

**Form No. 27**  
**Annual Return**  
(See Rule 119(1))

Office Use Sr. No.
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For the Year ending -----

**General Information**

- 1) Name & Address of the Factory  
Street, City, Taluka, District
- 2) Name & Designation of the Occupier
- 3) Name & Designation of the Manager
- 4) Contact Details of the Occupier  
Telephone Fax  
Email Mobile
- 5) Contact Details of the Manager  
Telephone Fax  
Email Mobile
- 6) Registration Number of factory
- 7) Licence under Factories Act  
Licence No.  
Renewed upto
- 8) Installed HP  
HP
- 9) Legal Organization :- a) Sole proprietor, b) Partnership, c) Private company, d) Public Company, e) Co-operative, f) family business, g) Govt. / Semi Govt., h) other
- 10) Ownership :- a) National, b) Foreign, c) Joint National and Foreign
- 11) Manufacturing process as per NIC 2008  
5 Digit Code as per attached Classification of Manufacturing Process
- 12) Plan approval No. & Date (in chronological order)

- 13) Does the factory have a Certificate of Stability? *(If Yes, what is the date of issue of the Certificate)* Yes / No
- 14) Permanent Serial No. of Factory

**Workforce**

- |  | Male | Female |
|--|------|--------|
| 15) Mention maximum number of workers employed for any day of the year |      |        |
| Permanent Employees:   |      |        |
| i) Managers & Supervisors  |      |        |
| ii) Workers  |      |        |
| a) Workers over 18 Years   |      |        |
| b) Workers over 14 years but < 18 years                                |      |        |
| Total  |      |        |
| 16) Contract Workers   |      |        |
| 17) Daily Wages Workers  |      |        |
| i) Temporary Workers   |      |        |
| ii) Casual Workers   |      |        |
| 18) i) Apprentices   |      |        |
| ii) Trainees   |      |        |
| Total of Sr. No.15 to 18   |      |        |
| 19) Family members of the owner of the factory                         |      |        |
| a) Paid  |      |        |
| b) Unpaid  |      |        |
| 20) a) Security / Watchman   |      |        |
| b) Name Security Agency / Security Guard Board                         |      |        |
| c) Mathadi Workers   |      |        |

- 21) For permanent workers, how many years of service?  
 Less than 1 year  
  
 1 year to <5years  
  
 5 years to <10 years  
  
 More than 10 years

Yes / No (If so, number)

- 22) Does the factory employ its own security guards as direct employees?  
 23) Does the factory employ its own Mathadi workers as direct employees?  
 24) Does the factory employ its own cleaning staff as direct employees?  
 25) Are any contract workers inter-State migrant workers?

**Inspections:**

- 26) What was the date of the last inspection by a factory inspector? Date  
 27) What was the date of the last spot safety audit by a factory inspector? Date  
 28) What was the date of the last occupational, health and safety audit conducted by an internal auditor? Date  
 29) What was the date of the last occupational, health and safety audit conducted by an external auditor? Date  
 30) What was the date of the last examination by a competent person? Date  
 What was examined on that date?  
 (Indicate)

Equipment / machinery examined

- 31) Does the factory hold any OSHA 18001,ISO 14001 or other similar certification? Yes / No  
*(If YES, which certification(s) and what was the last date of certificate renewal?)*  
 32) Does the factory have a Code of Conduct as required by buyers of the factories' products? *(If YES, what was the last date of inspection by a buyer or buyer's representative?)* Yes / No

**Dangerous operations and hazardous processes (Sr. No. 33, 34)**

- 33) Which of the operations among Dangerous Operations Schedule are conducted in the factory? (*Indicate all operations that are conducted*)
- 1)
  - 2)
  - 3)
  - 4)

If none of the operations listed in the schedule are conducted, write NIL.

- 34) a) Is your factory in the list of Industries involving hazardous processes as defined under Section 2 (cb) of the Factories Act 1948? (If none, write NIL)
- b) If yes, which are the hazardous processes that are carried out in the factory

**Storages of Hazardous Substances-** (*Applicable for MAH Factories*)

- 35) i) Do you store any hazardous chemicals as listed in Schedule 1 annexed to CIMAH Rules 2003, in your factory? If so, give the list. If none write NIL
- ii) Do you store quantities of hazardous chemicals equal to or above threshold limits as listed in column 3 of Schedule 2 annexed to CIMAH Rules 2003, in your factory? If so, give the list along with inventory.

