

FORM-01
[See Rule 3 (6)]

Application for grant of competency to a person

1. Name
2. Date of birth
3. Name of the organization (if self-employed)
4. Educational qualifications (copies of testimonials to be attached)
5. Details of professional experience

Sr. No.	Name of the Organization	Period of service	designation	Area of Responsibility
(1)	(2)	(3)	(4)	(5)

6. Memberships, if any, of professional bodies
7. (i) Details of facilities (examination, testing etc.)
(ii) Arrangements of calibrating and maintaining the accuracy of these facilities)
8. purpose for which competency certificate sought (specify the section of the Rules)
9. whether the applicant has been declared as a competent person under any other state or statute (if so furnish details)
10. any other relevant information

I _____ hereby declare that the information furnished above is true.

I undertake

- (a) That in the event of any change in facilities at my disposal (either addition or deletion) I will promptly inform the Chief Inspector-cum-Facilitator.
- (b) to maintain the facilities in good working order calibrating periodically as per manufacturer's instructions or as per National standards; and
- (c) to fulfill and abide by all conditions stipulated in the certificate of competency and instructions issued by Chief Inspector-cum-Facilitator from time to time.

Place
signature
Date

FORM-02
[See Rule 3 (6)]

Application for grant of competency to an institution

1. Name and full address of the organization.
2. Organization's status (specify whether Individual, Government, autonomous, co-operative, corporate or private)
3. Purpose for which competency certificate sought (specify the section of the Rules)
4. Whether the organization has been declared as a competent person under any other statute (if so furnish details)
5. Particulars of persons employed and possessing qualification and Experience

Sr. No.	Name of the designation	Qualification	Experience	Section(s)/rule(s) Under which person's competency sought
(1)	(2)	(3)	(4)	(5)

6. Details of facilities and arrangements made for their maintenance and calibration periodically.

7. Any other relevant information

8. Undertaking

I _____ certify that shri./Smt. _____ whose details are furnished above, is in our employment and nominate on the behalf of organization for the purpose of being declared as competent person under the Code; I also undertake that I will-

(a) Notify to the Chief Inspector-cum-Facilitator in case the competent person leaves our institution.

(b) To maintain the facilities in good working order calibrating periodically as per manufacturer's instructions or as per National standards;

(c) notify to Chief Inspector-cum-Facilitator any change in facilities(either addition or deletion)

(d) to fulfill and abide by all conditions stipulated in the certificate of competency and instructions issued by Chief Inspector of Factories from time to time

I _____ hereby declare that the information furnished above are correct to the best of my knowledge

Date

Place

Moblie number

Signature

Head of Institution

Email

FORM-03
[See Rule 3 (8)]

Certificate of competency issued to a person or an institution

I _____ in exercise the power conferred on me under section 2(l) of The Occupational Safety, Health And Working Conditions Code 2020 and the rules made there under, here by recognize shri. _____ (if employed in Name of institution) ----- to be Competent person for the purpose of carrying tests, examinations, inspections and certification for such ***buildings, dangerous machinery, lifts, tackles, pressure plants, confined space, ventilation or plant and equipment as the case may be*** in an establishment located in state of Meghalaya under section _____ of the Code and the rules made there under.

This certificate is valid from _____ to _____

This certificate is subject to the following conditions as stipulated there under-

1. tests, examinations, inspections and shall be carried out in accordance with the provisions of Code and the rules made there under.
2. tests, examinations, inspections and shall be carried out under the direct supervision of competent person
3. the certificate of competency shall stand cancelled if the person declared competent leaves the institution.
4. Competent person or institution shall submit reports as per provisions of the Code.
5. Any other condition Chief Inspector-cum-Facilitator may think fit.

Place

Official seal signature

Date

Chief Inspector-cum-Facilitator of Factories,
Meghalaya.

Note: A separate certificate should be issued under each relevant Section. A person or an institution may be recognised as competent person for the purpose of more than one Section of the Rule.

FORM-04
[See Rule-4]

**Application for Registration for existing establishments/New Establishment /
Amendment to certificate of Registration**

A. Establishment Details.

1. Retrieve details of Establishment through LIN:
2. Name of Establishment:
3. Location and Address of the Establishment:
4. Others details of Establishment:
 - a. Total Number of employees engaged directly in the establishment:
 - b. Total Number of the contract employees engaged:
 - c. Total Number of Inter-State Migrant workers employed:

5 (a) For factories:

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day
(1)	(2)	(3)	(4)

6. Ownership Type/Sector:
7. Activity as per National Industrial Classification:
8. Details of Selected NIC Code:
9. Identification of the establishment e-sign/ digital sign of employer /

representative:

B. Details of Employer:-

1. Name & Address of Employer / Occupier / Owner/Agent/ Chief Executive/ port authority etc.:
2. Designation:
3. Father's/ Husband's Name of the Employer :
4. Email Address, Telephone& Mobile No :

C. Manager/ Agent Details

1. Full name & Address of Manager/ Agent or person responsible for supervision and control of the Establishment
2. Address of Manager/ Agent:
3. Email Address, Telephone& Mobile No :

D. Contractor Details:

Name and Address Contractor	Email address& Mobile of Contractor	Name of Work	Maximum No. of Contract labour engaged	Date of Commencement / Probable date of Completion of work
(1)	(2)	(3)	(4)	(5)

E. Others Details:-

Signature/ E-sign/digital sign of employer

Dated:-

Place:-

FORM-05
[See Rule 4 (1)(iii)]

Details of inter-state migrants employed/to be employed in an establishment

1. Name of establishment:
2. Address of establishment:
3. Name and address of employer:
4. Details of inter-state migrant workers

S. No.	Name	Father/Husband`s name	Permanent address				Aadhar number	Mobile number
			Town/Village	Tehsil / Sub-division	District	State		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Signature/ E-sign/digital sign of employer

FORM-06
[See Rule-4(2)(i)]
Certificate of Registration of Establishment

Registration No.

Date

A Certificate of registration containing the following particulars is hereby granted under sub section (2) of section 3 of the Occupational Safety, Health and Working Conditions Code, 2020 (37 of 2020) and Rule 4 of Occupational Safety, Health and Working Conditions (Meghalaya) Rules, 2023

to..... (Name of the establishment)

1. Nature of work carried on in the establishment (Please tick mark)

- | | |
|---|--|
| (a) Factory | (b) Mining |
| (c) Dock work | (d) Contract Work |
| (e) Building and Other Construction Works | (f) any other work (not covered above) |

2. Details of the establishment:

- a. Total Number of employees engaged directly in the establishment:
- b. Total Number of the employees engaged through contractor
- c. Total Number of Contractors and their details:
- c. Number of inter-state migrant workers engaged:

3 (a) For factories

Details of the manufacturing process	Full postal address and situation of the factory along with plan approval details	Name and address of the occupier and manager	Maximum number of workers to be employed on any day
(1)	(2)	(3)	(4)

4. Amount of registration fee paid.....

5. Remarks of registering officers

Signature/ E -Sign/DSC of
 Registering Officer along with designation

Place:

Date:

Conditions of Registration

(1) Every certificate of registration issued under Rule 4 shall be subject to the following conditions, namely:

- (a) The certificate of registration shall be non-transferable;
- (b) The number of workers employed in an establishment directly and contract employees shall not, on any day, exceed the maximum number specified in the certificate of registration; and
- (c) Same as provided in these rules, the fees paid for the grant of registration certificate shall be nonrefundable.

(2) The employer shall intimate the change, if any, in the number of workers or the conditions of work to the registering officer within 30 days

(3) The employer shall, within thirty days of the commencement and completion of any work, intimate to the Inspector-cum-Facilitator, having jurisdiction in the area where the proposed establishment or as the case may be work is to be executed,

intimating the actual date of the commencement or, as the case may be, completion of establishment such work in **Form -08** annexed to these rules electronically.

(4) A copy of the certificate of registration shall be displayed at the conspicuous places at the premises where the work is being carried on.

FORM-07
[See Rule-4(6)]
Register of Establishment

Sr.No	Nature of work	Registration No. and Date	Name and Address, location of the establishment registered	Name, Address And Contact Details of Employer	Total number of Workers and Total Horsepower (if any)	Total number of contract Workers	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature/ E -Sign/DSC of
Registering Officer along with designation

Place:
Date:

FORM-08

[See Rule-4(7) and Rule- 5]

Notice of Commencement / cessation of Establishment:

1. Registration No:
2. Name and Address of Establishment:-
3. Name & Designation of employer/ Port authority (who has ultimate control over the affairs of the establishment :-
4. Full address to which communication relating to the establishment to be sent:-
5. Nature of work of the establishment:-
6. In case of the notice is for commencement of work the approximate duration of work:-
7. in case of cessation, the date of cessation:

I / We hereby intimate that the work of establishment having registration No.....dated is likely to Commence /cessation is likely to be completed with effect from..... (Date)/ On (Date).

In case of cessation of work:

I/we hereby certify that the payment of all dues to the workers employed in the establishment have been made and the premises are kept free from storage of hazardous chemicals and substances.

