**11th FICCI AWARDS FOR EXCELLENCE IN SAFETY SYSTEMS – 2024**

**Manufacturing & Power Generation**

**APPLICATION FORM**

**(Large & Medium Scale)**

**Terms and Conditions of the Awards:**

* Scope of the Awards covers the following sectors:
* Manufacturing (including energy)
* Power Generation
* The description and attachments should be clearly linked with the relevant question. Please refer to the relevant ‘Assessment Criteria’ uploaded on the FICCI Website. These may be useful for participating organization/unit while filling in the application form of the Award. Please note that any false declaration may render the application ineligible.
* The application for the award is for a unit in Manufacturing and Power Generation sector. But, multiple units of single organization are eligible to apply for Awards.
* In case of any clarification, applicant should get their doubts clarified before applying. FICCI would not be responsible for any lack of information in application once organization has applied for awards
* The evaluation is a three-stage process as mentioned below:
* Application Evaluation
* On-site Audit for qualifying units after application evaluation
* Jury Selection by the presentation of qualifying units after on-site audit
* The category of the applicant unit for award and fees will be determined by the category of the organization owning the unit as per the criteria defined below.
* Application fee (Non-refundable and inclusive of all taxes) for the award is as follows
* Rs. 41,300/- for medium sized organization (Organization having either turnover or investment excluding working capital between Rs 100 crore to Rs 500 crore. If any one of the parameters crosses the higher limit of Rs 500 crore then the organization is categorized as large sized organization)
* Rs. 53,100/- for large sized organization (Organization having either turnover or investment excluding working capital more than Rs 500 crore)
* The participating unit in the large and medium sized Manufacturing organization is further classified into two categories based on the degree of hazard i.e Organization falling under First Schedule Industries under Section 2(cb) of the Factories Act 1948 will be categorized in group 1 and others in group 2
* Manufacturing Units & Power Units shortlisted for on-site/ virtual site audit will have to pay an additional fee of Rs 13,000/- per man day to FICCI as the auditor fees for the on-site/ audit of its unit. Generally, two auditors will be deployed for one day audit of the unit. Also, the shortlisted unit have to bear an expense of auditor(s)’ travelling and accommodation in addition to the fees mentioned above, if on-site audit is done.
* In case any question is not applicable for your Organization/Unit then please justify the reason(s) for the same
* **Last date for receiving duly filled Application Form in FICCI Office is \_\_\_\_\_\_\_\_ to specify by close of business hour.**
* In case of any query, please contact:

 Ms Ankita Sharma / Mr Suresh Subramanian

 ankita.sharma@ficci.com; suresh.subramanian@ficci.com

 7428725386 & 9650749868

* Application fees should be paid online through NEFT/RTGS along with the application form before the deadline of **\_\_\_\_\_\_\_\_\_.**

**Eligibility Criteria:** Companies where there has been a fatal accident (s) or government authorities or courts have issued notices for penalties due to safety violations, during the year of application are not eligible for applying for award. Please give the self-certified letter duly signed by Board Member in effect to this undertaking

1. (a) Name of the Unit :

(b) Date/Year of set-up of the Unit :

(c) Registration No. under factory Act :

(d) Turnover/Sales of the Organization :

 of Last financial year (2023-24) in

 rupees

 (Note: In case of individual unit of the

 Organization applying for the awards

 then please share the Turnover/Sales

 of both i.e unit and the Organization

 as of whole)

(e) Investment of the Organization :

 excluding working capital of last

 financial year (2023-24) in rupees

 (Note: In case of individual unit of

 the Organization applying for the

 awards then please share the

 Investment excluding working

 capital of both i.e unit and the

 Organization as of whole)

(f) Category based on the degree of
 hazard i.e Organization falling under
 First Schedule Industries under
 Section 2(cb) of the Factories Act 1948 : (Hazardous/Non Hazardous)

1. Address with PIN Code :
2. Telephone Number with STD Codes :
3. Name, Designation, Contact Phone No., :
Mobile No. and Email address of the person

who will provide all necessary Information

or clarification, if needed in respect of the

application

1. Name, Designation, Contact Phone No., :
Mobile No. and Email address of the Unit Head/

Business Head of the participating

unit/organization

1. Kindly specify the product/service :

manufactured by your unit/organization

along with brief description of

process/operation

**OPTIONAL** – A Video presentation, not exceeding 10 minutes, highlighting the safety facilities and

systems followed in the Organization may be submitted along with the application.