Does your factory fall under MAH category?

होय / नाही

If none write NIL

3) If your factory falls under MAH category,

(a) Have you submitted site notification report? *Give date of submission*

(b) Have you prepared and submitted ON site emergency plan? *Give date of preparation*

(c) Have you updated ON site emergency plan? *Give Date when last updated and submitted.*

(d) Dates of Mock drill along with scenario, carried out in the year. *Give Dates of Mock drill along with scenario, carried out in the year.*

4) Do you store quantities of hazardous chemicals equal to or above threshold limits as listed in column 4 of Schedule 2 annexed to CIMAH Rules 2003, in your factory? If So, give the list along with inventory.

(a) Have you prepared and submitted Safety Report? *Give date of submission*

(b) Have you carried out safety audit internally in a year? (*Give date and date of submission of compliance*)

If not -

(c) Have you carried out safety audit externally? (*Give date and date of submission of compliance report.*)

### **Safety and health**

36) Does the factory have a written safety and health policy?

Yes/No

If YES, how is this communicated to workers?

(a) notice board

(b) circular

(c) other

If YES, what language is used?

(a)

Marathi

(b) Hindi

(c)

English

होय / नाही

37) Does the factory have written safety guidelines for workers.

If YES, how is this communicated to workers?

(a) notice board

(b)

circular

(c) other

If YES, what language is used?

(a)

Marathi

(b) Hindi

(c)

English

38) Does the factory have an onsite emergency plan?

YES / NO

If YES, evacuation plan is displayed throughout the factory for all workers to see?

If YES, is there regular onsite emergency mock drills involving evacuation drills?

If YES, what was the date of the last

mock drill?

- 39) Does the factory have safety officers? YES / NO  
*(applicable for 1000 workers or notified)*

If YES, how many as on reporting date?

If yes, Whether he is a qualified Safety Officer as per Rules?

- 40) Does the factory have a safety committee? YES / NO  
*(only for Section 2(cb) applicable factories)*

If YES, how many workers are member of the safety committee?

how many management representatives are members?

If YES, how often does it meet?

- 41) Does the factory have at least 2 exits on each floor in each building it occupies? YES / NO

- 42) Are fire extinguishers placed throughout the factory? YES / NO

Sr. No. Type

Capacity Qty.

1) Foam Type

2) Dry Powder

3) Carbon Dioxide

4) Any other

If YES, how many workers have been trained to use extinguishers?

- 43) Does the factory have first aid boxes? YES / NO

If YES, how many throughout the factory?

If YES, how often are they checked for their contents?

- 44) Do any workers have a first aid certificate? YES / NO

If YES, how many?

- 45) Does the factory have a HIV/ AIDS policy?

- 46) Does the factory provide workers with personal protective equipments (PPE's) ? If YES, which items are provided?

1) Head Protection

2) Foot Protection

3) Eye Protection

4) Ear Protection

- 5) Hand Protection
- 6) Body Protection
- 7) Respiratory Protection
- 8) Others

- 47) Are workers required to pay for any protective clothing or equipment?  
If YES, which items? Yes/No
- 48) Has the factory reported any accidents to the factory inspector during the reporting period?  
If YES, how many non-fatal?  
how many fatal? Yes/No
- 49) Has the factory reported any occupational diseases to the factory inspector during the reporting period?  
If YES, how many non-fatal?  
  
how many fatal? Yes/No
- 50) Has the factory reported dangerous occurrence to the factory inspector during the reporting period?  
If YES, how many \_\_\_\_\_ Yes/No
- 51) Are safety posters displayed in the factory? Yes/No
- Welfare facilities**
- 52) Does the factory provide drinking water for workers? Yes/No
- 53) Does the factory have a crèche?  
*(Applicable for having 30 or more thane 30 female workers in the factory)* Yes/No
- 54) (a) Does the factory have a canteen?  
*(Applicable for 250 or more workers)* Yes/No  
If Yes  
(b) Is the canteen managed by-  
1) Departmentally or  
2) Through a contractor or  
3) By co-operative society.
- 55) Is a lunch room provided? Yes/No  
*(Applicable for 150 or more workers)*
- 56) Does the factory provide a locker for workers?

