

**SELF-CERTIFICATION PROFORMA UNDER THE FACTORIES ACT, 1948**

(To be submitted in duplicate by 31<sup>st</sup> January for the preceding year)

1. Name & Address of the Factory \_\_\_\_\_

(Village/Town) \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_

2. Date of certification \_\_\_\_\_

I	RECORDS/REGISTERS/RETURNS	Remarks
1	Are records/ register maintained and returns submitted (Tick Mark appropriate and write N.A. if not applicable)?  (i) Muster Roll (ii) Adult worker register (iii) Leave with wages (iv) Accidents & dangerous occurrences (v) overtime work (vi) white wash (vii) Inspection Book  (viii) Compensatory Holidays (ix) Tight Clothes	
II HEALTH		
2	Are <b>sufficient measures</b> taken to provide adequate ventilation, comfortable temperature and proper lighting etc (Tick Mark & Specify numbers in Box for provision provided)?  (i) Exhaust Fans <input type="checkbox"/> (ii) Windows <input type="checkbox"/> (iii) doors <input type="checkbox"/> (iv) ventilators <input type="checkbox"/> (v) sky lights <input type="checkbox"/> (vi) Air Conditioners <input type="checkbox"/> (vii) Desert coolers <input type="checkbox"/>	
3	Are sufficient exhaust systems provided for the removal of dust & fumes, if any (Tick Mark & Specify numbers in Box for provision provided)?  (i) Exhaust Fans <input type="checkbox"/> (ii) Duct with hood <input type="checkbox"/>	
4	Are sufficient arrangements made for the provision of safe drinking water (Tick Mark for provision provided)?  (i) Supplied form public source (ii) Private Source (iii) Approved from health officer if from private source (iv) RO System (v) Water Cooler	
5	Are sufficient Latrines, Urinals & washing facilities provided and arrangements made for their cleanliness (Tick Mark & Specify numbers in Box for provision provided)?  (i) Latrines (Male) <input type="checkbox"/> (ii) Latrine (Female) <input type="checkbox"/> (iii) Urinals <input type="checkbox"/>	

	(iv) Bathrooms <input type="checkbox"/> (v) Washbasins <input type="checkbox"/>																	
<b>III</b>	<b>SAFETY</b>																	
(a)	Are any addition/ alteration/ amendment in the building/ plant/ machinery made (Tick Mark & Specify area / number in Box for provision provided)?  (i) Plot Area <input type="checkbox"/> Sq.Ft. (ii) Building <input type="checkbox"/> Sq.Ft.  (iii) Machinery																	
	<table border="1"> <thead> <tr> <th>Name of Machine</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Machine	Number															
Name of Machine	Number																	
6	Are Safety measures taken for installed Machinery/ Plant? (Tick Mark for provision provided)?  (i) Guards (ii) Fencing (iii) Sensor / photoelectric Device (iv) Trip rod / tight wire cable																	
7	Are lifting machines/lifting tackles & pressure vessels including pipe lines examined from the competent person?																	
	<table border="1"> <thead> <tr> <th>Name of equipment</th> <th>Number</th> <th>Dates of examination</th> <th>Examined By</th> </tr> </thead> <tbody> <tr> <td>Lift</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Lifting tackles / chain pulley blocks</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Pressure vessels /Air Compressors / Mini boilers</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of equipment	Number	Dates of examination	Examined By	Lift				Lifting tackles / chain pulley blocks				Pressure vessels /Air Compressors / Mini boilers				
Name of equipment	Number	Dates of examination	Examined By															
Lift																		
Lifting tackles / chain pulley blocks																		
Pressure vessels /Air Compressors / Mini boilers																		
8	Are passages free from obstructions, railing on stairs and covering of tanks/pits provided (Tick Mark for provisions provided)?  (i) Passage ways marked (ii) Railing on stairs (iii) Tanks & Pits covered/ fenced  (iv) Drains covered																	
9	Are steps taken for the protection of eyes in respect of following: - (Tick Mark for provisions provided)?  (i) Grinding (ii) buffing (iii) fragments thrown off during the process on lathe, drill machine etc. (iv) Glare of excessive light from furnaces and welding process.																	