Signature of the Employer

To,
The Inspector-cum-Facilitator

FORM-09
[See Rule 6]
Health Register

Sr. No.	Name of Employee	Date of Employment	Age	Gender
(1)	(2)	(3)	(4)	(5)

Nature of Job	Date of Medical Examination	Results of Medical examination	Signature of the qualified medical Practitioner	Signature of Employer
(6)	(7)	(8)	(9)	(10)

Signature of Medical Officer

Signature of Employer

Place:

Date:

FORM-10
[See Rule-6]

The medical examination shall be conducted by a qualified medical practitioner as per following proforma:

A. Demographics:

Question	Answer	Remarks
Date:		
Name of the Worker:		
Age:		
Permanent Address:		
Gender:		
Total Number of family Members:		
Total monthly family Income:		
Is the employee under ESI (Employees' State Insurance) Scheme? If yes, provide IP Number.	Yes/No	
Is the employee under any other health scheme apart from ESI-Scheme? (If yes, provide the name of the scheme)	Yes/No	

B. Occupational History

Question	Answer	Remarks
Present Designation:		
Work Profile:		
Duration of service in the present work profile:		
Working Hours per shift:		
Night Shift Per Week:		
Night Shift per Month:		

C. Brief Review of Medical History: Diagnosed previously or currently under treatment or Currently suffering from

Question	Answer (Yes/No)	Remarks
Anaemia		
Jaundice		
Asthma		
COPD		
History of Any other Lung Disease: (If Yes, Please Specify)		
Vertigo/Dizziness		
Diabetes Mellitus		
Hypertension		
Any Cancer (If Yes, Please Specify the Cancer)		
Chronic Low Back Pain		
Chronic Pain in hand or Elbow		
Hernia		

Hydrocele		
Varicose Vein		
Haemorrhoids		
History of amputation/fracture/dislocation injury during work (If Yes, please specify)		
Dermatitis (If Yes, specify Site)		
Hearing Impairment		
Visual Impairment		
Any Major Illness requiring hospitalization in last 1 year (If Yes, Name of the Disease)		
Occupational Injury in Last 1 year: if yes Specify the Location of injury and frequency		

D. Current Symptoms-Diseases Module

Question	Answer (Yes/No)	Remarks
Smoking habit		
Chewing Tobacco or Pan Masala or Gutkha:		
Alcohol Addiction		
Dermatosis (Irritant Contact Dermatitis /Eczema /Chloracne /Allergic Contact Dermatitis):		
Mucosal Irritation of eyes/ Nose/ Throat with response to chemical agent or biological agent:		
Symptoms like Respiratory Difficulty/ Chest Tightness/ Dry Cough at beginning of shift:		
Currently suffering from TB:		
Jaundice or Hepatitis:		
Currently suffering from Low Back Pain		
Currently suffering from Pain in hand or Elbow:		
Currently suffering from Visual Problems		
Currently suffering from Hearing Problems		
Any current injury (amputation/ fracture/ dislocation)		
Any current musculoskeletal sprains/ strains		

E. Physical Examination

Date of Examination:

Question	Answer (Yes/No) or as appropriate	Remarks
General Skin Condition: (If Any Dermatitis, please mention its location)		
Weight (in Kg):		
Height (in Meter)		

Temperature (°F):		
BP:		
Pulse:		
SpO2:		
Respiratory Rate:		
Examination of Breast of female-employee		

F. Investigation Report**Routine Blood Investigation: Attach the photocopy of the report****Blood Grouping & Rh Typing and HB Electrophoresis Once in a lifetime**

Parameter	Answer (Normal/Increase/Decrease)	Value
Hb%:		
Total WBC Count and Differential Count:		
Platelet Count:		
ESR:		
FBS:		
PPBS:		
HBA1C level		
BUN:		
Creatinine:		
Total Protein		
Albumin		
Globulin		
SGOT		
SGPT		
Bilirubin		
Urine RE		
Urine ME		
Prostate Specific Antigen (PSA)		

G. Standard Chest X Ray (PA) View: attach the photocopy of the report**Date:**

Parameter	Answer (Normal/Increase/Decrease)	Value (if any importance)
Report		

Report:

H. Spirometry: attach the photocopy of the report (For mine employee)**Date:**

Parameter	Answer (Normal/Increase/Decrease)	Value
PEFR:		

FEV1:		
Observed:		
Predicted:		
FVC:		
Observed:		
Predicted:		
FEV1/FVC:		
Final Report: Normal / Obstructive Lung Disease/ Restrictive Lung Disease/ Mixed Lung Diseases		

I. Audiometry (Pure Tone / BERA): attach the photocopy of the report (For Mine Employee)

Date:

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like wax in external ear, infection etc	
Right Ear Hearing Threshold:	
Left Ear Hearing Threshold:	
Final Report preferable based on BERA:	
Right Ear:	
Left Ear:	

J. Eye Examination: attach the photocopy of the report

Date:

Parameter	Value/Result/Interpretation
Visual inspection of Eye for any abnormality like corneal opacity/scarring, cataract etc.	
Visual Acuity: Right	
Visual Acuity: Left	
Colour Vision	
Field of Vision	
Binocularity	
Lateral Phoria	
Vertical Phoria	
Stereoscopic Vision and Depth Perception Testing	
Fundus (Retina) examination	

K. 12 lead ECG and Echocardiography:

Final Report:

L. MEDICAL FITNESS TESTS FOR PERSONS WORKING AT HEIGHT (as may be applicable):

1. Detailed Medical History and in-Depth General Medical Examination including tests for Vision, Hearing, Musculoskeletal System, Respiratory System, Cardiovascular System etc. As applicable to all employees

2. Special Examination

a) Cardiovascular

Uncontrolled hypertension or ischemic heart disease will be a contraindication. In the presence of hypertension and abnormal ECG findings, the employee should be referred to a Cardiologist for fitness.

b) Tests for Labyrinthine functions and for sense of position Eye Examination for Bilateral Nystagmus, Romberg sign.

The presence of bilateral nystagmus and a positive Romberg sign will be an absolute contraindication.

- c) Neurological examination Evaluate seizure disorders: CT Scan of Brain and E.E.G if indicated
- d) Assessment of Diabetic Control Status:
(in case of employees suffering from Diabetes Mellitus)
- e) Assessment of Phobia (Acrophobia) and any other Mental Health Disorder like Anxiety or Depression
- d) Evaluation for Vertigo and Dizziness

For use of Industrial Safety Section:

Walking freely over a horizontal bar at 1 ft. height: PASS / FAIL

Wearing a safety belt and tying the rope knot: PASS/ FAIL

Walking over a horizontal structure at 9 ft. height wearing a belt: PASS/ FAIL

General physique (O.K./NOT O.K): PASS/ FAIL

M. Any other information/examination/biological investigation/test as mutually agreed by the employer and qualified medical practitioner.

Signature of the qualified medical practitioner

Place:

Date:

[See Rule-8]

Notice of Accident or Dangerous Occurrence

E.S.I.C. Employer's Code number : E.S.I.C. Insurance Number of the
injured person :

1. Name of employer:
2. Address of works / premises where the accident or dangerous occurrence took place:
3. Nature of industry and LIN of the establishment :
4. Branch or department and exact place where the accident or dangerous occurrence took place :
5. Name and address of the injured person :
6. (a) Sex :
 - (b) Age (at the last birthday) :
 - (c) Occupation of the injured person :
7. Local E.S.I.C. Office to which the injured person is attached :
8. Date, shift and hour of accident or dangerous occurrence :
9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence :
 - (b) whether wages in full or part are payable to him for the day of the accident or dangerous occurrence :
10. (a) Cause or nature of accident or dangerous occurrence :
 - (b) If caused by machinery-
 - (i) Give the name of machine and the part causing the accident or dangerous occurrence :
 - (ii) state whether it was moved by mechanical power at the time of accident or dangerous occurrence :
 - (c) State exactly what the injured person was doing at the time of accident or dangerous occurrence :
 - (d) In your opinion, was the injured person at the time of accident or dangerous occurrence -
 - (i) acting in contravention of provisions of any law applicable to him; or
 - (ii) acting in contravention of any orders given by or on behalf of his employer; or
 - (iii) acting without instructions from his employer?
 - (e) In case reply to (d) (i), (ii) or (iii) is in the affirmative , state whether the act was done for the purpose of and in connection with the employer's trade or business. :
11. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether -
 - (a) the injured person was travelling as a passenger to or from his place of works; :
 - (b) the injured person was travelling with the express or implied permission of his employer; :
 - (c) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer; and :
 - (d) the vehicle is being/not being operated in the ordinary course of public transport service :
12. In case the accident or dangerous occurrence took place while meeting emergency, state- (a) its nature ; and

(b) whether the injured person at the time of accident or dangerous occurrence was employed for the purpose of his employer's trade or business in or about the premises at which the accident or dangerous occurrence took place. :

13. Describe briefly how the accident or dangerous occurrence took place :

14. Names and addresses of witnesses : (1)

(2)

15. (a) Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, scald, scratch followed by sepsis, etc.) :

(b) Location of injury (e.g. right leg, left hand, left eye, etc.)

16. (a) If the accident or dangerous occurrence was not fatal, state whether the injured person was disabled for more than 48 hours :

(b) date and hour of return of work :

17. (a) Physician, dispensary or hospital from whom or which the injured person received or is receiving treatment :

(b) Name of dispensary/panel doctor elected by the injured person :

18. (a) Has the injured person died ? :

(b) If so, date of death :

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature and Name and Designation of owner/ employer /manager/agent

Date of dispatch of report :

Place:

FORM-12
[See Rule-29(4)]

Register of Compensatory Holidays

Serial No.	No. in the register of workers	Name	Group or relay number	Number and date of exempting order	Year	Weekly rest days lost due to the exempting order in			
						January to March	April to June	July to September	October to December
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Date of compensatory holidays given in				Lost rest days carried to the next year	Remarks
January to March	April to June	July to September	October to December		
(11)	(12)	(13)	(14)	(15)	(16)

FORM-13
[See Rule-33]
NOTICE OF PERIODS OF WORK

Name of the Establishment.....Place.....District.....

Periods of work Groups, Relations	Men												Women												Description of Groups, Nature of work	Remarks						
	Total no. of men employed												Total no. of women employed																			
	A			B			C			D			E			F			G			H										
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3		

On working days

From ..

To ..

From ..

To ..

From ..

To ..

On partial

Working days

From ..

To ..

From ..

To ..

Date on which this notice is first exhibited :

Signature of manager or agent :

Date :

FORM 14
[See rule 34(1)]
REGISTER OF EMPLOYMENT

Name and Address of establishment:

Sr. No.	Name and Gender	Aadhar No.	Address	Mobile Number	Email
(1)	(2)	(3)	(4)	(5)	(6)

Qualification	Experience	Date of joining	Designation	Date of leaving	Number and date of fitness certificate
(7)	(8)	(9)	(10)	(11)	(12)

FORM 15
[See Rule 34(1)]
REGISTER OF MUSTER ROLL

Name and Address of establishment:

Periods of work and rest period (time and coding):

Sr. No.	Name Gender	Gender	Adult/Adolescent register entry number
(1)	(2)	(3)	(4)

Whether local or Inter-State Migrant	Social Security number (UAN/ ESI)	Over Time Hours	Weekly- off
(5)	(6)	(3)	(4)

FORM 15A
[See Rule 34(1)]
REGISTER OF ATTENDANCE

Month:

1 Name and address of the establishment:

2 Name of the worker:

3 Father`s name :

4 Serial number in Workers Register.:

5 Designation:

Period of Work:		
Date	From	To

FORM 16
[See Rule 34(1)]
REGISTER OF WAGES, OVERTIME, FINE, DEDUCTION FOR DAMAGE AND LOSS

Name of the Establishment:
 Name of the Owner:

Name of the Employer:
 PAN/TAN of the Employer:

Labour Identification Number (LIN):

Sr. no. in Employee Register	Name of the employee	Designation / Department	Duration of Payment of Wages (Monthly /Fortnightly /Weekly /Daily /Piece rated)	Wage Period From-To	Total no. of days worked during the period	Total overtime (hours worked or production in case of piece workers)	Basic DA Allowances		
							Basic	DA	Allowances
1	2	3	4	5	6	7	8	9	10

Overtime earning	Nature of acts and omissions for which fine imposed with date	Amount of fine imposed	Damage or loss caused to the employer by neglect or default of the employee	Amount of deduction from wages	Total amount of wages paid	Date of Payment	Attendance	
							Date	Signature
11	12	13	14	15	16	17	18	19

FORM 17
[See Rule 34(2)]
WAGE SLIP

Name of the Establishment

Address:

Period:.

1. Name of the Employee:
2. Father's/Spouse's Name:
3. Designation:
4. UAN:
5. Bank Account Number:
6. Wage period:
7. Rate of wages payable
 - a) Basic:
 - b) D.A. :
 - c) other allowances :
8. Total attendance/unit of work done:
9. Overtime wages :
10. Gross wages payable:
11. Total deductions
 - a) PF :
 - b) ESI :
 - c) Others :
12. Net wages paid :

Date:

Signature of employer

FORM 18
[See Rule 36]
ANNUAL RETURN
UNIFIED ANNUAL RETURN FORM
FOR THE YEAR ENDING.....

Single Integrated Return to be filed On-line under the Occupational Safety, Health and Working Conditions Code, 2020, the Code on Industrial Relations, 2020, the Code on Social Security , 2020, and the Code on Wages, 2019

Instructions to fill up the Annual Return

- (1) This return is to be filled-up and furnished on or before 28th or 29th February every year.
- (2) The return has two parts i.e. Part-I to be filled up by all establishments.
- (3) Part-II to be filled-up by the establishments who are a Mine only in addition to Part-I.
- (4) The terms Establishment and Mines shall have the same meaning as under the Occupational Safety, Health and Working Conditions Code, 2020.
- (5) This return is to be filled-up in case of Contractor or manpower supplier who have engaged more than 50 workers and in case of Mines even if there is one worker employed in the relevant period.

Applicable to All Establishments - Part-I

A. General Information:

Sl. No.			Instructions for filling the column
1	Labour Identification Number		EPFO, ESIC, MCA, MoLE (LIN)
2	Period of the Return	From - To-	Period should be calendar year
3	Name of the Establishment		
4	Email ID		
5	Telephone No.		
6	Mobile number		
7	Premise name		
8	Sub-locality		
9	District		
10	State		
11	Pin code		
12	Geo Co-ordinates		
B(a).	Hours of Work in a day		
B(b).	Number of Shifts		

C. Details of Manpower Deployed

Details	Directly employed				Employed through Contractor				Grand Total
	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	Highly Skilled	Skilled	Semi-Skilled	Un-Skilled	
(i) Maximum No. of employees employed in the establishment in any day during the year	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	
(ii) Average No. of employees employed in the establishment during the year	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	
(iii) Migrant Worker out of (ii)	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	

above									
(iv) Number of fixed term employee engaged	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	Male-Female-Transgender-Total-	

D. Details of contractors engaged in the Establishment:

Sl. No.	Name with LIN of the Contractor	No. of Contract Labour Engaged

E. Details of various Health and Welfare Amenities provided.

Sl.No.	Nature of various welfare amenities provided	Statutory (specify the statute)	Instructions for filling
1	Whether facility of Canteen provided (as per section 24(v) of OSH Code, 2020)	Yes/No	Applicable to all establishments where in hundred or more worker including contract labour were ordinarily employed
2	Crèches (as per section 67 of Code on Social Security Code, 2020 and Section 24 of the OSH Code 2020)	Yes/No	Applicable to all establishments where fifty or more workers are employed
3	Ambulance Room (as per section 24(2)(i) of OSH Code, 2020)	Yes/No	Applicable to mine, building and other construction work wherein more than five hundred workers are ordinarily employed
4	Safety Committee (as per Section 22(1) of OSH Code, 2020.	Yes/No	Applicable to establishments and factories employing 500 workers or more, factory carrying on hazardous process and BoCW employing 250 workers or more, and mines employing 100 or more workers.
5	Safety Officer (as per section 22(2) of OSH Code, 2020)	No. of safety officers appointed	In case of mine 100 or more workers and in case of BoCW 250 or more workers are ordinarily employed.
6	Qualified Medical Practitioner (as per Section 12 (2) of OSH Code 2020.	No. of Qualified Medical Practitioner appointed.	There is no specification for minimum number of Qualified Medical Practitioner employed in establishment. However, this detail is required to have data on occupational health.

F. The Industrial Relations:

F. The Industrial Relations:					Instructions for filling
1.	Is the Works Committee has been functioning. (section 3 of IR Code, 2020)		Yes/No		Industrial establishment in which 100 or more workers are employed
(a)	Date of its constitution				
2.	Whether the Grievance Redressal Committee constituted (section 4 of IR Code, 2020)		Yes/No		Industrial establishment employing 20 or more workers are employed
3.	Number of Unions in the establishments.				
4.	Whether any negotiation union exist (Section 14 of IR Code, 2020)		Yes/No		
5.	Whether any negotiating council is constituted (Section 14 of IR Code, 2020)		Yes/No		
6.	Number of workers discharged, dismissed, retrenched or whose services were terminated during the year:				
	Discharged	Dismissed	Retrenched	Terminated or Removed	Grand Total
7.	Man-days lost during the year on account of				
Sl. No.	Reasons	Period / Date	No. of man-days lost	Loss in term of money	
(a)	Strike				
(b)	Lockout				

8. Details of retrenchment / lay off					
Sl. No.	No. of persons retrenched during the period	Details of payment paid to retrenched employees	No. of workers laid off during the period	No. of man-days lost due to lay-off	

G. Details pertaining to maternity benefit:				
No. of female employees	No. of female employees availed maternity leave	No. of female employees paid medical bonus	No. of deduction of wages, if any made from female employees	

H. Details of payment of bonus:			
Sl.No.	No. of employees covered under the Bonus provision	Total amount of bonus actually paid	Date on which the Bonus paid

I. Details of accidents, dangerous occurrence and notifiable diseases:				
Sl.No.	Total number of accidents by which a person injured is prevented from working for a period of 48 hours or more as per Section 10 of the OSH Code, 2020.	Total number of fatal accidents and names of the deceased as per Section 10 of the OSH Code, 2020.	Total number of Dangerous Occurrences as defined under Section 11 of the OSH Code, 2020	Total number of cases of Notifiable Diseases specified in Third Schedule of the OSH Code, 2020 along with the details of affected persons

J. Mandays and Production Lost due to accidents / dangerous occurrence			
Sl.No.	Accident/Dangerous Occurrence	Mandays lost	Production Lost

Certified that the tables in prescribed format are duly filled in and information and/ figures given in all the tables are correct to the best of my knowledge.

Signature of Owner/Agent/Manager with seal

Place:

Dated:

FORM 18 A

[See Rule 36]

(Half Yearly Return (January to June / July to December) to be submitted by Contractor)

1. Name and address of the contractor:
2. Name and address of the principal employer and LIN:
3. LIN of the contractor:
4. License number of the contractor (if applicable):
5. Name of the contract work with location/station:
5. Details of the number of Contract Workers, Wages Paid etc.:

Sl. No.	Months	Number of Contract Labour employed	Total amount of wages paid in a month	Over time
(1)	(2)	(3)	(4)	(5)

Bonus	Date and amount of Wage bill received by contractor from Principal Employer	ECR number of ESIC	ECR number of EPF	Wages paid by 7th of the month or due date as applicable Yes/No	Remark
(6)	(7)	(8)	(9)	(10)	(11)

Signature of the contractor:

Date:

FORM-19
[See Rule-37]

REGISTER OF ACCIDENTS AND DANGEROUS OCCURRENCES

Name of Injured person (if any)	Date of Accident or dangerous occurrence	Date of report To Inspector-cum-Facilitator	Nature of accident or dangerous occurrence	Date of return of injured Person to work	Number of days the injured Person was absent from work
1	2	3	4	5	6

FORM-20
[See Rule-38]
REGISTER FOR LEAVE WITH WAGES

Part I - Adults

Part II - Adolescents

Establishment:

Name of worker :

Department :

Father's Name:

Sl. No	Sl.no. in the register of workers	Date of Entry into service	Interruptions				
			Sickness and accidents	Authorized Leave	Lock Out or Legal Strike	Involuntary unemployment	Others
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Leave due with effect from	Whether leave not desired during the next 12 months	Date from which the worker is allowed leave	Wages for Leave Paid in	Discharged worker		Remarks
				Date of Discharge	Date & amount of payment made in lieu of leave due	
(9)	(10)	(11)	(12)	(13)	(14)	(15)

Note:-Separate page shall be allotted to each worker.

FORM 21

[See Rule 44(2)]

NOTICE OF INTENTION TO HAVE SAMPLE ANALYSED

Number:

date:

To

.....

.....

Take notice that it is intended to have analysed the sample ofwhich has
been taken today, the.....day
of.....20..... from

(Name of the Inspector-cum_Facilitator who orders sampling).

(Seal)

Date

FORM 22
[See Rule 44(7)]
REPORT BY LABORATORY

Report No.

Date

I hereby certify that IAnalyst working
in.....duly received on the.....day of
20..... from a sample of
for analysis.

The sample was in a condition fit for analysis as reported below.

I further certify that I have analysed the aforementioned sample onand
declare that the result of the analysis to be as follows:

.....
.....

The condition of seals, fastening of samples on receipt was as follows:

Signed this.....day of.....20.....

Address

.....

Signature

(Laboratory Analyst)

FORM 23
[See Rule-45]
IMPROVEMENT NOTICE AND PROHIBITION ORDER
PART I
PROHIBITION ORDER

Inspector-cum-facilitators Notice on Inspection of Establishment, Lifting Appliance, Loose Gears and other such gears, Equipment, Ladders and Staging. Inspector-cum-Facilitator's notice to the occupier, employer, owner, master, Officer-in-charge, Owner of lifting appliances, loose gears and lifting devices or the person, scaffold who, by himself, his agents, or his employers as the case may be.

Name of the establishment, lifting appliance, lifting device, transport equipment, ladders and staging	Where situated lying/used/location	Registration no. of the establishment	LIN No. of the establishment
1	2	3	4

An inspection of the above named establishment, lifting appliances, loose gears, lifting devices, transport equipment, ladders and staging was made on _____.