- 57) Is there a changing room for workers?
- 58) Is there a rest room or shelter for workers?  
*(Applicable for 150 or more workers)*
- 59) Is there a Occupational Health Centre?  
*(as per Section 2(cb) under Rule 73VV)*
- 60) Is the occupational health centre open to members of the worker's family?
- 61) Is there an ambulance room?  
*(Applicable for 500 or more workers)*
- 62) Is there a full-time doctor in attendance?
- 63) Is there a part- time doctor?
- 64) Is there a full-time nurse in attendance?
- 65) Is there a part-time nurse?
- 66) Does the factory have separate toilets for men and women?
- 67) How many latrines for men?
- 68) How many urinals for men?
- 69) How many latrines for women?
- 70) Are the above facilities available to contract workers?
- 71) Is there a welfare officer?  
If yes, number of welfare officers?  
*(Applicable for 500 or more workers)*

**Wages & Benefits :-**

- 72) Are workers required to work overtime? YES / NO  
If yes, what is the overtime rate of pay?  
If yes, what was the highest number of overtime hours worked by a worker last month?
- 73) a)How many hours per day (without overtime) do workers work? ..... Hours



b)How many days are required to work for the worker per week?

..... Days

**Industrial Relations:**

74) Does the factory have a written Policy against sexual harassment?

YES / NO

75) Does the factory have a committee for redressal of sexual harassment ?

YES / NO

76) Have any sexual harassment complaints been lodged within the factory during the reporting period?

77) Does the factory operate a suggestion box scheme?  
If YES, how many useful suggestions received during the period?

How many suggestions were acted upon?

How many workers rewarded for suggestions?

How much amount was distributed as rewards?

78) **Employment Information:-**

- a) No. of days worked in a year
- b) No. of weeks worked in a year

Workers		Avg. No. of Workers employed daily.	No. of man-days during the year	Avg. No. of Hours worked per week	No. of man-hours worked on overtime in a year	No. of man hours worked including overtime in a year
Adults	Male					
	Female					
Adolescent (15 < 18 Years)	Male					
	Female					
Children (14-15 years)	Male					
	Female					
	Total					

## 79. Leave with wages

Worker		No. Employed	No. entitled to annual leave	No. who were granted leave	No. of discharged workers	No. of dismissed workers	No. of workers who quit the employment	No. of workers superannuated	No. of workers who died while in service	No. of workers to whom wages in lieu of leave were paid
Adults	M									
	F									
Adolescent (15 < 18 Years)	M									
	F									
Children (14-15 years)	M									
	F									
	Total									

## 80 Accident Details

A)

	Workers employed directly			Total
	Permanent	Temporary	Contract worker	
No. of Fatal Accidents				
No. of Non-fatal Accidents				

B)

Dangerous Occurrences	Fire	Explosion	Toxic gas release	Collapse of building / structure
No. of dangerous occurrences in a year.				

C)

Number of workers injured	Number of injured workers who returned to work in this year	Number of workers injured in previous year who joined the work this year	Number of man-days lost	Number of workers injured this year but have not joined during this year



**84) Closure Information of Factory as per Rule 125(2) of the Maharashtra Factories Rules, 1963.**  
(Applicable for closed factories)

Name of Factory and Full Address ::

Date of Closure ::

Reasons for closure ::

Nature of Closure, whether entire or partial :: Entire / Partial

If partial the shift, section or department closed. ::

::

No. of workers on the muster roll at the time of closure. ::

No. of workers affected by the closure. ::

**85) Re-opening information of Factory as per Rule 125(3) of the Maharashtra Factories Rules, 1963.** (Applicable for re-opened factories)

Name of factory and full address ::

Date of closure ::

No. of workers affected at the time of closure ::

Factory or any shift, Section or department re-opened ::

No. of workers on the muster roll at the time of re0pening. ::

No. of workers re-employed and newly employed.

**Other**

86 Is the factory a member of the Mutual Aid and Response Group (MARG) :: YES / NO

87 Has the company engaged in any other corporate social responsibility activities during the period? :: YES / NO

If YES,  
What activities?

Who benefited?

88 Does the factory employ any disabled workers? :: YES / NO

If YES, what types of disability? (e.g. physical, sight, hearing, intellectual?

How many men?

How many women

If YES, what special assistance and support, if any, has been provided for them?

I verify and state that the above information is true and correct to the best of my knowledge and belief.

**Date**

**Signature of owner / manager**

**Name**

**Designation**