

**4th ICC NATIONAL OCCUPATIONAL HEALTH AND SAFETY AWARDS 2022
APPLICATION FORM**

GENERAL INFORMATION			
Full name of Organization			
Type of the organization	<input type="checkbox"/> Manufacturing and Engineering <input type="checkbox"/> Cement, Paints & Allied <input type="checkbox"/> Steel & Mines <input type="checkbox"/> Construction & Infrastructure <input type="checkbox"/> Power Generation & Electrical Units <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Chemicals & Petrochemicals <input type="checkbox"/> FMCG <input type="checkbox"/> Services (including IT, Hospitals, Hotels & Hospitality industry) <input type="checkbox"/> Others PI specify _____		
Category of the Organisation (Please furnish supportive document like Audited Balance Sheet etc.)	<input type="checkbox"/> Large Enterprise (Turnover more than Rs. 250 Cr.) <input type="checkbox"/> Medium Enterprise (Turnover between Rs. 75 Cr. to Rs. 250 Cr.) <input type="checkbox"/> Small Scale Enterprise (Turnover between Rs. 5 Cr. to Rs. 75 Cr.)		
Address with GST No. As applicable	Registered Office:		
	Corporate Office:		
	Applying unit:		
Telephone No		Fax	
Website		Email ID	
Name of the CEO/Proprietor/Chief Functionary		Designation	
Email Id		Mobile No	
Authorized Contact Person (<i>Authorize a person who can answer enquiries about your organization. Questions from your Organization and requests from the ICC National OHS Award Programme would be limited to this person identified below.</i>)			
Name		Designation	
Email Id		Mobile No	
Profile of the organization and background (Please attach the profile and the Executive Summary/ profile of the organization)			

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Products/Businesses of the organization along with brief description of Process / Operation		
Turnover for the last financial year (either 2020-2021 or 2021-22 if available) (in case of individual Units, turnover of the organisation as a whole should be shared)		
Contact detail of Head of Organisation	Name: Designation: Email: Mobile No: Ph. No.:	
Contact detail of Safety Head/Contact Person	Name: Designation: Email: Mobile No: Ph. No.:	
TECHNICAL INFORMATION : 1. Please attach the relevant supporting documents. 2. Trend of previous 3 years need to be demonstrated by the organization (where applicable). 3. Please strike out whichever is not applicable to your organization.		
Safety Policy (Please attach)		
	Top Management Commitment in terms of frequency and review of Safety Performance	
	Mode/s of communicating the Policy amongst employees and stakeholders	
	Safety Budget & its utilisation in different areas e.g. training, equipment, operational expenses etc.	
Policy for Contractor Safety Management	(Systems and Procedures followed and type of records maintained)	

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Safety Systems	System of Hazard Identification and Risk Assessment (HIRA) and Risk Control in the organisation <i>(please mention the method of system implementation & maintenance of ongoing identification of hazards, assessment of risk and determination of necessary controls including mechanism for Corrective and Preventive Actions)</i>
	Employee Involvement (Including 'Suggestion Schemes' and Rewards Programme)
	Disaster Management Plan (including on-site and off-site Emergency Plan)
	Observing Safety occasions in the organisation <i>(please provide details along with level of participation)</i>
	Type /s of Signages used <i>(Please provide pictures)</i>
	Details of Mock Drills of Safety held in the organisation <i>(Please provide type, frequency, level of involvement and follow-up action)</i>
Safety Awareness and Training	Community involvement in Safety Drills <i>(Please provide details and frequency)</i>
	Type of Safety Training Programme/s: No. of Programmes : Internal <input type="text"/> External <input type="text"/> Total no. of Employees: <input type="text"/> No. of Employees covered through Safety Training (both internal and external): <input type="text"/>
	Skill Gap Analysis for Safety for Employees : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, please attach copy of a typical analysis report)</i>
	Safety Training Calendar based on Skill Gap Analysis : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please attach the calendar for 2021-2022)</i>

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	<p>Type of Safety Training Programme/s:</p> <p>No. of Programmes : Internal <input type="text"/> External <input type="text"/></p> <p>Total no. of Employees: <input type="text"/></p> <p>No. of Employees covered through Safety Training (both internal and external): <input type="text"/></p>
	Methodology, level of employee involved, frequency and preventive and corrective actions taken

Please furnish the details of employees covered by Safety Training in 2021-2022:

Employee Type	No. of Employees covered	Frequency of Training (weekly/monthly/quarterly/annually)	No. of training modules covered (Please attach a separate sheet if necessary)
Senior Management			
Middle Management			
Junior Management			
Supervisors			
Workmen			
Contract Workers / Transporters			

<p>Safety Inspection, Audits and Performance</p>	<p>Methodology followed for Internal and External Safety Audits (<i>Please mention frequency, personnel / agency involved and methodology for corrective actions</i>)</p> <p>Safety Performance (<i>Please mention measures taken to address fatality, root cause analysis of the fatality, corrective and preventive actions taken</i>).</p>	<p>For Unsafe Practices and Conditions</p>								
		<p>For Equipment / Instrument</p>								
		<p>For transportation of hazardous materials including explosives</p>								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Type of Incident</th> <th style="width:12.5%;">2019-20</th> <th style="width:12.5%;">2020-21</th> <th style="width:12.5%;">2021-22</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Type of Incident	2019-20	2020-21	2021-22					
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<p>Fatal accidents (No.)</p> <p>Serious injuries (No.)</p> <p>Lost time injuries (No.)</p> <p>Workers' compensation premiums (No.)</p> <p>Injuries by commodities (No.)</p> <p>Disabling injuries (No.)</p>												
<p>Organisation structure and Reporting Mechanism (PI attach)</p>												
<p>Ownership of Safety Practices in the organisation:</p> <table border="1"> <thead> <tr> <th>Responsibility</th> <th>Please tick</th> </tr> </thead> <tbody> <tr> <td>Owner / Management has full responsibility for Safety</td> <td></td> </tr> <tr> <td>Safety Manager / Coordinator has full responsibility for Safety</td> <td></td> </tr> <tr> <td>All levels of employees have responsibility for Safety (PI provided documented Safety Manual)</td> <td></td> </tr> </tbody> </table>					Responsibility	Please tick	Owner / Management has full responsibility for Safety		Safety Manager / Coordinator has full responsibility for Safety		All levels of employees have responsibility for Safety (PI provided documented Safety Manual)	
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	<p>Please mention any specific initiatives undertaken in the last one year to improve safety culture (attach brief write-up)</p>	
<p>Safety Practices / Initiatives / Awards</p>	<p>Safety Awards/ Recognition received by the organisation in the last 3 years:</p> <p>International Award</p> <p>National Level Award (Awarded by Govt/Govt Agencies or Industry Associations)</p> <p>State Level Award (Awarded by Govt/Govt Agencies or Industry Associations)</p> <p>Others</p>	<p>No. of Professionals with their qualifications, experience etc. (Please indicate in the organisation structure)</p>
	<p>Components of Occupational Health Management Programmes (if any)</p>	

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	Pre-employment Medical Examination system: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide data for Pre-employment medical examination for both regular employees and Contractual Workers for the last 3 years)																									
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Occupational Health Management System	Mention the Occupational Health activities (like Workplace wellness programs, stress management programmes, industrial hygiene, canteen hygiene inspections etc)																									

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APPLICATION FORM**

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****Additional information (if any) may be provided as per Annexure 1**

Certified that the above information has been verified & found correct:

Certified by

Head of Organisation (Name) : Designation: Signature : Date: Seal of the Organisation	Head of Safety (Name) : Designation: Signature : Date: Seal of the Organisation
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Disclaimer: Organisation against whom any legal case/ prosecution are pending, related to workplace & worker's safety in the last financial year, will not be eligible for applying for the Awards. Please give the self-certified letter duly signed by the Head of the organisation in effect to this undertaking.

RECOGNITION OF PROFESSIONAL EXCELLENCE
IN OCCUPATIONAL HEALTH & SAFETY FOR THE YEAR 2022

I. PURPOSE & ELIGIBILITY

Indian Chamber of Commerce would like to recognize outstanding professionals in the field of Occupational Health & Safety in an Indian organisation. To be eligible nominees must:

1. Be qualified professional working in Occupational Health & Safety in an Indian organization with an overall twenty years' experience.
2. Should have made outstanding contribution in the field of occupational health & safety
3. Organisations nominating for 2 or more projects/units at the *ICC OHS Awards 2022* are eligible to nominate one deserving candidate and those nominating 3 or more projects/units are eligible to nominate two deserving candidates for the Recognition of Professional Excellence.

II. JUDGING CRITERIA

The nominee's most recent three (3) years of activities will be considered as a minimum. (Kindly attach a separate annexure for each section):

1. Demonstrated technical expertise in the field of occupational health & safety and a thorough knowledge of the operational aspects of his/her role in employment.
2. Demonstrated personal achievements related to occupational health & safety.
3. Professional contributions to advance the safety profession, such as fostering professional development, public/community services, instructor at educational institutions, involvement in codes and legislation, articles written, work with allied groups, etc.
4. Awards and innovations, including citations, honors, plaques; or new procedures or systems developed.

III. SELECTION

ICC OHS Award Jury shall decide on the selection of this Honour on the basis of information provided in the individual application and their professional journey.

IV. NOMINATING PROCEDURES

The Applications would be purely on the basis of nominations from serving organization. The nominee's entire submission should include the following items:

- The completed **nomination form** and/or **letter of endorsement** from the **nominating organization**.
- A one to three-page resume of the nominee's professional background.
- A write up highlighting the nominee's achievements. Word processing guidelines for the application include: A4 paper size. (This write up should not exceed more than 3 pages)
- This recognition will be conferred to the winner during the ICC OHS Conference & Awards ceremony planned to be held in July 2022.

V. SUBMISSION DETAILS

Compiled write up highlighting the initiatives including the nomination form as well as nominees professional background should be submitted to Indian Chamber of Commerce by 30 April 2022. Please ensure to have attached current CV, endorsement and a photograph with duly completed "Nomination Form"

Nominations should be sent to : **Ms Soheni Laha**; Email Soheni.laha@indianchamber.net;
Ph : +91 6290567169



**RECOGNITION OF PROFESSIONAL EXCELLENCE
IN OCCUPATIONAL HEALTH & SAFETY FOR THE YEAR 2022
NOMINATION FORM**

(Please print or type)

(To be filled out by individual member or Section submitting the name of a nominee for this award)

CANDIDATE'S NAME _____

DESIGNATION _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY/STATE/PIN _____

PHONE () _____ EMAIL _____

Briefly describe nominee's current or recent OHS activities (May attach additional pages):

Please provide a justification on why the nominee should receive this recognition:

As the nominating organisation, we have reviewed the petition and believe all statements to be accurate, and a faithful reflection of the nominee's OHS activities in the Society, for an employer and in the community.

Nominating Authority and organization:

Name: _____ Tel No: _____

Organisation : _____

Email Id: _____ Mobile No. _____

I, the Nominee have reviewed the petition and believe all statements to be accurate, and a faithful reflection of the OHS activities in the Society, for an employer and in the community. I also confirm that in case I get selected for the award, I shall be personally present to receive the same.

SIGNATURE OF NOMINEE _____