Atomic Energy (Factories) Rules, 1996

FORMS

The factory shall fill the relevant forms F1 to F15 as the case may be. The list of forms is given below:

Form No.	Title	To be filled by
1.	Certificate of fitness to work on specified job.	Medical Officer
1A.	Health register of worker employed on specified job.	Medical Officer
2.	Record of lime washing, painting, antitermite treatment, floor marking etc.	Manager
3.	Report of examination of hoists & lifts	Competent Person
4.	Report of examination of lifting machines, ropes & lifting tackles	Competent Person
5.	Report of examination or test of pressure vessel or plant.	Competent Person
6.	Examination of water sealed gas holder.	Competent Person
7.	Item field performance report.	Manager
8.	Failure mode, effect & criticality analysis.	Manager
9.	Material safety data sheet.	Manager
10.	Report of examination and test of dust extraction or suppression system.	Competent person
11.	Preliminary report of accident or dangerous occurrences.	Manager
12.	Notice of accidents or dangerous occurrence	Manager
13.	Form for reporting electrical accidents	Manager
14.	Notice of poisoning or disease.	Manager
15.	Half yearly/Annual Return.	Manager

Form - 1

CERTIFICATE OF FITNESS TO WORK ON SPECIFIED JOB
(See rules 7(3), 32 Sch. III, 33, 55, 88)

1. Name of the Factory:

2. Name of the Person
(in Block letters) and Employee No.

Sex: M/F Date of birth:

3. Educational Qualifications:

4. Previous Experience :
Field of Experience :

5. Details of Medical Examination : Date

.1. Height ..... cm. .2. Weight ..... kg.

.3. Hearing (Auditory Examination): Normal/Not normal*

.4. Eyesight : Normal/Normal with spects/Not normal*

: Colour blindness : Yes/No

.5. General Laboratory Investigations (Blood, urine, excreta, sputum etc.) : Normal/Not normal*

.6. Pulmonary function & Chest Examination : Normal/Not normal*
(including X ray examination)

.7. Nervous system: Normal/Not normal*

.8. Overall health assessment :

* Specify the condition & remedial measures.

6. I certify that I have personally examined Dr./Shri/Smt./Kum.. ..... and seen his/her other medical reports and my recommendations are recorded below.

7.	Work with/in/at	Recommendations
.1.	Chemicals and hazardous materials including prescribed materials	Fit/Unfit
.2.	Machines	
.2.1	Cranes	Fit/Unfit
.2.2	Locomotives	Fit/Unfit
.2.3	Fork lifts	Fit/Unfit
.3.	Blasting by compressed air/steam for cleaning of articles.	Fit/Unfit
.4.	Radioactive Area	Fit/Unfit
.5.	Any other work specified by the Competent Authority.....	Fit/Unfit

Signature of Certifying Surgeon

Name .....

Date:

Reg.No. .....

Note : Strike out whichever is not applicable.

Medical Examination Record

S.No.	Date of		Remarks
	Last Examination	Next Examination	

Form - 1A

HEALTH REGISTER OF WORKERS EMPLOYED ON SPECIFIED JOBS
(See rules 7(4), 88)

Name of the Factory:

Sr. No.	Name	Age Yrs.	Nature of job.	Date of			If suspended from work period of suspension	Date of Resumption of duty.	Signature with date of Certifying Surgeon.
				Medical Exam.	Employment on present work.	Learning or transfer to other work.			

N.B. Against column Nature of job please write the applicable number as given below:

(1) Working with Chemicals & Hazardous materials.
(2) Working with-2.1 rotating machines; 2.2 lifting machines; 2.3 material handling equipment.
(3) Working with -3.1 electrical work-low & medium voltage; 3.2 electrical work-high voltage.
(4) At height.
(5) At blasting by compressed air/steam for cleaning of articles.
(6) Radioactive area.

Form - 2

Record of Limewashing, Painting, Antitermite treatment, floor marking etc.
(See rules 8,25 & 68(7)(b))

Name of the Factory : _____

S.No.	Location No. of the part* in factory	Parts covered(e.g. walls, ceiling, woodwork etc.)								Remarks
		Lime washing		Painting		Antitermite treatment		Floor Marking		
		Name of part	Date	Name of part	Date	Name of part	Date	Name of part	Date	

Signature

Date:

(Manager)

* Part means wall, ceiling, woodwork etc.

Form - 3

REPORT OF EXAMINATION OF HOISTS & LIFTS
(See Rule 34)

1. Name of the Factory :

2.1 Type of hoist or lift and identification No. or description :

2.2 Date of construction/reconstruction :

3. Are all parts of the hoist or lift, of good mechanical construction, sound material and adequate strength (so far as ascertainable) :

4. Are the following parts of the hoist or lift properly maintained and in good working order? If not, state what defects have been found. :

.1. Enclosure of hoistway or liftway :

.2. Landing gates and cage gate(s) :

.3. Interlocks and the landing gates and cage gate(s) :

.4. Other gate fastenings :

.5. Cage and platform and fittings, guides, buffers, interior of the hoistway or liftway. :

.6. Overrunning devices :

.7. Suspension ropes or chain and their attachments. :

.8. Safety gear i.e. arrangement for preventing fall of platform or cage brakes. :

.9. Brakes :

.10. Worm or spur gearing :

.11. Other electrical equipment :

.12. Other parts :

5. What parts(if any) were inaccessible :

6. Repairs, renewals :

7. Maximum safe work load :

8. Is any of the lift made as per requirements of fire lift & if so its location & identification No. :

9. 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 :

Date:

Name :

Form - 4

REPORT OF EXAMINATION OF LIFTING MACHINES
Ropes & Lifting Tackles
(See rule 35(4))

1.	Name of the Factory	:
2.	Distinguishing number or mark (if any) and description sufficient to identify the lifting machine, chains, rope or lifting tackle.	:
3.	Date when lifting machine, chain, rope or lifting tackle was first used in the factory.	:
4.	Date and number of certificate of last examination made under section 29(1)a (iii) and by whom it was carried out.	:
5.	Date and number of certificate relating to any test & examination made, under rules 35.1 & 35.15 together with the name & address of the certifying person.	:
6.	Date & certificate of annealing or other heat treatment of the chain and lifting tackle carried out as per rule 35.7 and by whom it was carried out.	:
7.	Particulars of any defect found at any such examination or after annealing and affecting the safe working load and steps taken to remedy such defect.	:

I/We certify that on ..... I/We thoroughly examined the above mentioned lifting machine/chain rope/lifting tackle and that the above is a correct report of the result.

Signature:

Date: Name:

Form - 5

REPORT OF EXAMINATION OR TEST OF PRESSURE VESSEL OR PLANT
(See rule 36(9)(b))

1. Name of the Factory. :

2. Details of pressure vessel or plant and location (i.e. Distinctive no. max. & safe working pressure etc. :

3. Name, address of the manufacturer and reference no. of test certificate by manufacturer and/or competent person & date. :

4. Nature of process in which the pressure vessel/plant is used. :

5. Particulars of pressure vessel or plant.

   .1 Date of construction. :

   .2 Method of construction (e.g. supported) :

   .3 Thickness of walls.(mm.) :

   .4 Date on which the pressure vessel/plant first taken into use :

   .5 Maximum permissible working pressure specified by the manufacturer :

   .6 Design pressure(if known) :

6. Date of last hydrostatic test (if any) and pressure applied. :

   .1 If Hydrostatic test could not be carried out due to constraints of construction Date of ultrasonic/magnetic particle / or any other suitable test as approved by the Competent Authority :

7. Is the pressure vessel/plant in open or otherwise exposed to weather or damp or corrosive environment. :

8. What parts were inaccessible :

9. What examinations and tests were made (specify pressure if hydrostatic test is made) :

10. Condition of pressure vessel/ plant (state any defects materially affecting the max. permissible working/ safe working pressure) : External Internal

.1 If any defect is observed affecting safe working pressure, is the new safe working pressure marked with date. :

11. Are the required fittings and appliances provided in accordance with rules :

.1 Are all fittings and appliances properly maintained in good condition. :

12. Have the pressure settings of safety valves been checked? :

13 Repairs.

.1 Required :

.2 Period within which repairs should be carried out. :

.3 Any other condition which the person making the examination thinks it necessary for securing safe working. :

14. Maximum permissible working pressure calculated from dimensions and from other data ascertained by present examination, due allowance being made for conditions of working if unusual or exceptionally severe. :

.1 Minimum thickness of pressure vessel, plant measured during the examination. :

15. Where repairs affecting the maximum working pressure are required state the working pressure. :

.1	Before expiration of period specified in 13.2.	:
.2	After the expiration of such period if the required repairs have not been complete.	:
.3	After the completion of the required repairs.	:

16. Other observations. :

I certify that on (Date).....the pressure vessel/plant described above was thoroughly cleaned and (so far as 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/plant, including its fittings and that above is a true report of my examination.

Signature:

Date: Name:

Form - 6

REPORT OF EXAMINATION OF WATER SEALED GAS HOLDER
(See rule 37)

1. Name of the Factory :

2. Description, type & distinguishing numbers or letters of the gas holder :

3. Location in the plant and date of installation :

4. Name & address of manufacturer :

5. Design data

   .1. Maximum Capacity in Cu.m. :

   .2. Pressure shown by the holder when full :

   .3. Number of lifts and their distinguishing numbers & letters :

6. Constructional details of the gas holder including the main dimensions, such as diameter, height of each lift and tank, the thickness of side plates and the crown, description of the type of material used to form the side plates & the crown :

7. Allowable min. thickness of the side plates & crown of gas holder :

8. Number etc. of the drawing showing constructional details of gas holder, prepared by its manufacturer :

9. Date of examination :

   .1. Internal :

   .2. External :

10. Parts of gas holders examined by the electronic or other accurate devices or by cutting sample discs there of :

11. Particulars as to the conditions of

    .1. Crown :

    .2. Side sheeting including grips & cups :

    .3. Guiding mechanism (roller carriages, roller, pins, guide, ropes, etc.) :

    .4. Tank :

    .5. Other Structure, if any columns (framing & bracing) :

12. Particulars as to the position of lifts at the time of exam. :

13. Particulars as to whether tank and lifts were found sufficiently level for safe working. :

14. Are all fittings and appliances properly maintained in good condition, repairs if any required & period within which they shall be carried out :

15. Any other condition which shall be complied with and are necessary according to the opinion of competent person :

I certify that the gas holder described above was thoroughly examined and such of the tests as were necessary, were carried out and that above is a true report of the examination carried out by me.

Signature:

Date: Name:

Form - 7

ITEM FIELD PERFORMANCE REPORT
(See rule 60)

1. Name of the Factory :

2. Item

   .1 Identification :

   .2 Manufacturer :

   .3 Number of items of the type :

   .4 Date of manufacture :

   .5 Date of modification/recond-itioning :

   .6 Date first placed in use :

   .7 Cumulative operating time since above :

   .8 Date & place where used after 2.5 :

   .9 Date/cumulative operating time since above :

   .10 Cumulative time-Non use (Storage/Maintenance) :

3. Operating environment :

   .1 Temperature Range :

   .2 Relative humidity range :

   .3 Nature of atmosphere A.C./ Clean/Dusty/Corrosive/.... :

   .4 Vibration level :

4. Mode of operation Continuous/Intermittent/ Standby/..... :

5. Item failure information :

   .1 Symptoms of failure :

   .2 Failure detected during Operation / Periodic check / Preventive maintenance :

.3 Functions affected by failure :

.4 Failure cause :

Inherent/Misuse/ Maintenance induced/ :

External to item/ Secondary/ Unknown :

6. Item failure analysis and correction :

.1 List of failed parts :

.2 List of replaced parts :

.3 Adjustments made :

7. Total active downtime :

8. Total downtime :

9. Any other information :

Signature:

Date:

Name :

Designation:

Form - 8

FAILURE MODE, EFFECT & CRITICALITY ANALYSIS
[F M E C A]
(See rule 60)

Name of the Factory :

System : _____

Sub System: _____ Page _____ of _____

Code No. : _____

No.	Part No.	Part		Failure Mode		Detection Method	Effect on System Plant	Remarks
		Name	Function	No.	Description			
1	2	3		4		5	6	7

Prepared By _____ Checked By _____ Approved By _____

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Form -9

MATERIAL SAFETY DATA SHEET
(See rules 62, 88 Sch. VIII)

Note : Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

IDENTITY (As Used on Label and List) and Maximum Quantity handled at any time.

Section I - Hazardous Ingredients/Identity Information : Unless otherwise specified, PLE & TLV values are averaged over 8 hrs. period and STEL values are averaged over 15 mts. period.

Hazardous Components	Specific Chemical Identity	Common Name(s)	PLE Factories Act	TLV OSHA	Other Limits Recommended	%(Optional)

Section II - Physical/Chemical Characteristics

Boiling Point (degree C)		Specific Gravity(H_2O = 1) liquid	
Vapor Pressure(mm Hg) at 20 degree C		Melting Point (degree C)	
Vapor Density(AIR = 1)		Evaporation Rate (Butyl Acetate = 1)	
Solubility in Water gms/100gms of water at 20 degree C			
Appearance and Odour:			

Section III - Fire and Explosion Hazard Data

Flash Point(Method Used)	Flammable Limits % by volume	LEL	UEL
Extinguishing Media :			
Special Fire Fighting Procedures :			
Unusual Fire and Explosion Hazards			

Section IV - Reactivity Data

Stability	Unstable		Conditions to Avoid :
	Stable		
Incompatibility(Materials to Avoid):			
Hazardous Decomposition or Byproducts:			
Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur		

Section V - Health Hazard Data

Route(s) of Entry:	Inhalation?	Skin?	Ingestion?
Health Hazards(Acute and Chronic) :			
Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
Signs and Symptoms of Exposure:			
Medical Conditions			
Generally Aggravated by Exposure			
Emergency and First Aid Procedures:			

Section VI - Precautions for safe Handling and Use

Steps to be taken in Case Material is Released or Spilled :
Waste Disposal Method
Precautions to be taken in Handling and Storing :
Other Precautions

Section VII - Control Measures

Respiratory Protection (Specify Type):		
Ventilation	Local Exhaust	Special
	Mechanical(General)	Other
Protective Gloves	Eye Protection:	
Other Protective Clothing or Equipment:		
Work/Hygienic Practices:		

Section VIII

Manufacturer's Name	Emergency telephone Number
Postal Address	Telephone Number for information
	Date Prepared
	Signature of preparer (optional)

Section IX - Notes

Form - 10

REPORT OF EXAMINATION AND TEST OF DUST EXTRACTION OR SUPPRESSION SYSTEM
[See rule 88 Schedules IV, VI,VIII & X]

1. Name of the Factory :

2. Description of system :

3. Hood/Enclosure :

   .1 Sr. No. of Hood/ Enclosure :

   .2 Contaminant captured :

   .3 Capture Velocities (at point to be specified) : Design Value Actual Value

   .4 Volume Exhausted at Hood/Enclosure : _____ m^3/hr

4. Pressure Drop at

   .1 Joints :

   .2 Any other points (to be specified) :

5. Transport velocity in duct (At points along ducts to be specified) :

6. Air cleaning device

   .1 Type used :

   .2 Velocity at inlet :

   .3 Static pressure at inlet :

   .4 Velocity at outlet :

   .5 Static pressure at outlet :

7. Fan

   .1 Type used :

   .2 Volume handled :

   .3 Static Pressure :

   .4 Pressure drop at outlet of fan :

8. Fan Motor

.1 Type :

.2 Speed in r.p.m. :
& power in kW :

9. Particulars of defects if any, disclosed during the 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 the components and fittings and that the above is a true report of my examination.

Signature:

Date: Name :

N.B. All measurement units shall be in metric system.

Form - 11

PRELIMINARY REPORT OF ACCIDENT OR DANGEROUS OCCURRENCES
(See rules 89(1), 89(3))

1. Name of the Factory :

2. Name of injured person & address :

   Official :

   Residential :

3. a) Sex : M/F b) Age:

   c) Designation: d) Pay:

4. Date and hours of accident /dangerous occurrence :

5. Cause & Nature of accident /dangerous occurrence :

Date: **Manager** **Signature:**

Place: Name :

1. District/Sub Divisional Magistrate
2. Officer In-charge of nearest police station

} In case of fatal accident or if it is of such a nature that it is likely to be

3. Inspector concerned.
4. Competent Authority.
5. Relatives of the injured/deceased.
6. Electrical Inspector.[In case of Electrical Accidents.]

