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

**Manufacturing & Power Generation**

**APPLICATION FORM**

**(Small 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. 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. 17,700/-** for small sized organization (Organization having turnover & investment excluding working capital both less than Rs 100 crore)
* 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/ virtual 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 submitting duly filled Application Form over email is 15th September 2024 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 **15th September 2024.**

**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

(e) Investment of the Organization :

excluding working capital of last

financial year (2023-24) in rupees

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 manufactured :

by your Organization along with brief

description of process/operation

1. **Policy and Commitment 20 marks** 
   1. **Does the organization/unit have a Safety Policy? If so please attach the same**

(*Refer Assessment Criteria for details)*

**7.2 How is Safety Policy communicated to the employees and other stakeholders?** (Note: Mention types of communications modes used. *Refer Assessment Criteria for details*)

**7.3 Do the organization’s /unit’s provide any additional benefit/compensation over the legal requirement in cases of fatality/partial or permanent disability?** (Note: Mention policy and compensation, relocation etc., if applicable. *Refer Assessment Criteria for details*)

**7.4 What is your organization’s policy for safety of contract workers?**

*(Note: Mention system and procedures followed and the type of records maintained. Refer Assessment Criteria for details)*

* 1. **With regard to the commitment of top management for safety in the Organization/Unit, please give detail for:**

7.5.1 Who has the primary responsibility for safety in the organization/Unit?

*(Note: Mention name & designation of the person responsible for overall Safety Issues of the Site, if any. Refer Assessment Criteria for details)*

*7.5.2 Is* Safety a part of any review meeting of the management? If so, please mention the frequency and level of review for safety in your organization/unit.(*Refer Assessment Criteria for details)*

7.5.3 (a) Does the Organization/unit provide adequate budget & personnel for safety? (*Refer Assessment Criteria for details)*

Yes No

(b) If so, then who has the authority to utilize the fund for Safety? *(Note: Provide Safety Expenditure done in last one year)*

7.5.4 Whether management encourages employees to take active part in maintaining a safe and healthy workplace?(*Note: Provide brief write up on Management initiatives on this front. Refer Assessment Criteria for details)*

1. **Safety Systems 25 marks** 
   1. **Describe the Safety systems followed in the Organization/Unit**

(*Note: Mention various safety systems including work permit system followed in the*

*Organization/unit related to production, maintenance and construction. Refer Assessment Criteria for details)*

* 1. **Does the organization/unit have a system for checking fulfillment of Legal requirements from Safety angles?**

*(Note: Describe how the systems has been established, if any, and implementation status. Refer Assessment Criteria for details)*

**8.3** **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)*

**8.4****Does the organization/unit have any incident/accident investigation system? If so,**

**please give detail.**

*(Note: Mention the system followed including review and follow up mechanism for*

*corrective and preventive actions. Refer Assessment Criteria for details)*

**8.5****Does the organization/unit have a system of ‘Employee Suggestion Scheme’ on safety**

**issues? If so, please give detail including provision of rewards, if any. (***Refer Assessment Criteria for details)*

* 1. **What is the arrangement in the organization/ unit to handle accidents/emergency**

**situation?**

*(Note: Mention whether internal arrangement or depend on external resources. Describe*

*briefly. Refer Assessment Criteria for details)*

1. **Safety Awareness and Training** **20 Marks**

* 1. **Does your organization/unit observe safety occasions? If so, please give detail of**

**activities carried out**

(*Note: Mention types of activities covered during safety celebrations including participants. Refer Assessment Criteria for details)*

**9.2 Describe the type of Safety Signages used in the organization/unit**

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

**9.3 Are mock drills / fire drills / evacuation drills for safety held in the organization/unit? If**

**so, please give frequency, participants and follow up actions**

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

**9.4 Safety training programme for employees - (***Refer Assessment Criteria for details)*

9.4.1 Has the organization/unit identified hazardous operations? Yes/No

If yes, please provide the list

9.4.2 Has the organization/unit developed training module for the same? Yes/No

If yes, please provide one/two modules.

9.4.3 Please furnish the following details of safety training in 2023-24

|  |  |  |  |
| --- | --- | --- | --- |
| **Level of Employees Level of Employee** | **Percentage of employees covered** | **Frequency of training**  **(Monthly/Quarterly/Annually)** | **Topics covered** |
| Management |  |  |  |
| Supervisors |  |  |  |
| Workers |  |  |  |

9.4.4 Who provides training?

a. HR department

b. External trainer

c. Line Manager

9.4.5 Safety training programme for contract workers –

* + - Type of training (describe briefly)
    - Percentage of workers covered
    - Frequency (weekly/monthly/yearly)

1. **Safety Inspection, Audits and Performance 20 marks**

**10.1 Describe the system of safety inspection in the organization/unit**

**(***Refer Assessment Criteria for details)*

10.1.1 Frequency - Daily

Monthly

No fixed frequency

10.1.2 By whom Jointly by safety & operations

Operations Department

Safety Department

**10.2 Describe the system of Safety Audits in the organization/unit**

**(***Refer Assessment Criteria for details)*

10.2.1 Frequency - Yearly Once in 2 yrs

000

No fixed frequency

10.2.2 By whom Jointly by safety & operations Operations Department

Safety Department

**10.3 Describe briefly the system of implementing the findings of the audits including**

**corrective & preventive actions.**

**(***Refer Assessment Criteria for details)*

**10.4** **Safety Performance**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 of Accident Free Million Man Hrs from last Incident (Injury) = Incident (Injury) free man hrs / 10^6

Total Man hrs worked =

**Option - 1**

* Actual working hrs of company & contractor employees including the Overtime during the period.

**Option II**

* If the there is no recording of time in & time out of company & contractor employees, then total Man hrs has to be calculated as follows = Avg. no of employees per day X 300 X 8 + (10% of Man Hrs as Overtime)

***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. **Occupational Health 10 Marks**

**11.1 a) Does your organization/unit have an Occupational Health Surveillance Program? If yes, what components of OH surveillance programs being carried out?**

(Note – whether a structured Occupational Health surveillance program is followed in addition to medical check for new recruits and yearly medical check for all employees, if so mention details. *Refer Assessment Criteria for details*)

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

**12.1**. **Has the organization/unit undertaken any new safety initiative Yes/No during the year? If yes, describe briefly the initiative**

**(***Refer Assessment Criteria for details)*

**12.2 Mention safety recognition/awards received, if any**

|  |  |  |  |
| --- | --- | --- | --- |
| **Award/Recognition** | **2021-22** | **2022-23** | **2023-24** |
|  |  |  |  |

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

**CEO/Authorized Representative**

**Signature :**

**Name :**

**Designation :**

**Seal of the Organization:**