENT

3.1 Land Use (Site)

- Total area of the plot
- Total area of the Building
- Total area of Unit/Factory
- Number of floors
- Height of the Building
- Height of working hall
- Area of contaminated land

3.2 Raw Material/Natural Resources

- Name of raw materials
- Whether imported/indigenous
- Annual consumption value
- Use of natural resources, if any

3.3 Energy Management


- Source of Energy - Coal/LPG/Oil/Electricity/Non-Conventional Energy/Diesel
Generating Set
- Energy Load (kW)
- Clearance Certificate from local Authority

3.4 Safety Management

- Imparting training to all employees in identification of hazards in their work and how to minimize the same
- Provision of Personal Protective Equipment (PPE) to all employees exposed to noise, dust, fumes and gases (Give details)

3.5 Occupational Health Aspects

- Identification of short and long term effects due to occupational hazards
- Job rotation of personnel to minimize the effect of prolonged effects of occupational hazards
- Monitoring of health aspects on a routine basis
- Provision of medical treatment as and when required
- Grant of medical leave arising out of any occupational health related matter
- Grant of compensations

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3.6 OHS Policy

- a) Do you have a OHS Policy? If yes, attach one copy

3.7 Hazard Identification and Control

- a) Are all the hazardous areas identified? If yes, attach the list of such areas.
- b) What are the types of hazards (Physical - Noise, heat, etc. and Chemical - Fire, explosion, toxic release etc.)
- c) Are safety audit or any other similar studies carried out? If yes, attach a copy of audit/study.

3.8 Hazardous Material Management

- a) Type of hazardous chemicals/ materials used/generated
- b) Quantity
- c) Mode of handling/disposal
- d) Method of management/transportation of hazardous stores
- e) Method specifically introduced in the use of hazardous stores

3.9 General Working Condition


- a) Do you have system to deal with spillages? Yes/No
- b) Do you have adequate localized extraction and scrubbing facilities for dust, fume and gases? If yes, enclose, details.
- c) Do you have adequate ventilation/heating/cooling? Yes/No
- d) Are periodic/preventive maintenance of ventilation system carried out? Yes/No
- e) Do you assess and monitor work environment? If yes, enclose details. Yes/No
- f) Any other Occupational Health and Safety hazards and system to deal with it Yes/No

3.10 Transportation

Have you attempted to identify hazards associated with on site contract services including transportation within the plant and safety measure taken? Give details.

3.11 Legislative and Regulatory Requirements

- a) List the applicable legal requirement/standards/codes of practice
- b) Indicate the licences/permits/permission/clearances obtained on the above legislation from the concerned authorities
- c) Number of prosecutions, if any

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3.12 On-Site Emergency Preparedness/Response Plans

- a) Description of accidents/critical incidents/near misses
- b) Indicate the plans you have for dealing with contingencies/accidents/critical incidents

4. OTHER INFORMATION

4.1 Description of category of activities or processes for which licence is sought

4.2 Details of any Occupational Health & Safety Management System. How long it has been operational.

4.3 a) Have the services of any consultancy firm used to draw up manual and procedures.

b) Name of the firm: (Optional)

4.4 Please enclose a copy of latest Safety audit report submitted by you to State/Central Government

4.5 Please enclose a copy of your manufacturing details/process flow chart

Signature : _____

Name : _____

Designation: _____

For and on behalf of _____

Date:

(Seal of the Organization)

All the three copies of this form are to be signed in original by the authorized person.