

12. SAFETY CODE FOR SUB-CONTRACTOR

Company offers sub-contract jobs to the contractor when company's infrastructure facilities are not suitable to carry out such jobs or jobs which are found more economical in comparison with company's production cost.

In the event of any accident happening in our yard resulting in loss of lives of otherwise damaging any part of the property, the contractor shall be required to make good the loss to the Company and shall be responsible for all consequences that follow from loss and / or injuries to the persons involved in such accidents.

It will be essential for contractor to ascertain the standard precautions which contractor is required to observe in discharging his work as per the standards prevalent in MDL. The decision of MDL in matters concerning safety, shall be final and binding on the contractor.

1. The contractor must observe all safety precautions in connection with the work to be performed by him, his agents or labourers.
2. All regulations, codes and ordinances of the Govt. of India, Govt. of Maharashtra and local Municipal Corporation regarding safety will be applicable to the contractors.
3. The subcontractor shall be required to provide their workman with Boiler suits of suitable colour with the name of the contractor on boiler suit in prominent letters. The workmen of the Contractor must wear this boiler suit throughout their working while in premises of MDL.
4. On completion of work in any compartment / location, the contractor or his agents or labourer must ensure that the place is left in a reasonably clean state and all scrap is transferred to nearby scrap-bins.
5. MDL reserves its right to suspend the work in the event of the contractor not complying with the rules instructions with regard to safety practices for which no claim of any kind will be entertained.
6. To ensure the safe conduct of safety operations a representative of the contractor should maintain appropriate contact with the OIC of safety deptt. and OIC personnel deptt. In addition to the OIC of the works.
7. All accidents occurring to contractor's personal must be reported promptly and immediately by the contractor or his agent to the OIC of safety deptt. and OIC personnel deptt. In addition to the OIC of the works and this should be followed by an accident report in the form prescribed by the company.

In the case of electrical accidents, report should be made in accordance with Rule 44-A of Indian Electricity Rules 1956 and the form shall be in accordance with Annexure-VIII to the Indian Electricity Rules 1956.

The report should be furnished to the Executive Engineer, Electrical, within 8 hours of occurrence of electrical accident. Immediately on occurrence of electrical accident the operator in the Main Receiving Station should be informed on the phone and necessary instructions taken from him.

8. Contractor should go through MDL safety manual and follow the safety procedures wherever applicable.
9. The contractor should be responsible for the cleanliness of the job site.
10. The contractors should ensure that adequate fire extinguishing arrangements are provided.
11. Where property is exposed to the hazards of fire, open fires will not be permitted.
12. Inflammable liquids must be handled in safe cans or containers approved by MDL and shall be stores in the locations acceptable to MDL. All such containers must be clearly labelled.
13. Tarpaulin used should be of fire retardant.
14. Under cuttings of trenches and other excavations should be avoided.
15. The contractors working in manholes or pits below the ground level must be acquaint himself and advise his employees of the hazards of gas or liquid level and take proper precautions.
16. Contractor should ensure that First Aid boxes are provided at the work spot and they should ensure proper medical care of injured persons.
17. All the employees of the contractors should wear approved safety helmets and other adequate safety protective equipments for the work they are entrusted with.
18. Bringing intoxicants into the yard is strictly forebidden. Likewise entering the yard under the influence and intoxicants is a serious offence.

● **SAFETY AND PRODUCTION ARE
TWO SIDES OF THE SAME COIN**

● **GET RIDE ON FAULTY CABLES
THEY GET RID OF YOU**

- **NOTICE OF ACCIDENT:**

Under Section 88 of Factories Act 1948 it is obligatory to report an accordance employment injury which causes death or body injury by reason of which the injured person is prevented from working for a period of 48 hours or more, immediately following the accident.

- **REPORTING OF ACCIDENT / EMPLOYMENT INJURY IN CASE OF INJURY TO:**

- a) **WORKER / STAFF:**

Ensure that every accident / employment injury to be reported to our Dispensary at the earliest by duly filled in Accident Report Form (in triplicate).

- b) **OFFICER:**

Information regarding an accident is to be forwarded to the concerned Director through concerned Head of Department (GM).

- c) **TRAINEE / APPRENTICE:**

Report accident to our Dispensary at the earliest by duly filling an Accident Report Form in the triplicate and ensure that Officer-in-charge Training Department is also to the notified about said accident immediately.

- d) **SUB-CONTRACTOR'S WORKER:**

The Officer-in-charge under whose jurisdiction the injured contractor worker is working has to initiate necessary action to admit the injured contractor's worker in our dispensary for required medical / first aid treatment. Then instruct the concerned sub-contractor to forward an accident report to Safety Department.

- **REPORTING OF DANGEROUS OCCURANCE:**

Under Section 88A of Factories Act 1948, it is obligatory to send notice there of in prescribed format and within time as may be prescribed.

The Officer-in-charge of concerned shop / section / department where dangerous occurance took place has to intimate about that incident to respective Factory Manager and further to inform Safety Department.

Following are Dangerous Occurance whether or not they are involved with personal injury or disablement.

- i) Bursting of vessel used for containing steam pressure under pressure greater than atmospheric pressure.
- ii) Collapse as failure of crane, derrick winch hoist or other appliances used in raising or lowering persons of good on any part there of or confirming of a crane.

- iii) Explosion of a receiver or container used for storage at a pressure greater than atmospheric pressure of any gas or any gases (including air) or any liquid or any solid.
- iv) Explosion the burning out, leakage or escape of any Molten metal, hot liquid or gas causing boldily injury.
- v) Collapse or subsidence of any floor gallery, roof, bridge, tunnel, chimney, wall or building forming part of factory or within the compound as cartage of factory.

- **REPORTING OF FATAL / SERIOUS ACCIDENT:**

The Officer-in-charge will inform about any serious accident / fatal (Death) accident occurred in his jurisdiction immediately to various authorities as mentioned in our Contingency Plan.

Accordingly send the Notice thereof by

- 1) Telephone
- 2) Telegram / Telex or
- 3) Special Messenger

to the Directorate of Industrial Safety & Health, Tardeo, Mumbai, and to the Local Manager E.S.I.C. if injured person is covered under ESIC Scheme.

- **DEFINITIONS:**

- 1) **ACCIDENT**

Anything about he could have caused injury or illness such as event may also involve damage product loss or

- 2) **INCIDENT (OR NEAR-MISS)**

These are dangerous occurrences such fortunately did not result in an injury an object fell down and there was no damage to life or property.

- 3) **INJURY**

- (a) **First Aid**

Any injury which involves neither loss working nor restricted working days and does not injure treatment by or under the specific orders of physicians.

- (b) **Slight**

Not attesting work performance or causing disability.

- (c) **Minor**

Affecting work performance such as restrictions of activities or a need to take rest a few days to fully recover.

- (d) **Major**

Which results on some permanent partial disability of attempt work performance in the longer term such as prolonged absence from work.

MAZAGON DOCK LIMITED
DOCKYARD ROAD, MUMBAI-10

DATE & TIME OF ISSUE OF
WORK-PERMIT _____

WORK-PERMIT SR. NO.
FOR WORKING AT HEIGHT

Valid for one working shift only
& subject to configuration kept
unchanged. If changed, issue new
work-permit.

2 meters & above as per (I) page
No. 163 of MDL Safety Hand Book &
(ii) section 32c of Factories Act. 1948

1. Location of work site & job No. _____

2. Approximate Height of workplace
from ground / deck, in Mtrs. _____

3. Details of work to be carried out _____

4.	Details of Persons deployed at work-site			*Following PPE's to be essentially worn while working at height by the employees.				
	Sr. No.	Name	T. No.	Designation	Helmet	S/Belt	S/Suit	S/Shoes
1.								
2.								
3.								
4.								
5.								

(*) List-out additional Safety gadgets required / worn, if any. Like
a) gloves (), ,b) goggles (), c) ear-plugs ().

5. Check-of list for associated items for working at height

- | | YES | NO | NOT APPLICABLE |
|---|-----|----|----------------|
| +5.1 Scaffolding / Staging / Hary Paranja / Platform provided at site has been certified for usage by scaffolding Committee on _____ & subsequently inspected & approved on _____ | | | |
| +5.2 No loose tools / material are at the worksite. | | | |
| +5.3 Access To & From the worksite by ropeladder / wooden-steel ladder / rung of structure is checked & safe | | | |
| +5.4 Worksite is protected from electrical supplies / radio waver / compressed air / pressurised liquids. | | | |

+5.5 Communication facility between worksite & ground level through battery operated mega-phone / walkie talkie / Al. Megaphone / flange / whittel / handsigns is established

NOTE: (' * ' I) Thick mark at () for affirmation & (x) for notation.
('+' ii) Strike-off which is not applicable.

