

Note.- If the recognition was cancelled or revoked twice in the past, the Safety Auditor is not eligible for recognition.

- c) I have carried out five or more Safety Audits in the past two years, the list showing the name, address of the factory and date of audits are attached herewith.
- d) I, ----- hereby declare that the information furnished above are correct to the best of my knowledge. I undertake to:
- (i) maintain the facilities in good working order, and
- (ii) maintain a log book of all safety audits undertaken by me, and
- (iv) fulfill and abide by the conditions, if any, stipulated in the certificate of recognition.
- (Enclose Applicant's Latest Photograph signed across)

Signature of the Applicant :

Full Name :

Date :

Place :

FORM - III

[see rule 6(1)]

Form of Application for recognition or renewal of recognition to an institution as Safety Auditor

- Name and full address of the Institution:
- Institution status (specify whether Government, autonomous, co-operative, corporate or private) with registration number:
- Name of head of Institution
 - Phone
 - Mobile No.
 - E-Mail address
 - Fax
 - GST Number
- Whether the Institution has been declared as a Safety Auditor by this State or any other State? If so, give details.
- Attach bio-data of the employed persons (at least three), in the Annexure attached to this application:
- Any other relevant information
- Certificate No. and date of issue: (in case of renewal)
- Payment of Fees.-

Date and reference to payment of fees	Amount Paid
1	2

9. DECLARATION

I hereby declare that,-

- Recognition of the institution as Safety Auditor was not revoked or cancelled in the past;
- the recognition of the institution as Safety Auditor was revoked or cancelled in the past, its details are as follows :-

Date of revocation or cancellation and its order number, if any	Period From - To
1	2

Note.- If the recognition was cancelled or revoked twice in the past, the institution is not eligible for recognition.

- (c) The institution has carried out five or more Safety Audits in the past two years, the list showing the name, address of the factory and date of audits are attached herewith.
- (d) I, hereby declare that the persons whose bio-data it attached to the application are the employees of the institution whose copies of appointment letters are attached herewith.
- (e) I, ----- hereby declare that the information furnished above for ----- (name of the institution) is correct to the best of my knowledge. I undertake to,-
- notify to the Chief Inspector immediately, in case the employed person on the basis of which this recognition was procured leaves the employment,
 - maintain the facilities in good working order,
 - maintain a log book of all safety audits undertaken, and
 - fulfill and abide by all the conditions stipulated in the certificate of recognition.

Signature of the Head of the Institution:-----

Designation:-----

Place:-----

Date:-----

Annexure to Form - B (To be filled separately for each person)

Personal Information of the persons employed:

- Name :
- Father/Husband Name :
- Date of Birth and Age :
- Permanent Address :
- Address for :
 - Correspondence
 - Telephone No. :
 - Mobile No. :
 - Fax :
 - E-mail :

6. Educational Qualification: (Attach Certified copies)

SL.No.	Degree/Diploma	College/Institution/University	Year of completion
1	2	3	4

7. Technical Qualification in Safety (Attach certified copies)

SL.No.	Degree/Diploma	College/Institution/University	Year of completion
1	2	3	4

8. Work Experience (Attach certified copies)

SL.No.	Employment From - To	Name and address of the employer	Designation	Nature of Work Performed
1	2	3	4	5

(Enclose employed persons Latest Photograph signed across)

DECLARATION

I hereby declare that all information provided in this annexure is true and correct to the best of my knowledge. If recognized, I agree to abide by and uphold the high standard of professional ethics in discharge of my duties as a Safety Auditor.

Signature of the employed person :

Full Name :

Date :

Place :

FORM - IV

[see rule 6(2)(b)]

Certificate of recognition / renewal of recognition as a Safety Auditor.

CERTIFICATE NO. :...../SA/CR-...../20..-..

M/S. / SHRI / SMT., (address)

.....,has been recognized / recognition is renewed as a **“SAFETY AUDITOR”**, for the purpose of carrying out Safety Audit under the Karnataka Factories (Safety Audit) Rules, 2024.

The Certificate is valid from to

This certificate is issued subject to the conditions stipulated hereunder:-

1. Safety audit shall be carried out in accordance with the provisions of Karnataka Factories (Safety Audit) Rules, 2024.
2. Every safety audit shall conform to the IS 14489:1998 or latest relevant standard.
3. He or the person in case of institution, authorized to carry out safety audit shall be physically present at the time of conducting the Safety Audit and shall maintain the record of the work done in the Log Book, as per Rule 6(2)(b)(i) of the said rules.
4. Certificate No. and its validity period should invariably recorded on the Safety Audit Report,
5. No safety audit shall be carried out after expiry of validity period.