**ESG Drives: If you follow kindly share initiative for ESG implemetation**

1. **Policy and Commitment 20 Marks**

* 1. **Does the Organization/unit have a Safety Policy? If so, please attach the same**
	2. **How is Safety Policy communicated to the employees and other stakeholders?** *(Note: Mention types of communications modes used - Refer Assessment Criteria for details)*
	3. **What is your Organization’s/unit’s policy for employees involved in fatality cases and who has/have suffered partial/ permanent disability?**

*(Note: Mention policy and compensation, relocation etc., if applicable. Refer Assessment Criteria for details)*

* 1. **What is your Organization’s policy for contractor’s safety management?**
	2. **What is you contractor selection criteria for HSE performance. Elaborate in detail.***(Note: Mention system and procedures followed and the type of records maintained. Refer Assessment Criteria for details)*
	3. **With regard to the commitment of top management for safety in your Organization/unit please gives details for: (***Refer Assessment Criteria for details)*
		1. Level and frequency of review of safety performance *(Note: Mention frequency and level of review for safety in your unit)*

* + 1. Is there any target set for the Top management in their KPIs for carrying out Safety walks/Raising safety observations/Safety interaction with workforce etc. Provide EvidenceF
		2. (a) Is your Organization/unit having a safety budget?

Yes No

(b) If so, then how is the budget provision for Safety made in your Organization/Unit? *(Note: Provide procedure of safety budget in your Organization/unit both for running plant as well as for new investments, if applicable)*

* + 1. (a) Is safety a part of performance appraisal in your organization/Unit?

Yes No

(b) If so, then how much weightage is given to safety in the performance appraisal of employees in the unit? (Note: Mention at what levels in the Organization/Unit safety is considered as a part of performance appraisal and its weight age given in appraisal at all level of employees?

1. **Safety Systems 20 Marks**
	1. **Describe the system of Hazards Identification and Risk Assessment (HIRA) & Risk Control**

**in the Organization/unit**

*(Note: Mention how the system has been established, implemented and maintained for ongoing identification of hazards, assessment of their risk and determining the necessary controls. Refer Assessment Criteria for details)*

* 1. **Describe the Safety systems followed in the Organization/unit?**

(Note: Mention various safety systems followed in the Organization/unit related to process, operations, maintenance and construction including if any certification has been obtained. If so, please attach a copy of the certification. Refer Assessment Criteria for details)

* 1. **Describe the system followed in your unit/organization for ensuring adequate lighting Level in the workplace, both during day and night shifts?**

(Note: Mention if you have the system for identifying the requirements of lighting in workplace and whether the same are measured to ensure compliance. Refer Assessment Criteria for details)

* 1. **Describe incident/accident investigation system followed in the Organization/unit?**

(Note: Mention the system followed including review and follow up Mechanism for corrective and preventive actions. Refer Assessment Criteria for details)

* 1. **Does your Organization/Unit have a system of ‘Employee Suggestion Scheme’ on safety issues? If so, then please give details including provision of rewards, if any. (***Refer Assessment Criteria for details)*
	2. **Does your Organization/unit have a comprehensive Disaster Management plan including On-site & Off-site emergency plan? If so, please furnish salient features of the same. (***Refer Assessment Criteria for details)*
	3. **Describe safety emergency handling system in your Organization/ Unit**

*(Note: Mention whether there is a Safety & Occupational Health center and Ambulance*

*and other facilities. Refer Assessment Criteria for details)*

1. **Safety Awareness and Training** **20 Marks**
	1. **Does your Organization/unit observe safety occasions? If so, please give details of activities carried out.**

(Note*: Mention types of activities covered during safety Occasion/s including extent and*

 *Level of participation. Refer Assessment Criteria for details)*

* 1. **Describe the type of Safety Signages used in your organization/ unit**

 *(Note: Furnish photographs along with details Refer Assessment Criteria for details)*

