

OSH Self Evaluation Form

[To be sent to the Commissioner of labour (Industrial Safety)]

Name and Address of the Factory:

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B.R.C.No.:

No. of Employees:

Male: Female: Young: Total:

Number of Shifts: (Times:,,))

Maximum No of Employees per Shift:

Male: Female: Total:

1. Factory Registration at DFIE Office Available Not Available

If Available, Factory Registration No.

2. Building Plan Approval Available Not Available

3. Means of Escape Approval Available Not Available

4. General Register Available Not Available

5. Six-Month Reports Forwarded to the DFIE Yes No

6. No. of Accidents Occurred in Last 6 Months

7. No. of Dangerous Occurrences in Last 6 Months

8. No. of Industrial Disease Cases in Last 6 Months

9. DFIE/CFIE Address Displayed Yes No

10. House Keeping Satisfactory Not Satisfactory

11. MSDS for all Chemicals Available Not available

12. Proper PPEs Provided Not Provided

13. No. of Steam Boilers available

14. Have you obtained the examination reports for all boilers, from an authorized officer?

Yes No

15. Are all boilers registered in the DFIE office?

Yes No

16. No. of Boiler Attendants

17. Do all Boiler Attendants have boiler operator license? Yes No

	No of items	Examination Reports	
		Available	Not Available
18. Steam Receivers			
19. Air Receivers			
20. Gas Receivers			
21. Hoists/Lifts			
22. Cranes & Other Lifting Machines (Mobile Cranes/ Tower Cranes / Gantry Cranes / Fork Lifts.....)			
23. Chains, Ropes& Other Lifting Tackles			

24. Are all dangerous parts (revolving or moving parts) of machinery securely guarded?

Yes No

25. Electrical Wiring System Provided with Required Safety Devices (RCCB, MCB...)

Yes No

26.Type of Fire Extinguishers	A	B	C	D	Other
No of Units					
Date of Expiry					

27. Fire Hydrant System Available Not Available

28. Evacuation Plan Displayed Not Displayed

29. Date of Last Evacuation Drill

	Available	Not Available
30.First Aid		
31.Meal Rooms		
32.Adequate Drinking Water Facilities		
33.Adequate Washing Facilities		
34.Suitable Sanitary Conveniences		
35.Lockers		
36.Changing Rooms		
37.Rest Rooms		

38. Designated Person Appointed for OSH Yes No

39. OSH Committee Available Not available

Signature of Safety/Compliance Officer:

Signature of the Occupier: