

Government of West Bengal
Labour Department
EMP Cell
East India House, 2nd Floor
20B Abdul Hamid Street, Kolkata – 69

No. 196-Emp
EMP/1M-19/14

Dated, Kolkata, the 18th June, 2015.

NOTIFICATION

WHEREAS, “EASE OF DOING BUSINESS” is a priority of the State Government;

AND WHEREAS, there is a need for simplification of procedures for enabling factor clearances under various statutes and rules;

AND WHEREAS, there is scope for hassle free statutory clearances for creating a conducive environment for rapid industrialization;

NOW THEREFORE, the Governor is pleased to decide that Self Certification by the owner shall henceforth be accepted under the Factories Act, 1948, as per the matter contained in Schedule – 1 annexed herewith. Such self-certification shall be deemed as sufficient compliance and shall dispense with the necessity of enquiry and verification.

Necessary amendment in the relevant rule(s) shall be made in due course.

This notification shall have immediate effect.


Secretary to the
Government of West Bengal

Jnt./notification.

SCHEDULE - I

SELF-CERTIFICATE PROFORMA

UNDER THE FACTORIES ACT, 1948

for Maintenance of Registers & Records of any Factory

1. Name of the Factory
2. Address of the Factory

3. License No----- Registration No.----- Classification No.-----

| I | RECORDS/ REGISTERS | FORM NO. | WHETHER THESE REGISTERS HAVE BEEN MAINTAINED (YES/NO/NA) |
|----------|-------------------------------------------------------------------|-----------------|-----------------------------------------------------------------|
| i. | Register of Adult workers | Form13 | Yes |
| ii. | Register of Leave with wages & leave card | Form 15 & 16 | |
| iii. | Register of Accidents and Dangerous Occurrences | Form 24 | |
| iv. | Register of Lime washing, painting etc | Form 6 | |
| v. | Humidity Register | Form 5 | |
| vi. | Register of specially trained worker | Form 7 | |
| vii. | Register of Compensatory holiday | Form 10 | |
| viii. | Overtime muster roll for exempted workers | Form 11 | |
| ix. | Health Register | Form 17 | |
| x. | Record of Eye examination | Form 17A | |
| xi. | Register containing particulars of working environment | Form 30 | |
| xii. | Is Form 2 submitted for renewal of license upto the current year? | Form 2 | |

| II | RETURNS | FORM NO. | REMARKS (YES/NO/NA) |
|-----------|-------------------------------------------------------------------|-----------------|----------------------------|
| i. | Is Half yearly Return submitted for the period January to June in | Form No.23 | |
| ii. | Is Annual Return submitted in | Form No. 22 | |
| iii. | Is Quarterly Return submitted in | Form No.23A | |

| III | NOTICES | REMARKS (YES/NO/NA) |
|------------|--------------------------------------------------------------------------------------|----------------------------|
| i. | Is copy of valid factory license displayed? | |
| ii. | Is Abstract of factories Act displayed? | |
| iii. | Is the Health and Safety policy displayed? | |
| iv. | Is Notice of period of work displayed? | |
| v. | Are cautionary notices displayed (for dangerous operations and hazardous processes?) | |

Declaration

1. Certified that I have complied with all the provisions under the Factories Act, 1948 and the Rules framed thereunder pertaining to the above. This certificate is issued with my full knowledge of the statute.
2. I, being the Occupier, have the ultimate control over the affairs of the factory and thereby shall remain responsible for any information which is found misrepresented/incorrect/false/concocted

and will be liable for prosecution under the relevant provisions of the Indian Penal Code,1860 & Factories Act,1948 and the rules framed thereunder.

3. Any act of malafide or concealment of information pertaining to the abovesaid would make me liable for any other kinds of damages as notified by the Government from time to time.

Date:

Place:

Office Seal

.....
Signature of the Occupier
(Name in Block Letters)

SELF-CERTIFICATE PROFORMA

UNDER THE FACTORIES ACT, 1948

for Maintenance of Health & Welfare provisions of any Factory

1. Name of the Factory
2. Address of the Factory

3. License No----- Registration No.----- Classification No.-----

| I | HEALTH | REMARKS (YES/NO/NA) |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| i. | Is accumulation of dirt and refuse removed daily by sweeping or by any other effective method from the floors and benches of workrooms and from staircases and passages, and disposed of in a suitable manner; | |
| ii. | Are the floor of every workroom cleaned at least once in every week by washing, using disinfectant, where necessary, or by some other effective method; | |
| iii. | Is effective means of drainage provided and maintained where a floor is liable to become wet in the course of any manufacturing process | |
| iv. | Whether all inside walls and partitions, all ceilings or tops of rooms and all walls, sides and tops of passages and staircases are being painted or whitewashed/ colour-washed as prescribed under Rule no. 18 as under :- a. repainted once in every period of three years and washed once in every period of six months where they are painted with washable water-paint b. repainted or re-varnished in every period of five years where they are painted otherwise than with washable water-paint or varnished c. whitewashed or colour washed, once in fourteen months in other cases d. cleaned at least once in every period of fourteen months by soap and brush where they are painted or varnished or where they have smooth impervious surfaces | |
| v. | Record of dates on which white washing, colour washing, varnishing etc maintained in Form No.6 | |
| vi. | Are sufficient measures taken to provide adequate ventilation, comfortable temperature and proper lighting etc (Specify numbers in Box for provision provided)? | |
| | (i) Exhaust Fans | |
| | (ii) Windows | |
| | (iii) Doors | |
| | (iv) Ventilators | |
| | (v) Sky lights | |
| | (vi) Air Conditioners | |
| | (vii) Desert coolers | |

| | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| vii. | Are sufficient exhaust systems provided for the removal of dust & fumes | |
| | a. Exhaust Fans | |
| | b. Duct with hood | |
| viii. | Sufficient and suitable lighting, natural or artificial, or both provided where workers are working or passing | |
| | a. The general illumination where persons are regularly employed shall not be less than 65 lux measured in horizontal plane at a level of 90 cm above the floor b. The illumination over all other interior parts of the factory over which persons employed pass shall not be less than 5 lux at floor level | |
| ix. | No glare, either directly from a source of light or by reflection from a smooth or polished surface; | |
| x. | No formation of shadows to cause eye-strain or the risk of accident to any worker | |
| xi. | Are sufficient arrangements made for the provision of safe drinking water? | |
| xii. | Drinking points legibly marked "drinking water" in a language understood by majority of the workers | |
| xiii. | Drinking point not situated within six meters of any washing place, urinal, latrine, spittoon, open drain carrying sludge or effluent or any other source of contamination | |
| xiv. | Cooled drinking water provided during hot weather(1 st April to 30 th September) (applicable wherein more than 250 workers are employed) One water centre for every 100 person up to first 500 and one for every 200 persons above that) | |
| xv. | Are sufficient Latrines & Urinals facilities provided and arrangements made for their cleanliness | |
| | <u>Latrine</u> One for every 25 separately male and female <u>Urinal</u> One for 50 workers. | |
| xvi. | Whether Sweepers employed to keep clean latrines, urinals and washing places? | |
| xvii. | Is Sign or notice displayed indicating the sex for which latrine is provided where workers of both sexes are employed? | |

| III | WELFARE | REMARKS (YES/NO/NA) |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. | Is ambulance room adequately staffed & equipped ? (applicable if, more than 500 workers employed) (Specify numbers in Remarks column for provision provided)? (i) Ambulance Room Sq.Ft. (ii) No. of Doctors (iii) No. of nursing staff (iv) Oxygen cylinder with attachments (v) First aid box with trained personnel on this | |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. | Is ambulance van provided to carry injured workers to the hospital? (applicable for 250 or more workers employed) | |
| 3. | Is Canteen provided? (Applicable if, more than 250 workers employed) | |
| | (i) Dining Hall Sq.Ft. | |
| | (ii) Canteen Managing committee constituted | |
| | (iii) Date of constitution | |
| 4. | Is rest room provided? (applicable if, more than 150 workers employed) (Specify numbers in Remarks column for provision provided) (i) Rest Room Sq.Ft. (ii) Benches with Backrest provided | |
| 5. | Is creche facilities provided? (applicable in case of more than 30 women workers are employed) | |
| | (i) Creche Room Sq.Ft. | |
| | (ii) Name of Aya / attendant | |
| | (iii) Playground | |
| | (iv) No. of Children | |
| | (v) Wash room provided | |
| 6. | Are leave with wages calculated and paid to the workers ? | |
| 7. | Are the following conditions being fulfilled, if women workers are employed from 7.00 pm to 10.00 pm : - Yes / No No woman worker shall be required or allowed to work in the factory between 10.00 p.m. to 6 a.m. No woman worker shall be required or allowed to work for more than 9 hours in a day and 48 hours in a week No woman worker who declines to work in the factory between 7 p.m. to 10.00 p.m. shall be removed from employment or discriminated on these accounts. No woman worker shall lonely be engaged to work in the second shift. The free medical facilities by engaging a doctor and female nurse shall be provided to the women workers in the second shift. The occupier shall provide lady security guards to accompany the women workers on each transportation vehicle for their safety. The occupier shall maintain a 'creche' for the use of children of women workers. The shift of women workers shall be changed after a weekly holiday. The company shall provide free transport facility to women workers from their residence and back who are called in the second shifts to work upto 10.00 p.m. The arrangements for meal shall be made in the canteen of the factory so that the women workers can take their meals in the second shift. The management shall ensure protection of women workers from sexual harassment at work place in terms of the direction of the Hon'ble Supreme Court in the case of Vishaka and others Vs. State of Rajasthan vide judgment dated 13 th August, 1997 (AIR 1997 Supreme Court – 3011) | |

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3. Any act of malafide or concealment of information pertaining to the abovesaid would make me liable for any other kinds of damages as notified by the Government from time to time.

Date:

Place:

Office Seal

.....
Signature of the Occupier
(Name in Block Letters)

SELF-CERTIFICATE PROFORMA

UNDER THE PAYMENT OF WAGES ACT, 1936

for Establishments covered under the Factories Act, 1948

1. Name of the Factory
2. Address of the Factory

3. License No----- Registration No.----- Classification No.-----

| I | PARTICULARS | YES/NO/NA |
|----------|------------------------------------------------------------------------------------------|------------------|
| i. | Whether the prescribed registers and records are maintained ? | |
| ii. | Whether all the employed persons are being paid wages within the stipulated time ? | |
| iii. | Whether notice displayed containing the abstract of the Act and rules made there under ? | |
| iv. | Whether wage period has been fixed and notice has been displayed ? | |
| v. | Whether Annual return is being submitted ? | |

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Date:

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(Name in Block Letters)