

Application Form for Electrical Safety Awards 2021

1.	Name of the Industry/ Utility/ Company/ Organisation	:	
2.	Address Details	:	
3.	Type of Industry/ Utility/Company	:	
4.	Highest voltage level of supply/ supply availing from Grid/DISCOM/Generating for own use.	:	
5.	Maximum Capacity of electricity in use in terms of Power/ Energy/ Voltage.	:	
6.	Designation of Plant Head	:	
7.	Designation of head of electrical works	:	
8.	How many electrical engineers are working in industry/ utility (Regular/ through Outsourcer)	:	<u>Regular</u> <u>Through outsource</u>
9.	How many electrical workman working in your industry/ utility.	:	<u>Regular</u> <u>Through outsource</u>

N.B.: You may use additional sheet to furnish information in case of inadequacy to particular item.

			Points (weightage)	Points Scored
10	(a) Whether safety officer under regulation-5 of CEA (Measures Relating to Safety & Electric Supply) Regulation, 2010 have been appointed	:	(Yes/ No)	2
	(b) Name & Designation of Safety officer (appointed under Regulation)	:		
11.	Whether management has defined any safety policy document or occupational health and safety policy (If yes, kindly attach the document)	:	(Yes / No)	2
12.	Whether any safety manual for industry/ utility and particular to electrical works is available (If yes, kindly attach the document)	:	(Yes/ No)	2
13.	(a) Whether hazardous areas identified.	:	(Yes/ No)	2
	(b) How many identified hazardous area are in your plant/ utility area of operation.	:		
14.	Whether/ any risk analysis and risk control is done.	:	(Yes/ No)	2
15	a) Whether any emergency plan is established and maintained	:	(Yes/ No)	2
	b) List of key personnel (designation) to take charge during emergency	:		
16	Mock drill is done (if yes when last practised)	:	(Yes/ No) Date: / / Time:From to	3

17.	a) Whether management periodically evaluate the regulatory compliances and monitor.	:	Yes/ No	2	
	b) Whether PPEs are supplied to employee engaged in electrical work.	:	Yes/ No	2	
	c) Whether safety tools & other safety accessories required in electrical O&M work are provided to workman	:	Yes/ No	2	
18.	Accidents are investigated	:	Yes / No	2	
19.	Corrective action initiated for prevention of accident (Write in brief).	:		3	
20.	Whether regular safety audit is carried out	:	(Yes/ No)	2	
21.	Whether the engineers/ supervisors are well acquainted with regulatory compliances	:	(Yes/ No)	2	
22.	a) Whether regular safety training programmes are taken up in last three years (If yes, kindly attach the Photographs/ video clips or any other relevant documents)	:	(Yes / No)	2	
	b) if yes, how many trainings to engineers/ workmen in last financial year 2020-21.	:		2	
23.	<u>Training to Employees/ staff (mark if availed) from St. John Ambulance.</u>				
	1. First Aid: Yes <input type="checkbox"/> No <input type="checkbox"/>			2	
	If yes, No. of employees availed the training <input type="text"/>				
	2. CPR and artificial respiration: Yes <input type="checkbox"/> No <input type="checkbox"/>			2	
	If yes, No. of employees availed the training <input type="text"/>				
24.	<u>Give details on following facilities:-</u>				
	1. Facility of Ambulance			3	
	2. (a) Exclusive fire brigade available in plant/ utility area of operation	:	(Yes/ No)	3	
	(b) If No, whether telephone number of nearby Fire Brigade exhibited at prominent place	:	(Yes/ No)		
	3. (a) Whether all the transformers of 10 MVA and above rating or in case of oil filled transformers with oil capacity of more than 2000 litres are provided with fire fighting system	:	(Yes/ No)	2	
	(b) If yes, whether it is as per IS-3034: 1993/ with Nitrogen Injection Fire protection system:		(Yes/ No)		
	4. Compensation to victim			2	

25.	<u>Electrical Safety Awareness initiatives (if any)</u>	2	
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Tie Breaker (Sl. No. 26)**(In case of a Tie, the decision of the evaluation committee will be final and binding to all)**

26.	<u>Special Mention (Relating to electrical Safety)</u>	10	
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I hereby declare that all above information are in accordance with truth and facts to the best of my knowledge and belief. I have not suppressed any information or fabricated to submit false information.

Date:

SignatureName of
Designated OfficerCountersigned by the Head of
Plant/ Utility/ Undertaking
with Name

- N.B.:** 1) The last date of submission is 16th June, 2021.
2) The soft copy of this form is available in our website
<http://eicelectricityodish.nic.in>
3) In case of doubt, please contact Nodal Officer Sri Soumya Ranjan Aich,
Mob. No.- 9438564707.