10	<p>Are steps taken to prevent &amp; control fires, dangerous fumes, explosions and provisions of means of escapes:-</p> <p><b>A Fire Fighting</b>          (i) Fire extinguishers <input type="checkbox"/> (ii) Fire buckets <input type="checkbox"/> (iii) Hydrant points <input type="checkbox"/>          (iv) Fire Alarm system <input type="checkbox"/> (iv) Water Tank <input type="checkbox"/> Ltrs.</p> <p><b>B Dangerous Fumes</b>          (i) Mask <input type="checkbox"/> (ii) Chemical Safety Goggles <input type="checkbox"/>          (iii) Gas detector alarms <input type="checkbox"/></p> <p><b>C Explosion</b>          (i) Flame proof lights (ii) Bonding &amp; Grounding (iii) Earthing (iv) Non sparking Tools</p> <p><b>D Means of Escapes</b>          (i) Two doors for each work room (ii) Two stair cases for every floor          (iv) Emergency lights (v) Exits with glow sign (vi) Travel distance less than 30 Mtrs.(for Non hazardous) and 22.5 Mtrs. (for hazardous) (vii) Exit doors open outward</p>													
11	No. of personnel trained in fire fighting? <input type="checkbox"/>													
12	<p>Please furnish the names, qualifications and experience of the Welfare Officers (applicable in case of more than 499 workers employed) and Safety Officers employed (applicable in case more than 999 workers employed).</p> <table border="1" data-bbox="245 1234 1144 1436"> <thead> <tr> <th data-bbox="245 1234 467 1297">Designation</th> <th data-bbox="472 1234 716 1297">Name</th> <th data-bbox="721 1234 959 1297">Qualification</th> <th data-bbox="964 1234 1144 1297">Experience</th> </tr> </thead> <tbody> <tr> <td data-bbox="245 1304 467 1367">Welfare Officer</td> <td data-bbox="472 1304 716 1367"></td> <td data-bbox="721 1304 959 1367"></td> <td data-bbox="964 1304 1144 1367"></td> </tr> <tr> <td data-bbox="245 1373 467 1436">Safety Officer</td> <td data-bbox="472 1373 716 1436"></td> <td data-bbox="721 1373 959 1436"></td> <td data-bbox="964 1373 1144 1436"></td> </tr> </tbody> </table>	Designation	Name	Qualification	Experience	Welfare Officer				Safety Officer				
Designation	Name	Qualification	Experience											
Welfare Officer														
Safety Officer														
13	<p>Are Safety measures taken for electrical equipments/ tools/ switch boards &amp; machines provided?</p> <p>(i) Earthing (ii) Wires properly laid (iii) Rubber Mats (iv) Electric Panels (v) Switch Boxes covered (vi) MCB (vii) ELCB /RCCB</p>													
<b>IV WELFARE</b>														
14	<p>Is ambulance room adequately staffed &amp; equipped? (<b>applicable if, more than 500 workers employed</b>) (Tick Mark &amp; Specify numbers in Box for provision provided)?</p> <p>(i) Ambulance Room <input type="checkbox"/> Sq. Ft. (ii) No. of Doctors <input type="checkbox"/></p>													

	(iii) No. of nursing staff <input type="text"/> (iv) Oxygen cylinder with attachments (v) First aid box <input type="text"/>	
15	Is ambulance van provided to carry injured workers to the hospital? <b>(applicable if, more than 500 workers employed)</b> (Tick Mark for provision provided)?  (a) Type of Vehicle (i) Car (ii) Van (iii) Mini Truck (b) Registration Number _____ (c) Name of Drivers	
16	Is Canteen provided? <b>(Applicable if, more than 250 workers employed)</b> (i) Dining Hall <input type="text"/> Sq. Ft. (ii) Canteen workers medically examined (iii) Canteen Managing committee constituted (iv) Date of constitution _____	
17	Is rest room provided? <b>(applicable if, more than 150 workers employed)</b> (Tick Mark & Specify numbers in Box for provision provided) (i) Rest Room <input type="text"/> Sq. Ft. (ii) Benches with Backrest provided	
18	Is crèche facilities provided? <b>(applicable in case of more than 30 women workers are employed)</b> (i) Crèche Room <input type="text"/> Sq. Ft. (ii) Name of Aya / attendant _____ (iii) Playground (iv) No. of Children (v) Wash room provided	
19	Are the wages for the over time work paid to the workers at double rate? (Tick Mark) <p style="text-align: center;"><b>Yes / No</b></p>	
20	Are leave with wages calculated and paid to the workers. (Tick Mark) <p style="text-align: center;"><b>Yes / No</b></p>	
21	Are notices of accident and dangerous occurrences sent to the Inspector and Chief Inspector? <p style="text-align: center;"><b>Yes / No</b></p> (i) No. of Fatal Accidents <input type="text"/> (ii) No. of Serious Accidents <input type="text"/>	
22	Has the licence Fee been submitted along with Form No. 2 for the current year <p style="text-align: center;"><b>Yes / No</b></p>	

23	<p>Are the following conditions being fulfilled, if women workers are employed from 7.00 pm to 10.00 pm:-</p> <p style="text-align: center;"><b>Yes / No</b></p> <ol style="list-style-type: none"> <li>1. No woman worker shall be required or allowed to work in the factory between 10.00 p.m. to 6 a.m.</li> <li>2. No woman worker shall be required or allowed to work for more than 9 hours in a day and 48 hours in a week</li> <li>3. No woman worker who declines to work in the factory between 7 p.m. to 10.00 p.m. shall be removed from employment or discriminated on these accounts.</li> <li>4. No woman worker shall lonely be engaged to work in the second shift.</li> <li>5. The free medical facilities by engaging a doctor and female nurse shall be provided to the women workers in the second shift.</li> <li>6. The occupier shall provide lady security guards to accompany the women workers on each transportation vehicle for their safety.</li> <li>7. The occupier shall maintain a 'creche' for the use of children of women workers.</li> <li>8. The shift of women workers shall be changed after a weekly holiday.</li> <li>9. The company shall provide free transport facility to women workers from their residence and back who are called in the second shifts to work upto 10.00 p.m.</li> <li>10. The arrangements for meal shall be made in the canteen of the factory so that the women workers can take their meals in the second shift.</li> </ol> <p>The management shall ensure protection of women workers from sexual harassment at work place in terms of the direction of the Hon'ble Supreme Court in the case of Vishaka and others Vs State of Rajasthan vide judgment dated 13<sup>th</sup> August, 1997(AIR 1997 Supreme Court-3011)</p>	
----	--	--

**Certificate**

Certified that

- i) The above information is true and correct. We will be responsible for any false and incorrect information.
- ii) We shall ensure so far as reasonably practicable the health, safety and welfare of all workers while they are at work in the factory and shall make all efforts to comply with the provisions of the Factories Act, 1948 and rules made there under.

Signature of Manager with date

Signature of Occupier with date

Name\_\_\_\_\_

Name\_\_\_\_\_

**SELF-CERTIFICATION PROFORMA UNDER THE FACTORIES ACT, 1948**  
(TO BE FILLED IN ONLY BY THE FACTORIES CARRYING OUT HAZARDOUS PROCESS)

1. Name & Address of the Factory \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Village/Town) \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_

2. Date of certification \_\_\_\_\_

Sr. No.	Particulars	
1	Please enclose a copy of the "Safety & Health Policy" of the Factory.	
2	Details of steps taken to implement "On Site Emergency Plan" and the date on which mock drill was carried out.	
3	Details of the Safety Committee constituted and the date of latest meeting held.	
4	Details of steps taken to inform the workers about the safe use/ handling/ storage of hazardous substances/ chemicals.	
5	Details of personal protective equipments such as chemical safety goggles, face masks, hand gloves, gum boots, aprons etc. provided to the workers.	
6	No. of workers employed on hazardous/ dangerous operations and dates of their medical examination.	
7	Details of places where cautionary notices are displayed about the hazards of health, fire, explosions etc. along with their copies.	
8	Details of washing, bathing facilities provided for the use of workers employed on hazardous process.	
9	Details of steps taken to store hazardous substances & chemicals in a separate & well ventilated room of fire resisting construction isolated	

	from rest of the building.	
10	Details of flame proof lights/fittings/electrical installation provided where flammable substances manufactured/ stored/handled.	
11	Details of location of mess room provided for taking food (separate from the work rooms).	
12	Precautions taken to prohibit women workers from working on hazardous processes.	
13	Describe the procedure for identifying and meeting emergencies.	
14	Details of steps taken to prevent the leakage of hazardous/toxic flammable substances and their containment.	
15	Specify the type of floors provided in the rooms where hazardous substances are used, handled or manufactured.	

Certificate

Certified that

- iii) The above information is true and correct. We will be responsible for any false and incorrect information.
- iv) We shall ensure so far as reasonably practicable the health, safety and welfare of all workers while they are at work in the factory and shall make all efforts to comply with the provisions of the Factories Act, 1948 and rules made there under.

Signature of Manager with date

Signature of Occupier with date

Name\_\_\_\_\_

Name\_\_\_\_\_