

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 PAGE : 1 OF 4

Prepared by Head (MSCD) Approved by DDG (MSCD)

FORM - X

1.	DETAILS OF THE C	OMPANY				
1.1	Name of the Organization					
1.2 Address of the Factory/Unit						
	Telephone	Fax	Email			
	Contact Person					
1.3	Address of the Registo	ered 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 `Gui			cerned authority and also see BIS `Guidelines for Applicant	s'.		
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 re	gistered under Factories Ac	rt.			
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 (wi	Number of Shifts (with timings of each shift):				
2.0	Number of Personne	I				
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 (based on 8 hours/day		ope of certification converted to full time personnel			
2.3	Number of personnel dening, etc) :	- '	re, Admin, Security, Transport, Drivers, Canteen, Gar-			
2.4	Total number of perso	onnel in general shift/shift-1	1:			
2.5	Total number of perso	onnel in other shifts :				
2.6		in other shifts for mutually eral shift/Shift 1 :	exclusive operations/functions			



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3. INFORMATIION PERTAINING TO OCCUPATIONAL HEALTH & SAFETY MANAGEMENT

- 3.1 Land Use (Site)
 - a) Total area of the plot
 - b) Total area of the Building
 - c) Total area of Unit/Factory
 - d) Number of floors
 - e) Height of the Building
 - f) Height of working hall
 - g) Area of contaminated land
- 3.2 Raw Material/Natural Resources
 - a) Name of raw materials
 - b) Whether imported/indigenous
 - c) Annual consumption value
 - d) Use of natural resources, if any
- 3.3 Energy Management
 - a) Source of Energy Coal/LPG/Oil/Electricity/Non-Conventional Energy/Diesel
 Generating Set
 - b) Energy Load (kW)
 - c) Clearance Certificate from local Authority
- 3.4 Safety Management
 - a) Imparting training to all employees in identification of hazards in their work and how to minimize the same
 - b) Provision of Personal Protective Equipment (PPE) to all employees exposed to noise, dust, fumes and gases (Give details)
- **3.5** Occupational Health Aspects
 - a) Identification of short and long term effects due to occupational hazards
 - b) Job rotation of personnel to minimize the effect of prolonged effects of occupational hazards
 - c) Monitoring of health aspects on a routine basis
 - d) Provision of medical treatment as and when required
 - e) Grant of medical leave arising out of any occupational health related matter
 - f) 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/	Yes/No
	heating/cooling?	

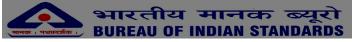
- d) Are periodic/preventive maintenance of Yes/No ventilation system carried out?
- e) Do you assess and monitor work environment? Yes/No If yes, enclose details.
- f) Any other Occupational Health and Safety Yes/No hazards and system to deal with it

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)	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					
	b)	Name of the firm: (Optional)			
4.4 Please enclose a copy of latest Safety audit report submitted by you to State/Central			by you to State/Central Government		
4.5	5 Please enclose a copy of your manufacturing details/process flow chart				
		Sig	nature :		
		Na	me :		
		Des	signation:		
		For	and on behalf of		
Date:		(Se	al of the Organization)		

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