

FORM - X

**QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FROM
THE APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION OF
OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEMS
AGAINST IS 18001:2000**

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 Day/Night/Both

2. NUMBER OF EMPLOYEES

2.1 Indicate the effective number of employees who will be present at the time of audit i.e. employees refers to all individuals whose work activities support the scope of the certification as described by the Occupational Health and Safety Management System at the time of the audit.

2.2 Number of Contract Workers

3. INFORMATION 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

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

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.