The activities connected with establishment which are being carried on by you/about to be carried on by you/under your control involve a risk or danger to the life. Safety and health of employee and involve the following contraventions :

CONTRAVENTIONS

Therefore. I hereby direct that the said activities shall not be carried on by you or under your control unless the said contraventions and matters mentioned have been remedied to the satisfaction of the Inspector-cum-Facilitator. This order is being issued without prejudice or any legal action which may be taken for these contraventions.

On hearing from you that the requirements have been complied with the establishment, lifting appliance, loose gear or similar gear/ transport equipment /ladders/ staging, scaffold shall again be visited with a view to the inspection being completed.

No. _____

Dated at _____ this _____ day of 20 _____

Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020

REQUIREMENTS

On compliance with all or any of the above contraventions, the Inspector-cum-Facilitator shall be informed in the manner prescribed overleaf, of the date and place

at which the establishment, lifting appliance, loose gears or similar gear transport equipment, ladders and staging, scaffold can be re-inspected.

Sir/Madam,

The contraventions notified by you have been effectively attended to. The establishment, lifting appliance, loose gears or similar gear, transport equipment, ladders and staging, scaffold shall be ready for inspection on the date and place named below:

Date of Inspection	Place
Dated at _____ this day of _____ 20_____	Employer, Occupier, Owner, Manager, Master, Officer-in-charge or Agents, owner of machinery and gear or the person, who by himself, his agents or his employers, carried on the establishment.

To

The Inspector-cum-Facilitator under the Occupational Safety, Health and Working Conditions Code, 2020.

PART - II
Improvement Notice

Inspector-cum-Facilitator’s notice to the employer, Owner, Master, Manager, Officer-in-Charge or Agents, Owner of lifting appliances, loose gears lifting devices, scaffold or the person, who, by himself, his agents or his employers, carries on the establishment, as the case may be.....

Name of the establishment, lifting appliances, loose gear, lifting device, transport, equipment, ladders and stagings, scaffold;	Where situated/lying used/location	Port of Registry	Official no.(if any) of the ship

An inspection of the above-named establishment, dock, ship, lifting appliances, loose gears, lifting devices, transport equipment, ladders and stagings, scaffold was made on

The following contraventions were observed. You are required to remedy the said contraventions and send the compliance report in writing within..... days.

This notice is being issued without prejudice to any legal action which may be taken for these contraventions on hearing from you that the requirements have been complied with the establishment, lifting appliance/loose gear or similar other gear/transport equipment/ladders/ staging, scaffold will again be visited with a view to the inspection being completed.

Contraventions No. _____ Dated _____ this _____
day of _____ 20_____

Inspector-cum-Facilitator under the Occupational Safety, Health and Working
Conditions Code, 2020

Requirements- On compliance with all or any of the requirements, the Inspector-cum-Facilitator should be informed in the manner prescribed overleaf of the date and place at which the establishment, lifting appliance, loose gear, transport equipment, ladders and staging, scaffold can be re-inspected.

Sir/Madam,

The requirements noted by you have been effectively fulfilled. The establishment, lifting appliance, loose gear, lifting devices, transport equipment, ladders and staging, scaffold will be ready for inspection on the date and place named below:

Date of Inspection	Place
Dated at _____ this day of _____ 20_____	Employer, Occupier, Owner, Manager, Master, Officer-in-charge or Agents, owner of machinery and gear or the person, who by himself, his agents or his employers, carried on the establishment.

To

The Inspector-cum-Facilitator under the Occupational Safety, Health and Working
Conditions Code, 2020.

FORM 24
(See Rules 56(1), 57(1))

Application for issue and grant, renewal of license for a contractor

- (i) Whether the application is for: (a) renewal of license (b) work-specific license
- (ii) Name and address of the contractor (including his father's name in case of individuals)
- (iii) Father's name
- (iv) Particulars of establishment where contract labour is to be employed:
 - (a) Name and address of the establishment:
 - (b) Type of business, trade, industry, manufacture or occupation carried on in the establishment.
 - (c) Number & date of Certificate of license of the establishment under the code.
 - (d) Name and address of the Principal Employer:
- (iv) Particulars of the Contract Labour:
 - (a) Nature of work in which contract labour is employed or to be employed in the establishment:
 - (b) Duration of proposed contract work (give particular of proposed date of commencing & ending)
 - (c) Name and address of the authorised person of Contractor at establishment
 - (d) Maximum number of contract labour proposed to be employed in the establishment on any date
 - (e) No. of inter-state migrant workers to be employed: Fill details in Form no. 5 as mentioned in Rule 4
 - (v) Amount and particulars of License fee deposited:
 - (vi) Amount and particulars of security deposit, if any, or requested to be adjusted:

Signature of the Applicant-Contractor

FORM 25
[See Rules 56(4), 57(2) and 58]
License to contractor
Government of Meghalaya
Office of Designated Authority under the Occupational Safety, Health And
Working Conditions Code 2020

Licence No: Date:

Fee paid:

Security deposited.....

Licence is hereby granted to.....

For the premises known as..... Situated at for use as a establishment within the limits stated herein after, subject to provisions of the Occupational Safety, Health And Working Conditions Code 2020 and the rules made there under.

The number of workmen employed, as contract labour in the establishment shall not, on any day, exceed.....

This licence shall remain in force till 31.12.20...

Issuing Authority

Place :

Date :

FORM 26
(See Rule 58)

Application for amendment of license for a contractor

- (i) Name and address of the contractor
- (ii) License number:
- (iii) Particulars of amendment:
 - (a) Name
 - (b) address :
 - (c) Number of contractor labour to be employed/supplied
 - (d) No. of inter-state migrant workers to be employed : Fill details in Form no. 5 as mentioned in Rule 4
 - (e) Nature of work for contractor labour to be employed/supplied
- (iv) Amount of additional License fee deposited:
- (vi) Amount of additional security:

Signature of the Applicant-Contractor

FORM 27
(See Rule 61)

Register of Contractors

Sr.No.	Licence Number and Date	Name and Address of contractors	Nature activity to be under taken by the contractor	Maximum workers to be employed on any day
(1)	(2)	(3)	(4)	(5)

Probable date of commencement	Date of cessation	Details of amendment, if any	Renewed upto
(6)	(7)	(8)	(9)

FORM 28
(See Rule 62)

Notice of intimation of work-order by contractor

I Shri of M/s..... having license Number..... hereby intimate that work order to supply labour/execute work (Name of work) from the establishment.

(Name and address) has been issued and work shall commence from.....

Signature of the Contractor

FORM 29
(See Rules 64 and 67)

Register of Security Deposit/Refund/Release

S. No.	Name and Address of the contractor	Amount of security deposited	Date of security deposit	Amount released from security deposit for payment	Reference of order of authority for release of payment from security deposit	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)

FORM-30
[See Rule 69(1)]
Application under section 57(2)

- a. Name of aggrieved party:
- b. Address of communication:
- c. Details of grievance:
- d. Reasons of claim:
- e. Details of documents attached:

Signature of aggrieved party

FORM 31
(See Rule 70)

REGISTER OF JOURNEY ALLOWANCE

Name and Address of establishment:

Establishment registration number:

S.No.	Name of inter-state worker	Entry in adult/ adolescent worker register	Permanent address of inter-state worker	Period of journey
(1)	(2)	(3)	(4)	(5)

Number of family members	Mode of journey	Amount paid	Signature of inter-state worker
(6)	(7)	(8)	(9)

FORM 32

(See Rule 74)

Format of agreement

This agreement is made on this of20..... between Messers having office at (a sole proprietary concern/a firm registered under the Partnership Act, 1932/a Company incorporated and registered under the Companies Act, 1956) (hereinafter referred to as the "Producer") on the first part and Shri/Smt/Kumari son/daughter/wife of Shri residing at (hereinafter referred to as the "Audio Visual Worker") on the second part. The terms 'Producer' and 'Audio Visual Worker' shall include their heirs, successors, administrators and legal representatives:

Whereas the Producer is engaged in the audio visual production as defined in section 2(e) of The Occupational Safety, Health And Other Working Conditions Code 2020.

Whereas the said producer is desirous to engage the Audio Visual Worker in the capacity of a in the aforesaid Audio Visual production and the Audio Visual Worker accepts the same :

Now, therefore this agreement is made as follows:

1. That both the parties agree that the duration of this agreement shall be from the date hereof till the completion of the Audio Visual production and this period shall not exceed.....consecutive months.
2. That the Audio Visual worker agrees to attend studio, location or work place, as the case may be, subject to the requirement of his previous engagement and on his confirmation, to his respective job punctually as and when he shall be required by a written intimation by the Producer or the person duly authorized by him in writing.
3. That in consideration of the Audio Visual Workers' services, as aforesaid, the Producer agrees to pay and the Audio Visual Worker agrees to receive a sum of Rs. (Rupees) payable as advance on signing of this agreement and the balance of Rs.payable in equal installments.
4. That in the event of the Audio Visual production being not complete within the stipulated period and the Producer still needing the services of the Audio Visual Worker to complete the film, the producer agrees to pay and the Audio Visual Worker agrees to receive additional remuneration on pro-rata basis, payable in the same manner as stated in Clause 3 above, till the completion of the Audio Visual production.
5. That in case the assignment of the Audio Visual worker is completed earlier than the period stipulated in Clauses 1 and 4 above, the producer shall settle the account of the Audio Visual Worker and pay the remaining balance of the agreement amount in full before the commencement of re-recording work/censor of the Audio Visual production, whichever is earlier.
6. It is agreed by the Producer that for the purposes of this agreement,
 - (a) a working day shall mean a period not exceeding eight consecutive hours (to include one hours' break for rest and refreshments) ;
 - (b) a working week shall mean a six-day week from Monday to Saturday, both inclusive, and the Audio Visual Worker is not liable to work on Sundays and Public Holidays :
 - (c) the Audio Visual worker shall not be required to work for more than five consecutive hours without a break ; and
 - (d) a period of not less than twelve hours shall elapse between the Audio Visual Worker's release from the studio/location/work-place and the next succeeding call.
7. That the Audio Visual Worker shall, if so required,-
 - (a) attend the studios, location or work-place, as the case may be, earlier than the a scheduled time of the shift, for preparatory work, and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs.per hour or part thereof for such early attendance.
 - (b) continue to work beyond the working day, with one hour break and in that case, he/she shall be paid by the Producer extra wages at the rate of Rs. for the work during the extended hours and refreshments, and transport facilities.