6. I hereby confirm that all the employees working at height at the above mentioned site have been briefed about the activity to be carried out and the safe procedures to be followed.

SIGNATURE OF WORKSITE INCHARGE

NAME:

DESIGNATION:

DEPTT.:

YARD:

SAFETY INSPECTION REPORT FOR PERSONAL PROTECTIVE EQUIPMENT

(NOTE: Give comments if the answer is 'NO')

<u>POINTS</u>	<u>OBSERVATION</u>	<u>COMMENTS</u>
1. Whether worker known how to use/ wear personal protective equipments?	YES/NO	
2. Are the type of protective equipments provided suitable for use?	YES/NO	
3. Are the type of Equipment provided for head protection suitable for use?	YES/NO	
4. Does any other type of head protection is required?	YES/NO	
5. Are the jobs required eye protection clearly specified?	YES/NO	
6. Does Operator / Worker use the eye protective equipment provided to him while doing above such jobs?	YES/NO	
7. If necessary, does an equipment provided to protect against noise?	YES/NO	
8. Whether use of hand protection equipment is necessary?	YES/NO	
9. Are the type of hand protective equipments provided suitable for use?	YES/NO	
10. Whether workers are wearing proper fitting clothing? (Boiler suit)	YES/NO	
11. Whether every operator / worker use the Safety Foot Wear?	YES/NO	
12. Does the use of Safety Belt necessary for the job?	YES/NO	
13. Whether type or Safety Belt provided are suitable for the job?	YES/NO	

REMARKS:

Status of Protective Equipments – OUTSTANDING / GOOD / AVERAGE / POOR.

**SAFETY INSPECTION REPORT FOR LIFTING / SHIFTING / HANDLING
EQUIPMENT**

(NOTE: Give Comments, if the answer is 'NO')

<u>POINTS</u>	<u>OBSERVATION</u>	<u>COMMENTS</u>
1. Are all lifting / shifting / handling appliances marked with safe working load (SWL)?	YES/NO	
2. Are all appliances tested and examined for due date ?	YES/NO	
3. Are all appliances (including slings) in good condition?	YES/NO	
4. Are all parts of the appliances properly maintained?	YES/NO	
5. Whether concerned people know how to use, operate the equipment safety?	YES/NO	
6. Are all control switches in working order?	YES/NO	

REMARKS:

Status of lifting equipment – OUTSTANDING / GOOD / AVERAGE / POOR.

• **SAFETY INSPECTION REPORT FOR MOBILE EQUIPMENT**

(NOTE: Give comments, if the answer is 'NO')

<u>POINTS</u>	<u>OBSERVATION</u>	<u>COMMENTS</u>
1. Are all mobile equipments in good condition?	YES/NO	
2. Are all parts mobile equipment properly maintained?	YES/NO	
3. Are there adequate warning signs displayed at operating area?	YES/NO	
4. Are drivers adequate qualified & trained for driving the equipment?	YES/NO	
5. Are gangways cleanly marked?	YES/NO	
6. Periodic test certificate record is available?	YES/NO	

REMARKS:

Status of mobile lifting equipment – OUTSTANDING / GOOD / AVERAGE / POOR.

INFORMATION REPORT FOR “LIFTING/SHIFTING/HANDLING EQUIPMENTS”

(Following information is to be filled in by the concerned departments and made it available before Plant Safety Inspection Round).

(I) LIST OF LIFTING TAKELES & GEARS

Sr. No.	Type of Equipment (Description)	Capacity	No. Off	Identification Code No.	Testing & Exam. Due date
a.	<u>WIRE ROPE SLING</u>				
b.	<u>CHAIN PULLEY BLOCK</u>				
c.	i) <u>“D” Shackle</u> ii) <u>Bow Shackle</u> iii) <u>‘O’ Shakele</u>				
d.	<u>Sheave</u>				

(II) LIST OF PRESSURE VESSEL – a) AIR RECEIVER

Sr. No.	Type of Equipment (Description)	Capacity	No. Off	Location	Testing & Exam. Due date

(III) LIST OF MOBILE LIFTING EQUIPMENT

a) EOT CRANE, b) FORK LIFT, c) MOBILE CRANE-LIMA/HM/COLES/ESCORPTS, d) MANITOWAC CRANE, e) LEVEL LUFFING CRANE

Sr. No.	Type of Equipment (Description)	Capacity	No. Off	Location	Testing & Exam. Due date

