



## **SAFETY CHECKSHEET FORM**

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## 1. Scope

This Pre-qualification Process is used to evaluate the extent of potential contractor's development and commitment to MSIL OH&S requirements, the applicable statutes pertaining to health, safety & welfare of all employees while at work, and ethical standards.

Based on the response to questionnaire, MSIL will determine if the Contractor will qualify and be registered as an "Approved Contractor".

2. Contractor Details  Name of Company		
Postal address		
Contact person		
Phone		
Fax		
Project or type of work		
(Description of services)		
Previous MSIL Contracts		

## 3. Contractors/Company Profile

ORGANIZATION DETAILS	
(Please Provide Copy of the Organizational Chart if Available):	
Key Roles:	Number:
Employees ( Office Staff +Driver +Helpers + Others)	
Supervisors	
Sub Contractors	





# 4. General OH&S Systems

A. Management Focus	Yes / No / NA	Documents to be provided
Does your organization have a written health and safety policy signed by CEO/MD		Annexure-S1 (Attach the signed Safety Policy of the organization)
2. Does contractor have dedicated safety officer/coordinator for project site?		<ul> <li>Name of Such Safety coordinator with Job</li> </ul>
If Yes, Specify the Name of Safety Coordinator		Profile of Safety officer.
Job Profile of Safety officer		
3 .Job supervision at work site? At least one supervisor at one work site		Annexure-S2 (Attach the Site organization structure chart.)
4. Does contractor assigned budget for safety (Safety gears apart from PPE's)?		Annexure-S3 (Attach the Policy Document issued by Top Management of contractor for mandatory budget for Safety)
If Yes, Specify the Safety budget assigned in FY 18-19		mandatory budget for Safety)
5. Does contractor have a system in place for pre- employment & periodic health check-up (at least once in year) of all employees including contractual?		Annexure-S4 (Upload Policy Document depicting medical examination requirements)
6. Does contractor have all statutory compliance for workmen compensation like PF/ESIC/medical insurance for their all employees or hiring person from outside?		Annexure-S5 ( Upload the PF/ESIC and Health Insurance documents for those not covered under ESIC)
7. Does contractor have all legal documents for material handling equipment like fitness certificate/RC/driving licence/insurance/pollution?		Contractor to ensure to have legal vehicle documents and Licenses and Test certificate in case of Lifting equipment.
8. Does contractor have the system of hazard identification and risk assessment?		Annexure-S6 (Upload Hazard identification and risk assessment documents of Jobs been carried out by the contractor in any previous project.)





9.Does contractor owner has developed a system for immediate information about any incident at site		Annexure-S7 (Upload document of Communication chart for incident Communication by the contractor in any previous project.)
10. Does any system available for internal safety/health audit by contractor?		Annexure-S8 (upload for Audit Schedule /Audit Report conducted by Contractor for Safety compliance at site.)
11. Does contractor has authenticated all the Equipment before put in use?		Contractor to ensure only authenticated equipment to be put in Use
B. Infrastructure, Resources for Site Control	Yes / No / NA	Documents to be provided
B.1 Hot Work related		
12. Is IS/other relevant standard approved welding/gas cutting/ grinding/cutting machines are available?		Contractor to Check for User manual of the equipment put into use.
13. Is skilled manpower available for approved welding/gas cutting/ grinding/cutting machines? (ITI/ 3 relevant years' experience)		Since it is a skilled activity. Welder shall be either ITI or have Minimum 3 yrs. of experience in Welding/Gas cutting activity. Contractor to Check for ITI Certification or Work record as a welder with the contractor.
14. Are appropriate PPE's like leather hand gloves, welding shield apron etc. available or not?		Invoice or PO of the PPE's will be checked before put in use.
15. IS standard Fire Extinguisher/Water bucket/sand bucket available & maintained?		Invoice or PO of the same, will be checked before put in use.
16. Is Fire retardant blanket of required size available?		Fire Blanket with fire resistance of 1000 degree Celsius shall be available.
B.2 Work at Height related	Yes / No / NA	Supportive Documents to be provided
17. Is Standard scaffolding material available/use or not (with handrail, toe board, ladder, base plate, locking pin, wheel lock, braces etc.)?		Annexure-S9 (upload the Scaffolding specification document).
18. Does contractor have dual fall protection devices like fall arrestor, horizontal/vertical		Annexure-S10 (upload the specification document of dual fall protection devices)





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lifeline/safety net available or not?		
19. Is third party certification of Full body safety		Annexure-S11 (upload the third party test
Harness done or not?		certificate issued by competent person as per
(As per factory act and state factory rule)		factory rules.)
B.3 Lifting Equipment, Tools & Tackles & Earth	Yes / No / NA	Supportive Documents to be provided
Moving Equipment (Loader/Excavator etc.)		Supportive Documents to be provided
20. Are IS standard lifting equipment's/tools &		Only IS standard lifting equipment's/tools &
tackles are available for use?		tackles to be use
21. Are all equipment periodically certified by competent person & identified?		Annexure-S12 (upload the third party test
(As per factory act and state factory rule)		certificate for each lifting equipment).
22. Is operator trained & has valid license to		
operate?		
23. Are appropriate Safety Device (hook latch,		
sensor, limit switch, SLI, alarm etc.) provided over		
the lifting equipment		
B.4 Hand Tools, Power Tools& Electrical Devices	Yes / No / NA	Supportive Documents to be provided
24. Is industrial type distribution board with electrical safety device provided?		
25. Are tools available & being used at site		
standard make/high quality?		
B.5 Confined Space Work related	Yes / No / NA	Supportive Documents to be provided
26. Does Contractor have Fall Arrestor System for		
ascending and descending the confined space,		Annexure-S13 (Contractor to provide
Rescue Equipment (Tripod, Airline respirators,		Specification Documents of fall protection
SCBA), Multi gas Detectors. Rope ladder etc.		items)
B.6 PPE's(Personal Protective Equipment)	Yes / No / NA	Supportive Documents to be provided
27. Are IS standard appropriate PPEs (as per		
nature of job of contractor) available or not?		
C. Communication, Training & Learning from	Yes / No / NA	Supportive Decuments to be associated
Past Accident		Supportive Documents to be provided
28. Is safety tool box talk being conducted before		
start of the activity to all employees and		
recorded?		
20 Are incident / assident learning worked out		Ask about last 3 year incident happened with
29. Are incident / accident learning worked out clearly? (Mention the type of Incident)		the contractor employee. their counter
dearry: (Mendon the type of incluent)		measures taken and implemented
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If Yes, Do's & Don'ts communicated for prevention of reoccurrence from past accidents	Annexure-S14, (attach the Do's & Don'ts communicated in previous project)
30. Verification system for countermeasures implementation of past accident at same site & new site.	Annexure-S15 (attach the record of similar areas identified by contractor and key learnings implemented record)

5. Other R	elevant In	formation
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If there is any other information we should have to assist in the assessment of your capabilities to work effectively on OH&S and technical training; please include it here.

### 6. Conditions

All Contractors, sub-contractors, and their employees must agree to comply with MSIL's:

- Health & Safety Policy,
- Site Safety management system including but not limited to:
  - o SHE Conditions of contract
  - o MSIL Safety Rules
  - o Project specific rules

As representative for (Name or on their behalf that we will con Signed for and on behalf of the	nply with these requirements and others as specified and advised by MSIL	_, I agree
Full name of representative Signature		
Date:		