

DRAFT PROFORMA
SELF-CERTIFICATION PROFORMA UNDER THE FACTORIES ACT,1948
FOR FACTORIES EMPLOYING ABOVE 500 WORKERS
 (To be submitted in duplicate by 31st January for the preceding year)

I	GENERAL	
1	Date of Certification	
2	Certified by (Occupier/Manager)	
3	Date of previous certification	
4	No. of workers (Men + Women) including contractor.	
5	H.P. Installed	
6	Manufacturing Process	
7	Shift Timings & Rest Intervals etc.	
8	Factory Licence No./Date upto _____ workers _____ H.P.	
9	Name & Address of Occupier and Manager, Tel No , Cell No, E-Mail ID	
II	RECORDS/REGISTERS/RETURNS	
10	Please furnish the details of records/register maintained and returns submitted.	
III	HEALTH	
11	Name & Address of Occupier and Manager, Tel No , Cell No, E-Mail ID	
12	Is ventilation adequate and working condition comfortable.	
13	Are exhaust arrangements provided for the removal of dust & fumes, if any	
14	Date of Approval of drinking water from Health Authority, if not from public supply source.	
15	No. of Latrines, Urinals & washing facilities provided separately for men and women..	

IV	SAFETY	
16	Details about the approval of Factory Building Plans & acceptance of stability certificate from Chief Inspector of Factories, Haryana.	
(a)	Details about the addition/ alteration/ amendment in the building/ plant/ machinery made.	
17	Name of Machinery/ Plant/ Vessels installed and Safety measures taken for each.	
18	Special safety precautions taken in the use of dangerous machinery such as power presses, shearing machines, rubber mills, centrifugal machines etc.	
19	Detail of Pressure vessels installed and effective measures taken to ensure their safe operation.	
20	Dates of testing & examination of lifting machines/lifting tackles & pressure vessels including pipe lines from the competent person.	
21	Whether Passages are kept free from obstructions, railing provided on stairs and tanks/pits covered.	
22	Are steps taken for the protection of eyes in respect of the following:	
(a)	Grinding/buffing and fragments thrown off during the process on lathe, drill machine.	
(b)	Glare of excessive light from furnaces and welding process.	
23	Details of steps taken to prevent & control fires, dangerous fumes, explosions and provisions of means of escapes.	
24	Specify the special measures taken for fire fighting such as water trailer pump, fire tender provided.	
25	No. of personnel trained in fire fighting.	
26	Please furnish the names, qualifications and experience of the Welfare Officers/ Safety Officers employed. (Safety Officers applicable in case more than 1000 workers employed).	
(a)	The duties and conditions of service of the Welfare Officers/ Safety Officers.	
27	Details of Safety measures taken for electrical equipments/ tools/ switch boards & machines.	
V	WELFARE	

28	Details of qualified medical staff provided in the ambulance room, names and quantity of medicines and equipments available.	
29	Names and Quantity of Medicines Provided in the ambulance van.	
30	Details of medicines/equipments provided in the first aid boxes and names of trained first aiders.	
31	Details of floor area of dinning hall of canteen and No. of seats for the diners and medical examination of canteen workers (applicable in case more than 250 workers are employed).	
32	Details of the area, and sitting arrangements provided in the Rest Room.	
33	Whether crèche facilities provided, applicable in case of more than 30 women workers are employed.	
34	Details of over time work got done and wages paid for the same.	
35	Details about the system of calculation of leave with wages along with its payment and issue of leave books to the workers.	

TO BE FILLED IN ONLY BY THE FACTORIES CARRYING OUT HAZARDOUS PROCESS

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	Please indicate about 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 who are employed on hazardous/ dangerous operations and dates of their medical examination from qualified medical practitioner.	
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 chemicals used, stored along with their maximum storage capacity and 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.	
16	Details of staff/equipment/Medicines provided in Occupational Health Center	

Undere taking/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 out efforts to comply with the provisions of the Factories Act, 1948 and rules made there under.

Signature of Manager
Name_____

Official Seal

Date:

Signature of Occupier
Name_____

Official Seal

Date: