

# FACTORY INSPECTION REPORT

Place :

Date & Time of Inspection:

Telephone/Mobile :

E-mail ID:

1. Regn. No., Name and Address of Factory
2. Category of the Factory Nature of Activity

: 2m(i)/2m(ii)/85(i)

3. Whether it is an MAH –A –Category or any other factory

4. Licence Limits : HP: Workers

Whether in Limits : YES : NO :

**Workers:**

MALE (Permanent)

Female (Permanent)

MALE (Contract)

FEMALE (Contract)

Adolescents

5. Name of the Occupier :  
Age & Address  
  
Name of the Manager :  
Age & Address

If neither the occupier nor the manager is present, name and address of the responsible person present at the time of inspection

6. The Factory is working/Last worked : On \_\_\_/\_\_\_/\_\_\_ with \_\_\_ Workers

Male: \_\_\_ Female: \_\_\_

7. Maximum number of workers employed during the year and the date :

8. Working Hours: -A Shift :

-B Shift :

-C Shift :

General shift :

Weekly off :

# SUMMARY OF DEFECTS FOUND AND ACTION TAKEN

1. Plans, License etc :  
  
Plan approval No
2. Health: Cleanliness, Ventilation Temperature, dust, fume, drinking water, latrines, drains, effluents etc. :
3. Safety Provisions (Chapter IV) :
4. Special Provisions  
  
Medical Examination :  
  
Occupational Health Center :  
  
MAH Documents- HARA Report – HAZOP Studies :  
  
ON- Site Emergency plan, :  
  
Off –Site Emergency plan :  
  
Lunch Room :  
  
Qualified Persons- competent persons :  
  
List of Equipment - Pressure Vessels – Chain Pulley Blocks :  
  
5. Compliance status under Section 87 under Rule 95 of MSIHC (Manufacture, Storage and Import of Hazardous Chemical Rules – 1989) :  
  
6. Compliance status under the chemical accidents (Emergency Planning, Preparedness and Response ) Rules – 1996 :  
  
7. Compliance status under Section 89 (Notice or certain diseases) & Rule 97 of the Factories Act 1948 :  
  
8. Compliance status under Section 2 (cb) (list of Industries Involving Hazardous Process) under Factories Act 1948 :  
  
9. Welfare Provisions (Chapter V) :  
  
(Washing Facilities, First Aid Facilities, Chreche, Rest Room/Lunch Room, Canteen, Cooled Drinking Water, Welfare Officer, Safety Officer, Ambulance Room)  
  
10. Registers / Records :  
  
11. General Remarks on other enactments checked up by the inspector viz., PW Act, MB Act etc., :

12. Attach additional sheets for detailed observations if required

END:(a) :

(b) :

(c) :

No. of Additional sheets attached (From Page No \_\_\_\_\_ to \_\_\_\_\_)

13. Action Taken :

Signature of the responsible present  
at the time of visit with Name and Designation

Signature of Inspecting Officer with  
Name and Designation

Note: You are hereby informed to take corrective action and upload compliance report within 15 days from uploading of the inspection report by the Inspecting Officer should be mentioned in the note of the Inspection Report Format.