8. That the Producer shall provide transport and food or pay travelling allowances to and fro to report to duty and food allowance while on duty as are customary or fixed by bilateral arrangements between the Producer's and Audio Visual Worker's representative organisations.

9. That the Producer shall also pay for all travelling and accommodation expenses, fares, cost of food and such other allowances as are customary when the Audio Visual Worker is required to work on location outdoors.

10. That the Producer shall get the Audio Visual Worker insured for any injury or damage to his/her person including death caused by accident arising out of or in the course of his/her employment and/or during the period of his/ her assignment under this agreement.

11. That where the Producer is prevented from proceeding with the production of the Audio Visual by reason of fire, riot, natural calamity, order of the public authority or any other reason beyond his control :-

(a) he shall be entitled to suspend the operation of this agreement during the period of suspension of production in case the production is suspended. The producer shall serve notice in writing of such suspension on the Audio Visual Worker and shall pay all his/her dues up to the date of service of such notice.

Upon resumption of work on the film, this agreement shall revive and shall remain valid for the period stipulated in Clause I excluding the period of suspension therefrom ; or

(b) he shall be entitled to terminate this agreement as from the cessation of production, in case the production ceases completely. The producer shall serve a notice in writing of such cessation on the Audio Visual Worker and make payment of all the amount due to the Audio Visual Worker at the time of termination.

12. That in case if the Producer desires to terminate this agreement before the expiry of its term for reasons other than misconduct in relation to performance of the Audio Visual Worker's duties or of his/her unwillingness to perform the services required under this agreement, the producer shall be entitled to do so only upon payment of the balance of the stipulated amount of the agreement.

Only after such payment to the Audio Visual Worker, the Producer shall be titled to employ another Audio Visual Worker in his/her place.

13. That the Producer shall have the right to terminate this agreement on ground of misconduct on the part of the Audio Visual worker in relation to performance of his/her duties or his/her unwillingness to perform the service required under the agreement, upon payment to the Audio Visual worker of the amount due at the time of termination, calculated taking into consideration the Audio Visual worker's total work in the film and the work he/she has completed till the date of termination of this agreement. Termination under this clause shall not be made unless the charges of the Producer against the Audio Visual worker are proved before a forum comprising equal number of representatives of the Producers' Organisation and the Audio Visual workers' Organisation to which the Producer and the Audio Visual worker respectively may belong. The decision of the forum shall be binding on both the parties. The producer can engage another Audio Visual worker for the job towards this agreement only after the forum has given a decision in favour of such termination and the Audio Visual worker has been paid all his dues.

14. That in case of premature termination of this agreement, it shall be the option of the Producer whether or not to retain the work of the Audio Visual worker in the film and at the same time, it shall be option of the Audio Visual worker whether or not to allow his/her name to go on the credit titles of the Audio Visual production.

15. That the Producer shall have the right to decide the manner of representing the Audio Visual Worker's personality on the screen, his/her clothes, make-up and hair-style and the Audio Visual Worker shall fully and willingly comply with the direction of the Producer in this regard, provided that the requirements of the Producer in this respect have been notified to the Audio Visual Worker and accepted by him/her.

16. That the Audio Visual Worker agrees that he/she shall render his/her services to the best of his/her ability in such manner as the Producer or, at his instance, the Director of the Audio Visual production may direct and shall comply with all reasonable instructions that he may give for the production of the Audio Visual production.

17. That the Audio Visual -worker shall comply with all the regulations of the studio, location or work place as the case may be.

18. That the Producer shall not without the consent in writing of the Audio Visual Worker, assign or transfer the benefit of this agreement to any other person.

19. That the provisions of the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 shall be applicable to this agreement.

20. That the Producer shall not utilise the work of the Audio Visual worker in any from Audio Visual production, other than the Audio Visual production under this agreement, without prior permission of the Audio Visual worker.

The parties have put their hands to this agreement on the date, month and year said above in the presence of each other and in the presence of the witnesses.

1. Witness

Producer

Name

Address

2. Witness

Audio Visual Worker

Name

Address

FORM 33

(see Rule 77, 79, 85(III))

Application for grant/ renewal/ amendment/ transfer of license as a factory/industrial premises for beedi or cigar/engagement of contractor

1. Application for license –
 - (a) as a factory
 - (b) for engagement of contractor
 - (c) Industrial premises for beedi and cigar work
2. Full name and postal address of the establishment
3. Registration of establishment under the Code:
4. Details of person who will be occupier/principal employer
 - (a) Name
 - (b) Permanent address
 - (c) Local address
 - (d) Email
 - (e) Mobile number
5. Full name and address of the owner of the Premises or building (including the percents Thereof)
6. Core activity to be under taken along with details of hazardous substances as per section 2(za) of the Code.
Nature of manufacturing process/processes-
 - (a) carried on in the factory during the last twelve months (in the case of factories already in existence).....
 - (b) to be carried on in the factory during the next twelve months (in the case of all factories).....
 - (c). Names and values of principal products manufactured during the last twelve months.....
7. NIC code
8.
 - (a) Total Number Workers to be employed in the period of license
 - (b) Total Number Workers were employed during last calendar year
 - (c) Maximum number of workers proposed to be employed on any one day during the year.....
 - (d) Minimum number of workers employed on any one day during the last twelve months.....
 - (e) Number of workers to be ordinarily employed in the factory.....
9. Particulars of Contract Labour:
 - (a) Nature of work in which contract labour is employed or to be employed:
 - (b) Maximum number of contract labour to be Employed on any day :
 - (c) Number of Inter-State Migrants (Fill details in Form no. 5 as mentioned in Rule 6)
 - (d) Estimated date of commencement of each Contract work under each contractor:
 - (e) Estimated date of termination of employment of contract labour under each contractor:
10. Power:
Connected or proposed to be connected (in KW)
 - (i) Nature and total amount of power (H. P.) installed or proposed to be installed.....
 - (ii) Maximum amount of power (H. P.) proposed to be used.....
11. Furnish Reference:
 - (a) approval of plans
 - (b) stability certificate
 - (c) disposal of trade waste/effluents/hazardous waste/e-waste/ biomedical waste (which is applicable)
12. Full name and residential address of the person who shall be the Manager of the factory for the purposes of the Act.....
13. Full name and residential address of the occupier i.e.,-
 - (i) The proprietor of the factory in case of private firm/proprietary concern.....
 - (ii) Directors in case of public limited liability company/firm.....

- (iii) Where a Managing Agent has been appointed the name of Managing Agents and Directors thereof.....
- (iv) Share-holders in case a private company where no Managing Agents have been appointed.....
- (v) The Chief Administrative Head in case of a Government of local Fund factory.....
- 14. Full name and address of the owner of the premises or building (including the precincts thereof) referred to in Section 93.....
- 15. In the case of a factory constructed or extended after the date of the commencement of the rules-
 - (a) reference number and date of approval of the plans for site whether for old or now building and for construction or extension of a factory by the State Government/Chief Inspector.....
 - (b) reference number and date of approval of the arrangements, if any, made for the disposal of trade waste and effluents and the note of the authority granting such approval.....

16. Details of fee

S.No	Particular	Amount	Date
a	Factory		
b	Engagement of contractor		
c	Industrial premises		

Employer/Occupier

Date.....

Note-1. This Form should be completed in block letter or typed.

2. If the power is not used at the time of filling up this Form, but is introduced later the fact should be communicated to the Chief Inspector immediately.
3. If any of the persons named against item 8 is minor the fact should be clearly stated.
4. In the case of a factory, where under the proviso to Sub-sections (1) and (2) of Section 100, a person has been nominated as the occupier, information required in item 8 should be supplied only in respect of that person.
5. In the case of a factory where a Managing Agent or Agents have been appointed as occupiers under the Indian Companies Act, 1913 (VII of 1913), information required in item 8 should be supplied only in respect of that person or persons.

FORM 33 A
[See Rule 85(VI)]

(Self declaration by the Occupier and Manager for renewal of factory licence)

I / We _____ Son/Daughter of _____
_____ resident of _____

P.O. - _____ / PS _____, District
_____ State _____, Pin _____ do

hereby declared as under .

1. That, I Shri / Smt. _____ am the occupier
of the factory M/s. _____, Registration No.

_____ situated at _____ P.O.
_____, PS. _____, District

_____, Pin _____.

2. That, Shri / Smt. _____ is the Manager
of the factory.

3. That, the factory license for the preceeding year is _____
is in force for _____ KW and manpower of
_____.

4. That, there is no change in manpower and installed power in the factory.

5. That, there is no change in factory layout and manufacturing process, no addition
and alteration made with reference to plan approved in letter No.

_____ dt..... of the _____

Further, we undertake that, we will be held liable for penal action, if the information
furnished above are found to be false at any stage in future.

Signature of Occupier

Signature of Manager

DSC of Employer/Occupier

FORM 34

(See Rules 77, 85(IV))

Common Licence For Factory/Beedi & Cigar Work/Engaging Contract Labour

Government of Meghalaya

Office of designated authority under section 119 of The Occupational
Safety, Health and Working Conditions Code 2020

License number:

Date of issue:

A license is granted to Shree.....(Name of Occupier) of establishment M/S _____
registered under the section-3 of the code having registration number _____ as below;

A. To run as a factory in which manufacturing process _____ shall be carried by
employing not more than _____ workers and power not more than _____ KW for the purpose of
The Occupational Safety, Health And Working Conditions Code 2020 and rules made there
under and whose plans are approved by Chief Inspector-cum-Facilitator vide number _____
date .

This license will remain in force from _____ till _____

Fee _____ Date of deposit _____

B. Engagement of contract labour subject to the conditions annexed to this license as given
below;

Fee Date of deposit.....

1 Maximum number of workers to be employed as contractor labour-

2 Nature of activity for which contractor labour shall be engaged-

C. To use as a industrial premises to carry work of beedi or cigar by employing not more
than _____ workers for the purpose of The Occupational Safety, Health And Working
Conditions Code 2020 and rules made there under and whose plans are approved by Chief
Inspector-cum-Facilitator vide number _____ date .

This license will remain in force from _____ till _____

Fee _____ date of deposit _____

Name And DSC of designated authority

FORM 35
(see Rule 82)
Monthly Return

1. Name of industrial premises and full postal address
 2. No. and date of licence
 3. Month to which the return relates
 4. Name of the employer
 5. Name of the principal employer if the employer is working as contractor for the
Principal Employer
 6. Quantity of beedi and/ or cigar tobacco released by the Central Excise Department
.....
 7. Quantity of beedi and/ or cigar tobacco supplied by the Principal Employer
.....
 8. Number of beedis and/ or cigars manufactured by the employer in an industrial
establishment
 9. No. of beedis and/ or cigars manufactured by the employer in places other than
industrial establishment i.e. workers working in their homes
 10. Number of beedis and/ or cigars sold and to whom
- Dated

Signature of the Employer

FORM 36
(see Rule 82)
Annual Return

1. Name and address of the industrial premises
2. Number and date of licence
3. Name of the employer
4. Name of the principal Employer, if the employer is working as contractor for a
Principal Employer
5. Average number* of employed daily in the industrial premises
- Man
- Women
- Young persons
- Male
- Female
6. Average monthly number of home-workers employed (i.e. who work at their
homes)**
7. Normal hours worked per week in the industrial premises
8. Number of days worked in the year in the industrial premises
9. Number of employees who were granted leave during the Calendar year
..... *young persons*
 - (a) employed in the industrial premises
 - (b) employed in homes*Other than young persons*
 - (a) employed in the industrial premises
 - (b) employed in homes
10. Number of female employees who were given maternity benefit during the year
.....
 - (a) employed in the industrial premises
 - (b) employed in homes

Certified that the information furnished above is correct to the best of my knowledge and belief.

Date

Signature

Note. – Partial attendance for less than half a shift or working day shall be neglected and attendance for half a shift or more shall be treated as full attendance.

*The average daily number shall be calculated by dividing the aggregate numbers of attendance of working days by the number of the working days in the year. Attendance on separate shifts, e.g, night and day shifts shall be counted separately.

**The average shall be calculated by dividing the aggregate number of workers on the Home- workers Employment Register during each of the preceding 12 months by twelve.

FORM 37
(see Rule 82)
Home Workers' Log Book

1. Name of home worker
2. Address of the home where the manufacturing process is carried on
3. Month

Account of Work Done at Home

Date	Raw Material supplied to the worker			Signature or thumb impression of the worker	No. of beedis received by the employer
	Tendu patta	Tobacco	Thread		
(1)	(2)	(3)	(4)	(5)	(6)

No. standard of beedis	Number of substandard or chat beedis	Wages payable to worker		Wages paid to the worker
		For standard beedis	For sub-standard or chhat beedis	
(7)	(8)	(9)	(10)	(11)

Date	Amount of wages to date in arrears	Signature or thumb impression of the worker	Signature of the Employer
(12)	(13)	(14)	(15)

FORM 38
(See Rule 89)

Home-Workers' Employment Register

Month ending year

Beedis manufactured should be shown in respect of each home worker below the appropriate date

Name of worker	Address of Home	Wage paid	Date
			1 2 3 4 5 6 7 8 9 10 to 31

FORM-39
(See Rule-90)
Record of Outside Work

*Number and date of Government's Order permitting work outside the industrial
premises*

Date	Place or places where outside work was permitted	Nature of work	Nature of employee	Remarks
(1)	(2)	(3)	(4)	(5)

FORM-40
(See Rule-90)

HOME WORKERS' LOG BOOK

1. Name of home worker
2. Address of the home where the manufacturing process is carried on
3. Month

Account of Work Done at Home

Date	Raw Material supplier to the worker			Signature or thumb impression of the worker	No. of beedis received by the employer
	Tendu patta	Tobacco	Trread		
(1)	(3)	(3)	(4)	(5)	(6)

No. standards of beedis	Number of sub-standard or chhat beedis	Wages payable to worker		Wages paid to the worker
		For standard beedis	For sub-standard or chhat beedis	
(7)	(8)	(9)	(10)	(11)

Date	Amount of wages to date in arrears	Signature or thumb impression of the worker	Signature of the Employer
(12)	(13)	(14)	(15)

FORM 41
[See Rule 85(2)]

Application for permission to construct/extend or take into use any building / premises as a factory

1. Applicant's Name
Age
Father's Name
Permanent address-
Village/Plot No./Street/Lane
P.O.
P.S.
Town/City/District
State
PIN
Contact No.
Email-
2. Full name and postal address of the factory
3. Address for correspondence
4. Location of the Factory –
State
District
Sub-division
P.S. :
Near of village or town, nearest Rly. Station
5. Particulars of plants to be installed (Separate sheet where necessary be annexed)
6. (a) Number of persons proposed to be engaged
Men
Women
(In case of extension, increase of number of persons due to extension and No. of persons engaged in existing portion be mentioned separately)
(b) Amount of power proposed to be installed (The list of machines with K.W. rating of their prime movers be annexed. In case of extension, such list for existing portions and for extension be mentioned separately).
7. Proposed date of commencement of construction
8. Particulars of no objection Certificate/Consent letter of Orissa State Pollution Control Board, Bhubaneswar/Local Authority. (Attested copy to be enclosed)
9. Amount of fee paid..... Challan No..... Date..... Treasury/Bank name.....

Date.....

Place.....

(Signature of applicant)

Note - This application shall be accompanied by the following documents

- (a) A flow chart of the manufacturing process supplemented by a brief description of the process in its various stages.
- (b) Plans, in duplicate, drawn to scale, showing
 - (i) the site of the factory and immediate surroundings including adjacent building and other structures, roads, drains, etc; and
 - (ii) the Plan elevation and necessary cross Sections of the various buildings, indicating all relevant details relating to natural lighting, ventilation and means of

escape in case of fire. The plans shall also clearly indicate the position of the plant and machinery, aisles and passage way; and
(b) Such other particulars as the Chief Inspector may require.)

FORM 42
(See Rule 85(7))

Particulars of rooms in the factory

Name/Number Of room in factory	Dimensions in feet				
	Length	Breadth	Height		
			Maximum	Minimum	Average
(1)	(2)	(3)	(4)	(5)	(6)

Total area in square feet	Floor area occupied by machinery in the room	Breathing space (contents in cubic feet).	Total volume of air in the room	Number and size of doors	
(7)	(8)	(9)	(10)	(11)	(12)

Ventilation			Maximum capacity of the room	Maximum number of persons intended to be employed in the rooms	Whether the room is to be used as a workroom of for storage only
Number and size of windows openings	Number and size of skylight openings	Total area in square feet			
(13)	(14)	(15)	(16)	(17)	(18)

Date of construction	Remarks
(19)	(20)

Signature of the Occupier.....
Signature of the Manager.....

Questionnaire Annexed to Form No. 42.

Careful attention to the questionnaire will assist in drawing up the plans in accordance with the law, and thus prevent delay in dealing with the plans.

1. Plans—

- (a) Has a site-plan showing the immediate surroundings including adjacent buildings and other structures, roads, drains, etc., been submitted in triplicate.
- (b) If there is a system of underground sewage within 100 ft. of the factory, has its position been shown in the site plan ?
- (c) Have the direction i.e., north, south, east and west been shown on the site-plans as well as on the detailed plans ?
- (d) Have the municipal nos. or the field nos. of the premises and the surrounding areas been shown on the site-plan ?
- (e) Have the factory premises been clearly demarcated in the site-plan in distinctive colour ?
- (f) Have the detailed plans of the factory indicating all relevant details " relating to doors, windows, ventilators, fire escapes, etc., been submitted in triplicate ?
- (g) Are all new buildings, parts of buildings (if extensions) or alterations in existing buildings shown by boundaries duly marked in a distinctive colour ?
- (h) Are all rooms, sheds, enclosures, etc., serially numbered inside a circle on the plans, corresponding to the serial entry in Form Column No. 1 ?
- (i) Are the outlines of all rooms, sheds, enclosures, etc., shown in the site-plan and allotted the same number as in Item 1 above?
- (j) Is the sectional elevation of such a room or shed, etc., shown separately ?
- (k) Is the minimum and 'maximum height of every room, shed, etc., shown clearly in the sectional elevation ?

- (l) Is the material of which the roof is constructed indicated the sectional elevation ?
- (m) Are the heights of all the workrooms in accordance with the provisions of Rule 91 as under :
 - (i) Is the minimum height 20 ft. with C. I. sheet roofing ?
 - (ii) Is the minimum height 14 ft. with A. C. sheet roofing or R.B./R. C. C. roofing ?
 - (iii) Has an inner ceiling of a heat resisting material with an air gap of at least 4" been provided at a minimum height of 14 ft. and the name of the heat resisting material given?
 - (iv) Has an exemption been sought for a height of up to 12 ft. R.B./R. G. C. roofing ?
 - (v) Has an exemption been sought for on the assurance of not employing more than 50 employees in the factory on any day ?
- (n) Is the minimum distance of the nearest building from latrines and urinals shown on the plans ?
- (o) Is the minimum distance of the nearest well, hand-pump or other drinking water centres shown in the drawing ?
- (p) Are water centres shown on the plans ?
- (q) Are the sizes of all the doors and ventilators shown on the plans along with their existing position ?
- (r) Are all the drains, pipes and sewers for carrying sullage sewage water effluent and waste products running within the factory premises constructed and shown in the plans ?
- (s) Are the positions of various machines fitted or proposed to be fitted shown in the drawings together with their names ?

2. Form No. 41

- (a) Is Form No. 41 submitted with duly filled information for all workrooms, godowns, etc. which are proposed to be constructed or extended ?
- (b) Have the internal dimensions only been entered in all the columns of Form No. 41 ?
- (c) Is the breathing space of workroom, shed, etc., calculated as shown below:
Floor area of room x its mean height (height above 14 ft. has to be left out of calculation).
- (d) Is the maximum capacity entered in Column No. 15 of Form No. 1 the maximum number of persons shown as the lower value of the two calculations shown below :
 - (i) Floor area of a room less area occupied by machinery in the room divided by 36 [Rule 91].
 - (ii) Breathing space [as in (c) above] divided by 500.
- (e) Have the maximum number of persons as worked out above (lower value) been also shown on the plans for each workroom corresponding to Form No. 15 ?
- (f) Is the window, ventilator and skylight area provided at the minimum rate of 1 sq. ft. to every 15 sq. ft. of floor area of the room ?
- (g) Can the windows and skylights all be opened for ventilation ?
It is recommended that windows and skylights may be provided one opposite to another so as to provide cross ventilation.
- (h) Has a flow chart of the manufacturing PROCESS supplemented by its brief description in various stages been submitted ?

3. Doors and ventilators.—(a) Is every work room provided with at-least two doors or exits ?

- (b) Is the minimum size of every door or exit 6'-6"x3'?
- (c) Have any doors or ventilators in common with two adjacent rooms been counted in both ?
- (d) Are all the doors opening outwards ?
- (e) Do the windows and skylights entered Form No. 41 Actually serve the purpose of ventilation ?

4. Fire Escapes.—(In case of buildings of more than one story

- (a) Are two fire escapes provided on either side of the building ?
- (b) Are the fire escapes accessible from every room in the upper floor in the buildings ?
- (c) Is the material used in construction of the fire escapes non-combustible ?
- (d) Are the windows, doors giving access to an external stair-case arranged to open immediately from inside.
- (e) Is any fire escape or stair-way constructed at an angle greater than 45° with the horizontal?
- (f) Is any fire escape or stair way less than 45' un width ?
- (g) Is any part of the factory building further (along the line of travel) than 150 ft. from the fire escape stair ?
- (h) Have the particulars given against Items 4(e), (f) and (g) above been also clearly shown in the various drawings being submitted ?
- (i) Is the setback area of the factory and its premises uncovered and free from obstruction ?

5. Latrines and urinals.—(a) Are the latrines and urinals provided separately for men and women ?
 (b) Are these sufficient to meet the requirements?
 (c) Is the surrounding ground up to a distance of 4 ft. all round of impermeable material ?
 (d) Is the surrounding ground raised to at least 6" above the ground level ?
 (e) Is any latrines, ventilator or opening in the proximity of any opening of the main building ?
 (f) Do any latrines or urinals communicate with any work room without any intervening space open to the sky ?
 (g) Are the latrines of the flush type ?
 (h) Are all the drains, pipes and sewers for carrying sullage, sewage water effluent and waste products running within the factory premises constructed of impermeable material ?
 (i) Are the drains of flush type latrines connected to the drainage system of the local Boards ?
 (j) Is an efficient system of septic tanks provided if no drainage system exists ?
 (k) Are the latrines provided with roofing ?
6. Drinking water.—(a) Is the drinking water provided from a source provided by the local Board.
 (b) Is any well constructed in the premises of the factory for drinking water or humidification purposes ?
 (c) Is the cylinder of the well pucca and impervious to water throughout and up to a depth not less than the lowest level of sub-soil water ?
 (d) Are the positions of water centres including wells, hand pumps situated at least 20 ft. away from the washing place, latrines and urinals ?
7. Rest shelter, canteen and creches.—If the plans relate to any of these, the following questions should also be answered—
- (i) Rest shelter:
 (a) Does the building fully meet the requirements of Rules ?
 (b) Is the roof of heat-resisting material ?
 (c) Is the height of every room in the rest shelter at least 12 ft. from the floor level to the lowest part of the roof ?
- (ii) Canteen:
 (a) Does the building fully meet the requirements of Rules.
 (b) Are the canteen buildings situated not less than 50 yards from any latrines, urinals, boiler house, coals, stack coals dumps etc.?
 (c) What is the minimum height of the buildings of the canteen measured from the floor level to the lowest part of the roof ?
- (iii) Creche :
 (a) Does the building of creche meet fully the requirements of— Rules.
 (b) Is the height of buildings not less than 12 ft. from floor level to the lowest part of roof ?

We certify that the replies given to the questionnaire above are correct.

Signature of Manager. Signature of Occupier.

- N. B.—(i) After showing the above details, the plans and site-plan this questionnaire and Form No. 41 should all be submitted to the Inspector of Factories of the Region concerned for the approval of the Chief Inspector of Factories.
 (ii) A certificate of stability signed by a person having the qualifications laid down in Rule 91(II) shall be submitted on Form No. 43 before the manufacturing PROCESS with the aid of power is begin in the building.

FORM 43
[See Rule 91(II)]
Certificate of stability

1. Name of the factory.....
2. Village, town and district in which the factory is situated.....
3. Full postal address of the factory.....
4. Name of the occupier of the factory.....
5. Nature of manufacturing process to be carried on in the factory.....
6. Number of floors on which workers will be employed.....

I have inspected the premises of the factory on.....and examined the building/buildings and other structures. The details of the building / buildings and other structures are specified in the schedule appended. I certify that it is / they are found to be structurally sound and that its / their stability will not be endangered by its / their use as factory / part of factory.

Signature

Qualification:

Address of Association:

The Certificate of stability referred to in sub-rule(1) shall be signed by one of the following categories of persons, namely:—

- (i) A member of the Associate Members of Institute of Civil Engineers.Or,
- (ii) A member of the Institute of Structural Engineers. Or,
- (iii) A full member or Associate Member of the Institute of Engineers (India). Or,
- (iv) Civil Engineers of the Public Works, Electricity and Highways Department including retired Civil Engineers not below the rank of Executive Engineer.

FORM 44
(See Rule 91 (XII))
Notice of change Manager

1. Name of the factory with current licence number.....
 2. Postal address.....
 3. Name of the outgoing Manager.....
 4. Name of the new Manager with postal address
 5. His father's name with postal address.....
 6. Date and time of transfer of charge (forenoon or afternoon).....
- Signature of new Manager

Signature of Occupier

FORM 45
(See Rule 91 XIII)
Form of Certificate from Competent person

It is certified that I/We have examined the plan and details of Form 42 and the design and map of the proposed factory building. I/We further certify that the plan and details of Form 42 and design, map and other particulars given with Form 42 is in accordance with the Provisions of the Occupational Safety, health and Working Conditions Code, 2020 and Meghalaya Rules made thereunder

Date

Signature.....

(Name and Designation)

Seal

Empanelment number

FORM 46
[See Rule 91(XIV)]
Notice of occupation

- LICENCE NUMBER.....
- For the year.....
- 01-Full name of the factory and its licence number,
- 02- (a) Address and situation of the factory including the police station, tehsil and district.....
- (b) Correspondence Address
- (c) Contact Number and Email Address of Factory.....
- 03-Nature of manufacturing process/ processes carried on in the factory during the next twelve months.....
- 04- Names and values of the principal products manufactured during the last twelve months.....
- 05-(a) Maximum number of workers proposed to be employed on any one day during the year.....
- (b) Maximum number of workers employed in any day during the last twelve months.....
- (c) Actual number of workers employed in the Factory at present
- 06-(a) Nature and total amount of power (H.P.) installed
- (b) Maximum amount of power (H.P.)
- NOTE.—If power is not proposed to be used originally but is introduced later, the fact should be immediately communicated to the Chief Inspector-cum-Facilitator.
- 07-In the case of a factory constructed or extended after the date of the commencement of the rule
- (i) Reference number and date of approval of the plans for site, whether for old or new building and for construction or extension of factory, by the State Government/ Chief Inspector
- (ii) Reference number and date of approval of the arrangements, if any, made for the disposal of trade waste and effluents and the name of the authority granting such approval
- 08-Full name, father's name and residential address of.-
- (i) The person who shall be Manager of the factory for the purposes of the Code.....
- (ii)The occupier of the factory
- 09- If the factory is covered by the provisions of Section 80 of the Code, full name, father's name, and address of the owner of the premises or buildings in which the factory is situated
- 10- Return submitted
(Yes / No)
- 11- Date on which the Manager assumed charge.....
- 12- Date on which the occupier occupied the premises or will occupy the premises.....

I hereby declare that our factory is complying / will comply with all health and safety provisions of The Code 2020 to the best of my knowledge.

Full signature of occupier.....
Full signature of manager.....

Date

FORM 47
(See Rule 94,104,126)
Health Register

Sr.No.	Name of worker	Serial number in adult worker register	sex	age	Date of employment on present work	Date of leaving or transferred to other work	Reason for leaving, transfer or discharge
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Nature of job or occupation	Date of medical examination by medical officer	Result of medical examination	If suspended from the work, state period of suspension with detailed reasons	Recertified fit to resume duty on (with signature of medical officer)	If certifying of unfitness or suspension issued to worker	Signature with date of medical officer
(9)	(10)	(11)	(12)	(13)	(14)	(15)

FORM 48
(See Rule 50, 94,104,126)
CERTIFICATE OF FITNESS FOR HAZARDOUS PROCESS OR DANGEROUS OPERATIONS

1. Serial No. _____
2. I certify that I have Personally examined _____ (Name of person examined) having serial Number _____ (In Adult Worker Register) who is desirous of being employed in _____ (hazardous process/ dangerous operation) in factory _____
3. He is fit to be employed
4. He may be produced for further examination after a period of _____
5. He has gone undergone following tests/examinations:

S. No.	Name of test/examination	remarks
--------	--------------------------	---------

6. Remarks of medical officer:

Name and signature of medical officer

FORM 49
[See Rule 99]
Notice of occupation

- LICENCE NUMBER.....
- For the year.....
- 01-Full name of the factory and its licence number,
- 02- (a) Address and situation of the factory including the police station, tehsil and district.....
- (b) Correspondence Address
- (c) Contact Number and Email Address of Factory.....
- 03-Nature of manufacturing process/ processes carried on in the factory during the next twelve months.....
- 04- Names and values of the principal products manufactured during the last twelve months.....
- 05-(a) Maximum number of workers proposed to be employed on any one day during the year.....
- (b) Maximum number of workers employed in any day during the last twelve months.....
- (c) Actual number of workers employed in the Factory at present
- 06-(a) Nature and total amount of power (H.P.) installed
- (b) Maximum amount of power (H.P.)
- NOTE.—If power is not proposed to be used originally but is introduced later, the fact should be immediately communicated to the Chief Inspector-cum-Facilitator.
- 07-In the case of a factory constructed or extended after the date of the commencement of the rule
- (i) Reference number and date of approval of the plans for site, whether for old or new building and for construction or extension of factory, by the State Government/ Chief Inspector
- (ii) Reference number and date of approval of the arrangements, if any, made for the disposal of trade waste and effluents and the name of the authority granting such approval
- 08-Full name, father's name and residential address of.-
- (i) The person who shall be Manager of the factory for the purposes of the Code.....
- (ii)The occupier of the factory
- 09- If the factory is covered by the provisions of Section 80 of the Code, full name, father's name, and address of the owner of the premises or buildings in which the factory is situated
- 10- Return submitted
(Yes / No)
- 11- Date on which the Manager assumed charge.....
- 12- Date on which the occupier occupied the premises or will occupy the premises.....

I hereby declare that our factory is complying / will comply with all health and safety provisions of The Code 2020 to the best of my knowledge.

Full signature of occupier.....
Full signature of manager.....