* 1. **Are mock drills for safety held in your Organization/Unit? If so, please give details of type, frequency, involvement of people and follow up actions**

 *(Note: Furnish photographs along with details. Refer Assessment Criteria for details)*

* 1. **Does your Organization/Unit have any programme for off work safety for employees, their families and community around**

 *(Note: Provide details and frequency of programmes. Refer Assessment Criteria for details)*

* 1. **Type of safety training programmes followed for employees; including sections of employees involved, frequency, Subjects covered, training imparted in hours/Person/year (***Refer Assessment Criteria for details)*

9.5.1 (a) Does the Organization/Unit has a system of skill gap mapping for employees from safety angle? Yes/No

(b) If yes, please attach a typical analysis report

9.5.2 (a) Does the Organization/Unit draw up a Safety training calendar for employees of all levels based on skill gap analysis? Yes/No

(b) If yes, please attach the calendar for the year 2023-24

9.5.3 (a) Please furnish the following details of employees of your Organization/Unit covered by safety training in 2023-24

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Employee | Percentage of employees covered by safety training | Frequency of training (Weekly/Monthly/Quarterly/Annually) | No of training Modules covered |
| Senior Management |  |  |  |
| Middle Management |  |  |  |
| Junior level Management |  |  |  |
| Supervisors |  |  |  |
| Workers |  |  |  |

(b) Provide a list of safety training modules covered for each of the above levels of employees

9.5.4 Please provide details about involvement of line managers (senior & middle management levels) in imparting safety training to supervisors & workers

(*Note: mention frequency – monthly/quarterly/yearly and number of training in Which they were involved*)

9.5.5 Please provide the following details about Safety training organized for contract

Workers/transporters in your unit/Organization:

1. (i) Is there a mandatory induction training for contract workers

on Safety? Yes/No

(ii) If yes, please describe briefly the training module followed

for Safety

1. (i) Is any safety training provided for transporters of hazardous

materials engaged by the Organization? Yes/No

(ii) If yes, please describe briefly the training module followed

**Road Safety**

1. **Whether the organization is conducting mandatory defensive driving training for vehicle operators and drivers**
2. **Is competency assessment of the vehicle operators being conducted before deployment?**
3. **Is the unit having traffic management plan and road safety policy?**
4. **Safety Inspection, Audits and Performance 20 Marks**

**10.1** **Describe the system of safety inspection followed in your Organization/Unit including frequency, by whom and corrective action methodology**

10.1.1 For unsafe conditions/practices

 *(Note: Mention the level and type of persons involved in such safety inspections, the frequency, review system for preventive and corrective actions. Refer Assessment Criteria for details)*

10.1.2 For equipment/instrument

 *(Note: Mention the procedure followed for inspection of safety related Equipment and instruments in the plant giving frequency, review system for preventive and corrective actions. Refer Assessment Criteria for details)*

10.1.3 For vehicles entering & leaving your premises including for those carrying Hazardous Substances

*(Note: Mention procedures followed including documentation. Refer Assessment Criteria for details)*

**10.2.** **Describe the system of Safety Audits (Internal & External) in your Organization /unit including frequency, scope, Closure of Non-Conformances (NCs) through Corrective and Preventive Action (CAPA), review of implementation and the agency carrying out the audit**

 (*Note: Mention the procedure followed for internal and external Safety Audits in your organization/unit giving frequency and Personnel/Agency involved and methodologies for corrective actions. Refer Assessment Criteria for details)*

*Do you follow Employee Safety Perception survey to ascertain safety culture across organization If Yes, please share latest report.*

 **10.3**. **Safety Performance (***Refer Assessment Criteria for details)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **2021-22** | **2022-23** | **2023-24** |
| Fatal Accidents (Nos) |  |  |  |
| Reportable Incidents (injury) (Nos) |  |  |  |
| Non-reportable Incidents (injury) (Nos) |  |  |  |
| Near misses (Nos) |  |  |  |
| Date of last reportable incident (injury) |  |  |  |
| Total Man hours worked |  |  |  |
| Accident free million man Hrs |  |  |  |

