



Ministry of Labour,  
Trade Unions Relations  
and Sabaragamuwa  
Development



**NIOSH**  
National Institute of  
Occupational Safety and  
Health • Sri Lanka



National  
Occupational Safety  
& Health

**E**xcellence  
Awards 2018

APPLICATION

## Section A

### A-1.0 PROFILE OF COMPETING LOCATION (Branch or Factory)

1.1 Name of the Organization: .....

1.2 Address of competing location: .....  
.....  
.....

1.3 Category: Local (Business originated in Sri Lanka)/ Multi-national

1.4 Industrial Sectors (Please tick one appropriate box)

- |  |                          |
|--|--------------------------|
| 1.4.1 Tourism, hotel & restaurant and related services | <input type="checkbox"/> |
| 1.4.2 Manufacturing                                    | <input type="checkbox"/> |
| 1.4.3 Construction                                     | <input type="checkbox"/> |
| 1.4.4 Transport & Logistics                            | <input type="checkbox"/> |
| 1.4.5 Apparel and Textile                              | <input type="checkbox"/> |
| 1.4.6 Food and Beverage                                | <input type="checkbox"/> |
| 1.4.7 Agriculture                                      | <input type="checkbox"/> |
| 1.4.8 Other, Please Specify.....                       |                          |

1.5 No. of employees: Permanent: ..... Contracted employees: .....

### A- 2.0 Contact Person/ Safety Coordinator

2.1 Name: .....

2.2 Designation: .....

2.3 Telephone No:

Office: ..... Mobile: .....

2.4 Fax No: .....

2.5 E-mail address: .....

### A- 3.0 Operational Background

3.1 Main Operation: .....  
.....

3.2 Brief account of sub activities / processes\*:

.....  
.....  
.....

3.3 Outsourced\*\* activities / work carried out at the competing location:

.....  
.....

\* Please attach a process flow diagram

\*\* Work carried out at the competing location by contractual employees.

3.4 Initial date of commencement of operations at the competing location:

.....(DD/MM/YYYY)

3.5 Are any employees working in shift basis: ..... (Yes/No)

If yes;

No. of shifts: .....

No. of hours per shift: .....

3.6 Amount of budget allocation OS&H for 2018 LKR .....

The above amount of budget allocation as a percentage from total budget in 2018 .....%

Expenditure for OSH in 2017: LKR ..... (Please attach evidences)

Expenditure for OSH in 2016: LKR ..... (Please attach evidences)

---



B.1.3.1 If yes, attach last three committee meeting minutes.

B.1.4 Do you have job/position descriptions for all employees including safety responsibilities?  
Yes/No

B.1.4.1 If yes, attach Job descriptions of one senior management role, one executive role,  
person responsible for safety and one operations or maintenance related worker.

B.1.5 What are the engagement and interaction activities of Senior Leaders in your  
organization on Safety and Health with the shop floor workers. *(Please attach  
evidences of each practice)*

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

B.1.6 Do you have reward, recognition and/or consequence management programs with related  
to OS&H? Yes/No

B.1.6.1 If yes, attach evidences or procedures that related to reward, recognition and/or  
consequence management.

B.1.7 What are the methods that your top management engage with Proactive safety related  
practices. *(Please attach evidences of each practice)*

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

---

## B-2.0 Objectives and Planning

B.2.1 How did your organization determine the most significant safety and health hazards?

.....  
.....  
.....  
.....

B.2.1.1 Provide Risk assessment procedures and Sample Risk assessment. *(Please attach evidences)*

B.2.2 What are the control measures in place for the most significant 5 hazards at your organization/site. *(Please attach evidences of each control measure)*

.....  
.....  
.....  
.....  
.....  
.....

B.2.2.1 What are the methods that organization used to communicate top 5 risks among all employees in 2017/2018. *(Please attach evidences of each method)*

.....  
.....  
.....  
.....  
.....  
.....

B.2.3 What are the occupational safety and health priorities/targets for 2018 based on key risks in the organization.

.....  
.....  
.....  
.....  
.....  
.....  
.....

---

B.2.4 What is the level of achievement of safety and health objectives of 2017. *(Please provide the evidence with actual vs. plan)*

.....  
.....  
.....  
.....  
.....  
.....

B.2.5 Do you have mechanism to integrate individual OS&H related key performance indicators (personal KPIs) with performance appraisal system. Yes/No

B.2.5.1 If yes, what is the minimum-maximum performance proportion on OS&H individual KPIs min .....% max .....%

B.2.5.2 Attach 2017 performance evaluation completed sheets as evidences on senior management level, executive level, supervisor level and shop floor worker level. *(Please highlight health and safety section)*

## B-3.0 Legal Obligations, Standards and Procedures

B.3.1 Do you maintain a General Register (Accident Register)? Yes/No

*(Please attach photocopies of the pages of the entries made from 01.01.2016 to date)*

B.3.2 Is there a system of “Permit to work” in practice? Yes/No

B.3.2.1 If yes, attach samples of completed permits.

B.3.3 How you assess the risk of non-routine activities, such as breakdowns related activities?

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

B.3.3.1 Please attach the samples of recent non-routine risk assessments (Job safety analysis/job hazards analysis/personal risk assessments)

B.3.4 Are there any confined spaces in your organization? Yes/No

B.3.4.1 If yes, how do you manage the risks associated with confined space entry work?

*(Please attach a copy of confined space entry procedure)*

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

B.3.5 Are there any pressure vessels in your organization? Yes/No

B.3.5.1 If yes, are the pressure vessels (such as steam boilers, steam receivers, air receivers, gas receivers) periodically examined and certified? Yes/No

*(Please attach a copy/copies of the latest all examination reports)*

B.3.6 Are persons operating boilers certified to operate in the relevant type & capacity of steam boilers? Yes/No

*(Please attach copies of certificates)*



B.3.7 Are there any lifting appliances in your organization? Yes/No

B.3.7.1 If yes, attach list of lifting equipment and valid testing certifications for 2018.

B.3.8 Do you handle chemicals in your industry? Yes/No

B.3.8.1. If yes, please attach the relevant documents related to control measures taken in handling chemicals?

B.3.8.2 Please attach photographs of chemical storage.

B.3.9 What is the mechanism that organization used to manage industrial waste?

.....  
.....  
.....  
.....  
.....  
.....  
.....

B.3.9.1 Please attach any certificates/licenses/proof of industrial waste management.

B.3.10 Are the building(s) provided with lightening protection? Yes/No

*(If yes, please provide latest test report)*

B.3.11 Are electrical installations at the work place certified by the Chartered Electrical Engineer annually? Yes/No

*(If yes, please provide latest test report)*

B.3.12 Do you have competent people to conduct energy isolations? Yes/No

*(If yes, please attach proofs of their competency certificates)*

B.3.13 Is there a procedure for managing energy isolations? Yes/No

*(If yes, please attach the copies of energy isolation procedure and electrical safety procedure)*

B.3.14 Does the company follow any specifications for selection of the personal protective equipment? Yes/No

*(If yes, please attach specification copies of the personal protective equipment)*

B.3.15 How do you manage the risks associated with “Working at Height” activities?

*(Please attach a copy of procedure)*

B.3.16 Does your organization use full body harnesses during work at height activities? Yes/No

*(If yes, please provide training and competency evidences of using full body harnesses)*

---

B.3.17 What are the common hot work activities conducting at your organization?  
(Welding/cutting etc)

*(Please provide a copy of hot work safety procedure)*

.....  
.....  
.....  
.....

B.3.18 Do you take services/man power via contracted companies? (Eg: Security, cleaning, non core jobs, core jobs etc.,) Yes/No

B.3.18.1 If yes, what are the control measures that taken to ensure safety of those workers?

Please attach evidences on following areas:

B.3.18.1 (a) Contractor Safety Management Procedure (Method of contractor selection, control and evaluation, criteria used, Safety related Clauses of Contract agreement etc.,)

B.3.18.1 (b) Safety and Health related contract clauses in general contractor agreement (2 samples)

B.3.18.1 (c) Insurance policies of contractors

B.3.18.1 (d) Contractor workers health assessment reports

B.3.18.1 (e) Any other document relevant to this topic

B.3.19 Are organization use any specific/other standards that relevant to operational requirements or client requirements? Yes/No

B.3.19.1 If yes, please attach three important standards being used by organization.

B.3.20 How is the organization managing the risks relevant to routine activities? (Standard operational procedures/work instructions)

B.3.20.1 Please attach three sample procedures/work instructions.

B.3.21 Does the organization have a documents/records controlling procedure? Yes/No

B.3.21.1 If yes, please attach the copy of the procedure.

---

## B.4 Design and Process Safety

B.4.1 Does the organization have design safety guidelines related to electrical, mechanical and process safety? Yes/No

B.4.1.1 If yes, please provide design safety guidelines.

B.4.2 Does the organization have a program to ensure the integrity of buildings and constructions? Yes/No

B.4.2.1 If yes, please provide the recent structural integrity assessment report.

B.4.3 Is organization following a management of change (MOC) process before any safety related changes? Yes/No

B.4.3.1 If yes, please provide two samples of recent management of change documents.

B.4.4 Does the organization have a plan to ensure the availability of critical safety equipment via preventive maintenance program? Yes/No

B.4.4.1 If yes, please provide the last 6 months preventive maintenance plan vs. actual performance details.

B.4.5 How does organization ensure design safety guidelines, management of change process, are considered during the purchasing process. *(Please provide any evidences)*

---

## B.5 Skills, Competencies and Communication

B.5.1 What are the safety and health training programs have your directors, managers and supervisors undergone during last 12 months? *(Please provide any evidences)*

B.5.2 Does the organization have health and safety training plan for year 2018? Yes/No

B.5.2.1 If yes, please provide the evidence of 2018 training plan.

B.5.2.2 Please provide the evidences of 2017 training plan vs. actual completion records.

B.5.3 Have you conducted a training need analysis for all job positions in preparation of training plan? Yes/No

B.5.3.1 If yes, please provide one sample of training need analysis from each category of top management, senior management, supervisory level, operator level, safety responsible person.

B.5.4 What are training evaluation methodologies to ensure the effectiveness of training? *(Please provide proof for each methodology)*

B.5.5 How organization ensure/verify the trainer qualifications before delivering the training? *(Please provide proof for ensuring trainer qualifications)*

B.5.6 What are the specialized skills that certified by external bodies to carry out activities at your organization? (eg: Forklift Operator, Crane Operator, Welder, Scaffolding Erector etc.) *(Please provide evidence of each specialized skills activity)*

B.5.7 How to ensure the competencies of your contracted employees who are delivering routine and non-routine tasks? *(Please provide proof for ensuring the competencies of contracted employees)*

B.5.8 Do you have behavioral based safety program implemented in your organization? Yes/No

B.5.8.1 If yes, please provide the evidences of the recent behavioral based safety program.

B.5.9 What are the health and safety related communication methodologies that used to enhance safety culture within the organization? (eg: Toolbox talks, Safety pause, Safety meetings, informal safety communication practices etc.) *(Please provide proof for health and safety related communication mythologies)*

B.5.10 Do you use safety signage practice within your organization? Yes/No

B.5.10.1 If yes, please provide photo evidences for mandatory, warning, information and prohibition signages.

---

## B.6 Health, Hygiene and Wellbeing

B.6.1 Do you conduct periodic health checkups for employees? Yes/No

B.6.2 Do you conduct analysis using the available reports? Yes/No

B.6.2.1 If yes, please attach analysis report or key findings of the medical surveillances.

B.6.3 Do you carry out health impact assessment based on the operation? Yes/No

B.6.3.1 If yes, please attach a copy of assessment report.

B.6.4 Have you conducted an ergonomic assessment for all routine tasks and repetitive activities?  
Yes/No

B.6.4.1 If yes, please attach the evidences.

B.6.5 What are the control measures that you use to manage the workplace stress and stress related health issues. *(Please provide proof for managing the workplace stress and related health issues)*

B.6.6 Do you have a policy for sickness absence and rehabilitation of post injured employees?  
Yes/No

B.6.6.1 If yes, please provide evidences.

B.6.7 Have your organization conduct wellbeing assessment? Yes/No

B.6.7.1 If yes, please attach the evidences.

B.6.8 What are the health improvement programs for employees promoting by your organizations within year 2017 and plan for 2018? *(Please provide evidences of 2017 health improvement programs and plan for 2018)*

---

## B.7 Audit, Assessment and Monitoring

B.7.1 Are you conducting health and safety related internal audits? Yes/No

B.7.1.1. If yes, please provide the audit plan and two recent internal audit reports.

B.7.2 What are the qualifications of the internal auditors, who conducts the internal audit?  
*(Please attach relevant evidences)*

B.7.3 Are you conducting health and safety related external audits? Yes/No

B.7.3.1 If yes, please provide the external audit plan and one recent external audit report.

B.7.4 Have you conducted any specific risk related audits? (eg: Working at height, Electrical Safety, Vehicle safety, etc) Yes/No

B.7.4.1 If yes, please attach one latest audit report.

B.7.5 What are the proactive safety practices implemented in your organization? (Safety walk, safety observation tours, task observations, planned inspections etc,.) *(Please attach relevant evidences)*

B.7.6. Do you have equipment testing and inspection procedure for portable and fixed power tools? Yes/No.

B.7.6.1 If yes, please provide three different types of inspection records.

B.7.7. Do you conduct workplace exposure monitoring? (Dust/emissions/air quality /noise /heat /illumination etc.) Yes/No

B.7.7.1 If yes, please attach latest copies of each type of report.

B.7.8 How you ensure all critical safety devices are properly calibrated as per OEM recommendations (Multi-gas analyzers, pressure gauges, etc,.) *(Please attach relevant evidences)*

.....  
.....  
.....  
.....

---

B.7.9 Do you have fire detection and suppression system in place at your organizations? Yes/No

B.7.9.1 If yes, provide technical drawing that covers critical operational areas including people safety and machine safety.

B.7.10 How do you conduct fire system inspection, testing and maintenance to maintain system reliability?

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

B.7.10.1 Please provide evidences of fire system inspection, testing and maintenance records.

B.7.11 Do you conduct legal compliance audits for your operational scope as per local legal requirements? Yes/No

B.7.11.1. If yes, please provide latest legal compliance audit report.

B.7.12 Do you conduct employee engagement, perception survey for health and safety? Yes/No

B.7.12.1 If yes, please provide latest health and safety survey report.

B.7.13 Do you conduct management reviews related to health and safety? Yes/No

B.7.13.1 If yes, please provide the minutes of latest health and safety management review.

---

## B.8 Emergency Preparedness, Reporting and Improvements

B.8.1 Do you have a person(s) trained in first-aid at your workplace? Yes/No

B.8.1.1 If yes, please attach copies of training certificates.

B.8.2 Do you have a medical center operated by trained medical staff? Yes/No

B.8.2.1 If yes, please attach copies of training certificates and a photo of your medical center.

B.8.3 Do you have trained emergency response team? Yes/No

B.8.3.1 If yes, attach the list of names, qualifications and designations of the team members.

B.8.4 Do you have emergency response plan? Yes/No

B.8.4.1 If yes, please attach copy of emergency response plan.

B.8.5 What are the Emergency response equipment and facilities that available at site based on the above plan?

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

B.8.6 Do you conduct emergency mock drills? Yes/No

B.8.6.1 If yes, please provide mock drill reports. If you have mock drill plan, please provide.

B.8.7 Is there a designated person in charge of fire protection?

B.8.7.1 If yes, state name and designation.....

*(Please provide copies of certificates regarding training & experience)*

---



B.8.8 Provide following health and safety data.

	2013	2014	2015	2016	2017
No of Employees (Own)					
No of Employees (Contract)					
No of Reportable fatalities					
No of Reportable major injuries					
No of Reportable over 3-day injuries					
No of Reportable diseases					
No of Critical incidences (Dangerous Occurrences)					
No of Work related road injuries and fatalities					
No. of vehicle accidents					

B.8.9 Does the organization conduct any safety data analyzing, trend analysis on health and safety statistics? Yes/No

B.8.9.1 If yes, please provide data analysis and three critical observations based on your trend analysis. (specific focus areas)

B.8.10 Do you have incident reporting and investigation procedure? Yes/No

B.8.10.1 If yes, please provide the evidence of procedure and sample incident investigation report.

B.8.10.2 Provide the evidence of feedback and remediation agreed on above mentioned incident investigation report.

B.8.11 Explain how your organization guarantees the investigation of occupational health and safety issues ensuring the implementation of the lessons learnt. *(Please provide evidences)*

B.8.12 Do you have hazard reporting (unsafe conditions/unsafe acts) mechanism? Yes/No.

B.8.12.1 If yes, please provide sample hazard report from each category of employees (Senior Management/Executives/Supervisory level/Operator level)

## Section C

C.1 Do you have internal safety recognition program? Yes/No

C.1.1 If yes, please provide evidence of 2017 safety recognitions.

C.2 What are the external recognitions related to health and safety performance of your organization? *(Please provide evidences)*

C.3 What are the top three safety related innovations during last two years. *(Please provide evidences)*

C.4 What are the Health and Safety related CSR activities in your organizations? *(Please provide evidences)*

C.5 Please provide the evidences top management involvement in critical safety related incident investigations in last 5 years period.

C.6 How often your CEO/Managing Director visiting your business location in focus of safety improvements?

..... *(Please provide the frequency)*

C.6.1 Please provide last two reports/advises or any other evidences to prove his/her involvement in health and safety at field.

---

## Declaration

I declare that there:

- Have been / not been\* accidents resulting fatality.
- Have been / not been\* accidents resulting in permanent total disability.
- Have been / not been\* accidents resulting in permanent partial disability.
- Have been / not been\* incidents resulting property damage worth of LKR 5 million due to safety related incident

within premises/outside premises\* but involving persons responsible under control of our organization, during the period 01/01/2016 to date.

(\* Delete as appropriate)

I certify the correctness of the information provided in this document.

.....  
Date

.....  
Name & Signature (*Person Responsible for OSH*)  
(*Include Signature stamp*)

.....  
Date

.....  
Name & Signature (*CEO / MD / Board Member*)  
(*Include Signature stamp*)

---