Date

FORM 50
(See Rule 108)

Application to appropriate authority under section 90

- a. Name of occupier or manager:
- b. Name and Address of factory:
- c. Details of grievance:
- d. Reasons of claim:
- e. Details of documents attached:

Name and signature of occupier/ manager

FORM 51
(see Rule 131)
Penalty Register

Office of Chief Inspector of Boilers and Factories, Meghalaya
For the Month of _____, Year _____

Sr.No.	Name and address of person on whom penalty imposed	Name and address of establishment in relation to person on whom penalty imposed	Date and number of reference of imposing penalty	Offences for which penalty imposed
(1)	(2)	(3)	(4)	(5)

Amount of penalty	Date of deposit	Whether appeal preferred	Signature of officer imposing penalty	remarks
(6)	(7)	(8)	(9)	(10)

Total penalty collected at the end of month

Details of transfer of amount to fund:

- (i) Date:
- (ii) Amount:
- (iii) Bank details of transfer

Signature and Seal of
Deputy Chief Inspector cum Facilitator
of Boilers and Factories, Meghalaya.

FORM 52
(See Rule 132)

Performa for Appeal before the Appellate Authority against Order of Imposing Penalty

To,

Appellate Authority

[Under Section 111(2) of the Code]

Sir/Madam,

I undersigned with following details prefer an appeal against order of -----(details of officer imposing penalty) under section 111(2) of The Occupational Safety, Health And Working Conditions Code 2020.

1. Name and address of the establishment.
2. Name of the person preferring appeal and address details
3. Amount of penalty imposed by the officer.
4. Ground for Appeal with supporting documents

Declaration

I/We hear by declare that the particulars given above are true to the best of my/our knowledge and belief and I/We hereby declare that nothing has been concealed or any fact has been misrepresented in the above calculation made by me/us.

Signature of person preferring appeal

Name:

Date:

Place:

Mobile Number:

E-mail (if any)

FORM 53

[See Rule 133]

**APPLICATION UNDER SUB-SECTION (1) OF SECTION 114 FOR COMPOSITION
OF OFFENCE**

To,

The authorised officer

[under section 114(1)]

1. Name of applicant
2. Father's / Husband's name of the applicant
3. Address of the applicant
4. Name and Address of establishment in relation to applicant.....
.....
5. Particulars of the offence
6. Section of the Code under which the offence is committed
7. Maximum fine provided for the offence under the Code.....
.....
8. Whether prosecution against the applicant is pending or not
9. Whether the offence is first offence or the applicant had committed any other offence prior to the offence, if had committed, then, full detail of the offence
.....
.....
10. Any other information which the applicant desires to provide
.....
.....
.....

Applicant (Name and signature) Dated

FORM 54

(See Rule 133)

Compounding/ Composition Register

Office of Chief Inspector cum Facilitator of Boilers and Factories, Meghalaya.

For the month of _____ (name of month with year)

Sr. No.	Name and Address of person whom offence compounded	Name and address of establishment in relation to person on whom offence compounded	Date and number of reference of compounding / composition	Offences for which compounded
(1)	(2)	(3)	(4)	(5)

Amount of penalty	Date of deposit	Whether appeal preferred	Signature of officer imposing penalty	Remarks
(6)	(7)	(8)	(9)	(10)

FORM 55
(See Rule 134)

Record of Social Security Fund

Sr.No.	Amount received for fund	Source from received	Date of receive	Details of credit to the Meghalaya Unorganised Workers Welfare Board		
				Amount	Date	Bank Details

FORM 56

(See Schedule V)

Report of examination and test of DUST EXTRACTION OR SUPPRESSION System

1. Description of system:
2. Hood:—(a) Serial number of hood:
- (b) Contaminant captured:

	Design value	Actual value
(c) Captured velocities (at points to be specified)		
(d) Volume exhausted at hood:		
(e) Hood static pressure:		

3. Total pressure drop at —
 - (a) Joints:
 - (b) Other points of system (To be specified):
4. Transport velocity in duct (at points along ducts to be specified):
5. Air cleaning device:—

(a) Type used	(b) Velocity at inlet	(c) Static pressure at inlet	(d) Velocity at outlet	(e) Static pressure at outlet

6. Fan—

(a) Type used	(b) Volume handled	(c) Static pressure	(d) pressure drop at outlet of fan

7. Fan Motor—

(a) Type	(b) Speed and power in kilowatts

8. Particulars of defects, if any, disclosed during test in any of the above components:

I certify that on (date).....the above dust extraction system was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination. I further certify that on the said date, I thoroughly examined the above dust extraction system including its components and fittings and that the above is a true report of my examination.

Address:

Signature:

Qualification:

Date:

If employed by a company or association, name and address of the company or association:

FORM 57
 Prescribed under Schedule VIII
REPORT OF EXAMINATION OF HOISTS AND LIFTS

Occupier (or owner) of premises:

Address.....

1. (a) Type of hoist or lift and identification number or description:

(b) Date of construction or reconstruction (if ascertainable):

2. Are all parts of the hoist or lift of good mechanical construction, :

sound material and adequate strength (so far as ascertainable) ?

3. Are the following parts of the hoist or lift properly maintained :

and in good working order? If not, state what defects have been found—

(a) Enclosure of hoistway or lift way:	(e) Cage and platform & fittings, guides, buffers, interior of the hoistway or lift way:	(i) Brakes:
(b) Landing gates and cage gates:	(f) Overrunning devices:	(j) Worm or spur gearing:
(c) Interlocks and landing gates and cage gates:	(g) Suspension ropes or chain & their attachments:	(k) Other electrical equipment:
(d) Other gate fastenings:	(h) Safety gear <i>i.e.</i> , arrangements for preventing fall of platform or cage brakes:	(l) Other parts:

4. What parts, if any, were inaccessible?

5. Repairs, renewal or alterations (if any) required and the period within which they should be executed?:

6. Maximum safe working load subject to repairs, renewals or alterations (if any) specified in item 5.:

7. Other particulars:

I/We certify that on (date).....I/We thoroughly examined this hoist or lift and that the above is a correct report of the result.

Signature:

Qualification:

Address:

If employed by a company or association, name and address of the company or association:

FORM 58

Prescribed under Schedule VIII-Pressure Plant

REPORT OF EXAMINATION OR TEST OF PRESSURE VESSEL OR PLANT

1. Name of the Occupier (or factory):
2. Situation and address of factory :
3. Name,description and distinctive number :
of pressure vessel or plant.
4. Name and address of manufacturer and :
Reference to their test certificate or certificate of competent person .
5. Nature of process in which pressure :
vessel or plant is used.
6. Particulars of pressure vessel or plant—
 - (a) Date of construction:
 - (b) Thickness of walls:
 - (c) Date on which the pressure vessel or plant was first taken into use:
 - (d) Maximum permissible working pressure recommended by the manufacturer:
 - (e) Design pressure , if known :
 - (f) Brief history of the pressure vessel or plant,indicating :
whether the Examiner has seen the last previous report.
7. Date of last hydrostatic test (if any) and pressure applied:
8. Is the pressure vessel or plant in open or :
otherwise exposed to weather or to damp?
9. What part (if any) were inaccessible?:
- 10 What examination and tests were made? :

(Specify pressure if hydrostatic test was carried out).

11. Condition of pressure vessel or plant (State any defects materially affecting the maximum permissible working pressure or the safe working of the pressure vessel or plant):—

External:	Internal:
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12. Are the required fittings and appliances provided in accordance with the rules?:
13. (a) Are all fittings and appliances properly :
maintained and in good condition?
 - (b) Have the pressure settings been checked and corrected ? :
14. (a) Repairs(if any) required :
 - (b) Period within which the repairs should be executed :
 - (c) Any other condition which the person making the :
examination thinks it necessary for securing safe working.
15. Maximum permissible working pressure calculated from dimensions and :

from the thickness and other data ascertained by the present examination due allowance being made for conditions of working if unusual or exceptionally severe (State minimum thickness of walls measured during the examination).

16. Where repairs affecting the maximum working pressure are required, state the working pressure:—

(a) after the examination of the period specified in item 14:	(b) after the expiration of such period if the required repairs have not been completed:	(c) after the completion of the required repairs:

17. Other observations:

I certify that on (date).....the pressure vessel or plant described above was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination and that on the said date, I thoroughly examined this pressure vessel or plant, including its fittings and that the above is a true report of my examination.

Signature:

Qualification:

Address:

Date:

If employed by a company or association, name and address of the company or association:—

FORM 59
REGISTER OF EXAMINATION OF GAS HOLDERS

Distinguish-ing number or letter of gasholder	Particulars of manufacture				
	Maker's name	Date of manufacture	Number of lifts	Maximum capacity in cubic metres	Pressure thrown by gasholder when full of gas
(1)	(2)	(3)	(4)	(5)	(6)

Particulars of examination carried out		
Method of examina-tion used	Date of examina- tion	Name and designation of the person making this examination
(7)	(8)	(9)

Particulars of repairs			Remarks
Nature of repairs	Date of repairs and painting	By whom repairs are carried out	
(10)	(11)	(12)	(13)

FORM 60

REPORT OF EXAMINATION OF WATER-SEALED GASHOLDER

1. Name of occupier (or factory) :
2. Situation and address of factory :
3. Name,description,distinguishing number or letter and type of gasholder :
- 4.Name and address of the manufacturer :
- 5.
6. Particulars of gas to be stored in the holder:

(a) Number of lifts	(b) Maximum capacity in cubic meters	(c) Pressure thrown by holder when full of gas

7. Particulars as to the condition of:

(a) Crown	(b) Side sheeting,including grips and cups	(c) guiding mechanism (Roller carriages,rollers,pins,guiderails or ropes)	(d) Tank	(e) Other structure,if any(columns,framing and bracing)

8. Particular as to the position of the lifts at the time of examination:
9. Particulars as to whether the tank and lift were found sufficiently level :
for safe working and if not,as to the steps taken to remedy the defect.
10. Date of examination and by whom it was carried out:
11. Condition of vessel— (a) External:
(b) Internal:
- 12.(a) Are all fittings and appliances properly maintained and in good condition?:
(b) Repairs,if any,required and period within which they should be executed:
(c) Any other conditions which the persons making the :
examination thinks it necessaary for securing safe working.
13. Other observations:

I certify that on (date)the gasholder described above was thoroughly examined and such of the tests as were necessary made on the same day and that the above is a true report of my examination.

Qualification;

Address:

Signature:

Date:

If employed by a company or association, nameand address of the company or association.: