

PROFORMA FOR SELF-CERTIFICATION
UNDER THE FACTORIES ACT, 1948 & THE TRIPURA FACTORIES RULES, 2007
for Maintenance of Health & Welfare provisions of any Factory
 (To be submitted by the Occupier on or before 31st January, every year)

1. Name of the Factory :
2. Address of the Factory :
3. Name of Occupier :
4. Registration No. ----- Date .-----

I	HEALTH	REMARKS (YES / NO /NA)
1	Is accumulation of dirt and refuse removed daily by sweeping or by any other effective method from the floors and benches of workrooms and from staircases and passages, and disposed of in a suitable manner;	
2	Are the floor of every workroom cleaned at least once in every week by washing, using disinfectant, where necessary, or by some other effective method;	
3	Is effective means of drainage provided and maintained where a floor is liable to become wet in the course of any manufacturing process	
4	Whether all inside walls and partitions, all ceilings or tops of rooms and all walls, sides etc of latrines & urinals are being painted or whitewashed/colour-washed as prescribed under Rule 59.	
5	Record of dates on which white washing, colour washing, varnishing etc maintained in Form No. 9	
6	Are sufficient measures taken to provide adequate ventilation, comfortable temperature and proper lighting etc (Specify numbers in space for provision provided) ?	
	(i) Exhaust Fans	
	(ii) Windows	
	(iii) Doors	
	(iv) Ventilators	
	(v) Sky lights	
	(vi) Air Conditioners	
7	Are sufficient exhaust systems provided for the removal of dust & fumes	
	a. Exhaust Fans	
	b. Duct with hood	
8	Sufficient and suitable lighting, natural or artificial, or both provided where workers are working or passing- a. The general illumination where persons are regularly employed shall not be less than 65 lux measured in horizontal place at a level of 90 cm above the floor b. The illumination over all other interior parts of the factory over which persons employed pass shall not be less than 5 lux at floor level	
9	No glare, either directly from a source of light or by reflection from a smooth or polished surface;	
10	No formation of shadows to cause eye-strain or the risk of accident to any worker	
11	Are sufficient arrangements made for the provision of safe drinking water?	
12	Drinking points legibly marked "Drinking Water" in a language understood by majority of the workers	
13	Drinking points not situated within six meters of any washing place, urinal, latrine, spittoon, open drain carrying sludge or effluent or any other source of contamination	
14	Cooled drinking water provided during hot weather (1st April to 30th September) (applicable wherein more than 250 workers are employed and one water centre for every 100 persons up to first 500 and one for every 200 persons above that)	

15	Are sufficient Latrines & Urinals facilities provided and arrangements made for their cleanliness- Latrine - One for every 25 workers separately for male and female. Urinal - One for every 50 workers separately for male and female.	
16	Whether Sweepers employed to keep clean latrines, urinals and washing places ?	
17	Is sign or notice displayed indicating the sex for which latrine is provided where workers of both sexes are employed ?	
II	WELFARE	REMARKS (YES / NO / NA)
1	Is ambulance room adequately staffed & equipped ? (applicable if, more than 500 workers employed) (Specify numbers in Remarks column for provision provided) ? (i) Ambulance Room Sq.ft. (ii) No. of Doctors (iii) No. of nursing staff (iv) Oxygen cylinder with attachments (v) First aid box with trained personnel on this	
2	Is ambulance van provided to carry injured workers to the hospital? (applicable for 250 or more workers employed)	
3	Is Canteen provided ? (Applicable if, more than 250 workers employed) (i) Dining Hall Sq.ft. (ii) Canteen Managing committee constituted (iii) Date of constitution	
4	Is rest room provided ? (applicable if, more than 150 workers employed) (Specify numbers in Remarks column for provision provided) (i) Rest RoomSq.ft. (ii) Benches with backrest provided	
5	Is creche facilities provided ? (applicable in case of more than 30 women workers are employed) (i) Creche RoomSq.ft. (ii) Name of Aya / attendant (iii) Playground (iv) No. of Children (v) Wash room provided	
6	Are leave with wages calculated and paid to the workers ?	
7	Return related to maternity benefits are submitted in prescribed forms ?	

Declaration

1. Certified that I have complied with all the provisions under the Factories Act, 1948 and the Rules framed thereunder pertaining to the above. This certificate is issued with my full knowledge of the statute.
2. I, being the Occupier, have the ultimate control over the affairs of the factory and thereby shall remain responsible for any information which is found misrepresented/incorrect/false/concocted and will be liable for prosecution under the relevant provisions of the Indian Penal Code, 1860 & the Factories Act, 1948 and the rules framed thereunder.
3. Any act of mala-fide or concealment of information pertaining to the above said would make me liable for any other kinds of damages as notified by the Government from time to time.

Submitted to the Inspector, Factories & Boilers Organisation,
West / Gomati / Unakoti District for kind information.

Signature of the Occupier
Name
(in Block Letters)
Office seal with date