DRAFT PROFORMA

SELF-CERTIFICATION PROFORMA UNDER THE FACTORIES ACT,1948

FOR FACTORIES EMPLOYING UP TO 100 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/ registers maintained and returns submitted.	
III	**HEALTH**	
11	R inside walls white washed or painted or wood work varnishied and relevant entries made in the record.	
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.	
	Dates of testing & examination of lifting machines/lifting tackles & pressure vessels including pipe lines from the competent person.	
19	Whether Passages are kept free from obstructions, railing provided on stairs and tanks/pits covered.	
20	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)	Exposure to excessive light from furnaces and welding process.	
21	Details of steps taken to prevent & control fires, dangerous fumes, explosions and provisions of means of escapes.	
22	Details of Safety measures taken for electrical equipments/ tools/ switch boards & machines such as earthing, loose & broken wire etc.	
V	**WELFARE**	
23	Details of medicines/equipments provided in the first aid box and name of first aid trained person From any institution recognized by state Govt.	
24	Whether crèche facilities provided, applicable in case of more than 30 women workers are employed.	
25	Details of over time work got done and wages paid for the same.	
26	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 indicate about steps taken to inform the workers about the safe use / handling/ storage of hazardous substances/ chemicals.	
2	Details of personal protective equipments such as chemical safety goggles, face masks, hand gloves, gum boots, aprons etc. provided to the workers.	
3	No. of workers who are employed on hazardous/ dangerous operations and dates of their medical examination from qualified medical practitioner.	
4	Details of places where cautionary notices are displayed about the hazards of health, fire, explosions etc. along with their copies.	
5	Details of washing, bathing facilities provided for the use of workers employed on hazardous process.	
6	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.	
7	Details of flame proof lights/fittings/electrical installation provided where flammable substances manufactured/ stored/ handled.	
8	Details of location of mess room provided for taking food (separate from the work rooms).	
9	Details of precautions taken to prohibit women workers from working on hazardous processes.	
10	Describe the procedure for	

	identifying and meeting emergencies.	
11	Details of steps taken to prevent the leakage of hazardous/toxic flammable substances and their containment.	
12	Specify the type of floors provided in the rooms where hazardous substances are used, handled or manufactured.	

Under 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: