

FROST & SULLIVAN



SUSTAINABILITY 4.0 AWARDS

PURPOSE | PARTNERSHIP | PLANET | PEOPLE

SELF ASSESSMENT DOCKET (Safety Assessment)

COMPANY NAME _____

FACILITY LOCATION _____

For any queries, please contact:

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SECTION – I
SAFETY SYSTEMS

SAFETY SYSTEMS	Please (✓) tick	
Does the organization have a health and safety policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a safety committee formed at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the top management team involved in safety policy deployment and review process including safety audits on regular basis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is safety goals defined as the KPIs of employees across the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mechanism to review safety performance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are relevant safety displays maintained at the workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work permit system followed in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PPE matrix defined at all relevant workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On-site emergency plan in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Availability of occupational health center with all emergency medical facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annual health check conducted for employees (both permanent and contractual)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the hazardous areas identified across the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the ergonomic study conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SECTION – 2 PERFORMANCE INDICATORS

PERFORMANCE INDICATORS	FY 2015	FY 2016	FY 2017
Budget allotted for safety as percentage of total facility budget (<i>percentage</i>) ¹			
Average employee safety training hours (<i>hours/employee/year</i>) ²			
Near miss cases reported			
Frequency Rate ³			
Severity Rate ⁴			
Lost Time Injury Frequency Rate (LTIFR) ⁵			
Total number of work related fatalities (<i>number</i>)			
Number of first aid boxes across the facility			
Number of unique employees given first aid trainings			
Number of fire mock drills conducted			

Note: Reference to the footnotes is given in the annexure.

For indicator disclosure wherever data is not available or not applicable kindly mention as remarks.



ANNEXURE

Calculation approach for Indicators in Section – 2

1 Budget allotted for safety as percentage of total facility budget

$$= \frac{\text{Budget for Safety}}{\text{Total facility budget}} \times 100$$

2 Average employee training hours

$$= \frac{\text{Total safety training hours provided to employees}}{\text{Total number of employees}}$$

3 Frequency Rate = Number of reportable injuries per million man hours worked

4 Severity Rate = Number of Man days lost due to reportable injuries per million man hours worked

5 Lost Time Injury Frequency Rate (LTIFR)

$$= \frac{\text{Number of lost time injuries recorded in the year}}{\text{Total hours worked in the year}} \times 1,000,000$$