Form -12

NOTICE OF ACCIDENTS OR DANGEROUS OCCURRENCE
(See rules 89(2), 89(5))

1. Name of the Factory. :

2. Branch or section & exact place where the accident or dangerous occurrence happened. :

3. Name of injured person & address :

   Official :

   Residential :

4. a) Sex : M/F b) Age:

   c) Designation: d) Pay:

5. Date and hour of accident or dangerous occurrence :

6. Hours at which he started work on the day of accident :

7. a) Cause & nature of accident or dangerous occurrence :

   b) If caused by machinery

      i) Name of the machine and part causing the accident, & :

      ii) Whether it was moved by mechanical power at that time : Yes/No

   c) Exactly what injured person was doing at that time :

8. Names & addresses of the witnesses to the accident : 1)

   2)

9. Nature & extent of Injury :

10. Period of disability :

11. If accident is not fatal, state whether injured person is likely to be disabled for 48 hours or more : Yes/No

12. Name of Medical Officer in attendance on injured person :

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

Date: **Manager** **Signature :**

Place: Name :

Competent Authority

Form - 13

FORM FOR REPORTING ELECTRICAL ACCIDENTS
(See rule 44-A of the Indian Electricity Rules,1956;
&
the Atomic Energy (Factories)Rules, 1994;rule 89(2))

1. Date and time of accident :

2. Place of accident and district :

3. System & Voltage of supply :

4. Name of the licensee or person/persons or supplier or user of energy in whose premises or jurisdiction the accident occurred :

5. a) (i) Name of the person :

   (ii) Animal (please specify the name and address of the owner) :

   b) Address of such/each person :

6. Occupation and designation of such person/persons (and in particular whether employed in electrical works or elsewhere) :

7. Brief description of the job undertaken, if any :

8. Authority under which such person / persons was / were allowed to work on the job. State also whether he/they was/were authorised person/ persons :

9. Describe fully nature and extent of injuries, e.g. fatal, disablement of any portion of body or other injury, etc. :

10. Detailed causes leading to the accident :

11. Action taken regarding first aid, medical attendance, etc. immediately after the occurrence of the accident. :

12. Whether appropriate Govt, Dist. and police station informed (if so, give the address). :

13.	Steps taken to preserve the evidence in connection with the accident to the extent possible.	:
14.	Name and designation/s of the person/s assisting the person/s killed or injured.	:
15.	What safety equipment were given to and used by the person/s who met with this accident(e.g. rubber gloves, rubber mats, safety belts and ladders, etc.).	:
16.	Whether isolating switches and other sectionalising devices were employed to deaden the sections for working on the same, if so, whether these were earthed.	:
17.	Whether the work on live lines was undertaken by an authorized person/s. If so, the name and designation of such person/s may be given.	:
18.	Whether artificial resuscitation treatment was given to the person who met with electric accident. If yes, for how long was it continued, before abandonment.	:
19.	Steps proposed to be taken to avoid recurrence.	:
20.	Names and designations of persons present at the time of accident.	:
21.	Any other remarks	:

Date: **Manager** **Signature :**

Time: Name:

1. Electrical Inspector of the region.

2. Competent Authority.

Form - 14

NOTICE OF POISONING OR DISEASE
(See rules 89(5), 90)

1. Name of the Factory :

2. Name and address of the under-taking in which the patient presumes that he was exposed to the risk to which the poisoning or disease is attributed. :

3. Harmful agent or process :

4. Patient. Name :

   Address :

5. .1 Sex : M/F .2 Age :

   .3 Designation: .4 Pay :

6. Precise occupation of the patient :

   .1 at the place or last place of employment :

   .2 at the undertaking in which the patient presumes that he was exposed to the risk. :

7. Nature of poisoning or disease. :

8. Approximate dates of beginning & cessation of exposure of the patient to the harmful agent or process mentioned in 3 above. :

9. General particulars. :

Manager **Signature:**

Date: Name:

Competent Authority.

Form-15

HALF YEARLY/ANNUAL RETURN
(See rule 94)

1. Name of the factory :

2. Average number of workers employed daily - Male
   - Female

3. Normal hours per week :

4. Number of days worked in a year :

5. Does the factory come under section 87. (Dangerous Operations) : Yes/No

6. Average daily number of workers employed in dangerous operations :

7. Number of Accidents reported involving

   .1. Fatalities :

   .2. Serious occurrences (without injury to persons) :

   .3. Minor loss of time (Accident causing disability of more than 48 hours) :

   .4. Permanent partial disability :

   .5. Permanent total disability :

8. Causative factors of accidents

   .1 Machinery :
   .2 Handling of materials :
   .3 Chemicals :
   .4 Hand tools :
   .5 Fall of persons :
   .6 Fall of objects :
   .7 Striking against/struck :
   .8 Explosion or Fire :
   .9 Misc. Agencies :

Manager **Signature:**

Date: Name:

Note : A detailed report on accidents be prepared on the lines suggested in IS-3786 entitled "Industrial accidents, classification and computation of injuries and accidents."