1. NAME OF WORKPLACE …………………………………………………………………………………………………………………

2. PERSONNEL

<table>
<thead>
<tr>
<th></th>
<th>Permanent</th>
<th></th>
<th>Casuals</th>
<th></th>
<th>Sub - Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Management/Supervisors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub - Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grand Total

3. PREMISES

a) Type of Building ………………………………………………………………………………………………………………………

b) Description of workplace(s) ……………………………………………………………………………………………………………

4. NUMBER OF SANITARY AND WASHING FACILITIES

<table>
<thead>
<tr>
<th></th>
<th>MALE</th>
<th></th>
<th>FEMALES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Floor</td>
<td>Toilets</td>
<td>Urinals</td>
<td>Showers/bathrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. RAW MATERIALS IN USE …………………………………………………………………………………………………………………

6. PRODUCTS ……………………………………………………………………………………………………………………………………..

7. GIVE A BRIEF SUMMARY OF NATURE OF WORK BEING DONE IN THE WORKPLACE ………………………………………………………………………………………………………………………………………

8. LIST THE HAZARDS IN YOUR WORKPLACE ………………………………………………………………………………………………………………………………………

9. WHAT PRECAUTIONS HAVE YOU TAKEN TO CONTROL THE HAZARDS? ………………………………………………………………………………………………………………………………………

10. LIST THE PROTECTIVE APPLIANCES AND CLOTHING PROVIDED TO WORKERS (if any) ………………………………………………………………………………………………………………………………………

11. VENTILATION

a) Mechanical (e.g. Type) ……………………………………………………………………………………………………………………..

b) Local exhaust ventilation (if any): ……………………………………………………………………………………………………………………..

12. FIRE PRECAUTION

a) Appliances (Indicate types, number and distribution of fire extinguishers): ………………………………………………………………………………………………………………………………………

b) Means of escape from workplace in case of fire: (specify) ………………………………………………………………………………………………………………………………………

c) Has a fire risk audit been carried out? ………………………………………………………………………………………………………………………………………
13. WELFARE FACILITIES
   a) First Aid Box/First aid rooms ..........................................................
   b) Drinking Water..........................................................................

14. OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEMS.
   a) Is there a documented Occupational Safety & Health Policy in place? YES/NO
   b) Is there a functional Occupational Safety and Health committee? YES/NO
   c) Has the committee received the prescribed basic training in OSH? YES/NO
   d) Date of last Safety Audit......................... Name of Safety and Health Adviser ..........................

15. HAVE MEDICAL EXAMINATIONS AND TESTS ON WORKERS BEEN DONE AND WHEN
   i.e. give dates and names of DHP ............................................................................................................

16. DECLARATION.
   I declare that the information given herein is true to the best of my knowledge and belief.

   Name of Person filling Assessment Report: ............................................Signature: ................................
   Designation ........................................................................ Assessment Report Date .................................