Formula for Accident Free Million Man Hrs from last Incident (Injury) = Incident (Injury free man hrs / 10^6

***Note:* Please explain the measures taken to address fatality in the manufacturing unit and power plant (if happened, in last three years). Mention the root cause analysis of the fatality, Corrective and Prevention actions (CAPA) taken for fatality and major accidents**

1. **Safety Organization/ Initiatives/Awards 5 Marks**

**11.1**. Give details of the Safety set up in your Organization/Unit including organizational structure, reporting mechanism, number of professionals with their qualifications and experience etc. (*Refer Assessment Criteria for details)*

**11.2.** How is the responsibility of safety defined in your Organization/unit? Please Tick (√) the most appropriate answer (one only) with relevant support Document (*Refer Assessment Criteria for details)*

|  |  |
| --- | --- |
| Responsibility | (√) |
| Owner/Management has full responsibility for safety |  |
| Safety Manager/Coordinator has full responsibility for safety |  |
| Responsibility for safety is defined for all levels of the organization and recorded in the Safety Manual |  |

**11.3.** Has the Organization/Unit taken any major safety initiative last year to improve safety culture like behavior-based safety, zero tolerance initiative, ergonomics Interventions etc *(Note: mention specific initiative taken, if any, giving a brief write-up. Refer Assessment Criteria for details)*

**11.4.** Mention the details of Safety awards/recognitions received by your Organization/unit **(***Refer Assessment Criteria for details)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Award/Recognition** | **2021-22** | **2022-23** | **2023-24** |
| International award |  |  |  |
| National Level awarded by Govt/Govt agencies |  |  |  |
| National Level awarded by Industry Associations |  |  |  |
| State level awarded by State Govt/Govt Agencies |  |  |  |
| State level by Industry association  |  |  |  |
| Others |  |  |  |

1. **Occupational Health Management System: 15 Marks**

**12.1** a) Does your organization / unit have Occupational Health (OH) Surveillance Program? If yes, what are the components of OH surveillance programs being carried out? (*Refer Assessment Criteria for details)*

**12.2 Medical Examination of Employees - (***Refer Assessment Criteria for details)*

12.2.1 (a) Does your Organization/Unit have a system of Pre-employment medical examination and periodic medical examination of employees and contract workers

 **Yes/No**

12.2.1 (b) if yes, give the percentage compliance of Pre-employment medical examination and periodic medical examination of employees and contract workers for last 3 years in your unit. **Pre- employment Medical (PEM)** Fitness Compliance

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **No. of employees recruited****(a)** | **No. of employees’ PEM fitness records available****(b)** | **% compliance****b/a X 100** | **Year** | **No. of new contract workers deployed****(c)** | **No. of contract workers who underwent PEM fitness examination (d)** | **% compliance****d/c X 100** |
| 2024-23 |  |  |  | 2024-23 |  |  |  |
| 2023-22 |  |  |  | 2023-22 |  |  |  |
| 2022-21 |  |  |  | 2022-21 |  |  |  |

**Periodic Medical Examination (PME)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **No. of employees eligible for****PME****(a)** | **No. of employees completed PME****(b)** | **% compliance****b/a X 100** | **Year** | **No. of new contract workers eligible for PME****(c)** | **No. of contract workers completed PME****(d)** | **% compliance****d/c X 100** |
| 2024-23 |  |  |  | 2024-23 |  |  |  |
| 2023-22 |  |  |  | 2023-22 |  |  |  |
| 2022-21 |  |  |  | 2022-21 |  |  |  |

**12.3 What are the Occupational Health Promotional activities in your organization/unit? E.g. workplace wellness program, canteen hygiene inspections, stress management program, hearing conservation program etc.** (*Refer Assessment Criteria for details)*

**Certified that the above information has been verified & found correct:**

**Worker’s Representative on the Safety Head of Safety in Unit/Organization**

**Committee**

**Signature : …………………………… Signature : ……………………………………**

**Name & : …………………………… Name & : ……………………………………**

**Designation : …………………………… Designation : ……………………………………**

 **Seal of the Organization: .…………………………………..**