



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 – 1  
SAFETY SYSTEMS**

<b>SAFETY SYSTEMS</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
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 <i>(both permanent and contractual)</i>	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"/>



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**SECTION – 2**  
**PERFORMANCE INDICATORS**

PERFORMANCE INDICATORS	FY 2016	FY 2017	FY 2018
Budget allotted for safety as percentage of total facility budget ( <i>percentage</i> ) <sup>1</sup>			
Average employee safety training hours ( <i>hours/employee/year</i> ) <sup>2</sup>			
Near miss cases reported			
Frequency Rate <sup>3</sup>			
Severity Rate <sup>4</sup>			
Lost Time Injury Frequency Rate (LTIFR) <sup>5</sup>			
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.*



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## 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 safety 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)

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