

FORM-I
(See rule 7)
Intimation of Safety Audit

1. Name and address of the factory;
2. Name of the Occupier;
3. Date of commencement of Audit;
4. Probable date of Completion;
5. List of raw material with maximum storage quantity;
6. List of finished products with maximum storage quantity;
7. Licenced No. of workers;
8. Manufacturing process flow chart;
9. Name of the Safety Auditor and Certificate No. and name of the person who is carrying out the safety audit,

I hereby undertake to carryout Safety Audit as per the standards laid down under IS 14489: 2018 in the Indian Standard Code of Practice on Occupational Safety and Health Audit or any such standards prevailing at the relevant time; and submit Safety Audit Report within one month from the date of completion of safety audit to the Occupier of the factory

Date:

Signature of Safety
Auditor/Representative of
the Institution authorized to
carryout safety audit

I hereby undertake to submit the action taken report on the
Recommendations of

the Safety Audit on or before

Date:

Signature of the Occupier.

(Name of the Occupier in Block letters)

SCHEDULE-II

(see rule 8 and 9)

Proforma for submission of Safety Audit Report

1. Name and address of the factory,
2. Name of the Occupier,
3. Date/s of Audit,
4. List of raw material with maximum storage quantity,
5. List of finished products with maximum storage quantity,
6. Manufacturing process flow chart,
7. P I Diagram of all plants (Chemical Factories),
8. Name of the Safety Auditor and Certificate No. and name of the person who has carried out safety audit,
9. Whether enclosed Safety Audit Report as per IS 14489, or such other standards prevailing at the relevant time:

Date:

Signature of Safety
Auditor/Representative of
the Institution authorized
to carryout safety audit

FORM- II

[see rule 6(1)]

Application form for recognition or renewal of recognition of Safety Auditor

(To be filled and submitted in duplicate by individuals)

1. Name :
2. Father's/Husband's Name :
3. Date of Birth and Age :
4. Permanent Address :
5. 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 |
| | | | | |

9. For renewal of recognition.-

Certificate No. and date of issue:

10. Payment of Fees.-

| Date and reference to payment of fees | Amount Paid |
|---------------------------------------|-------------|
| 1 | 2 |
| | |

11. DECLARATION

I hereby declared that,

- (a) my recognition as a Safety Auditor was not revoked or cancelled in the past;
- (b) my recognition as a Safety Auditor was revoked or cancelled in the past, and its details are as follows :-

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

| | |
|-----------|---|
| 1 | 2 |
| FORM - II | |

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 : | | | |

| Year of completion | College/Institution/University | Degree/Diploma | SL No. |
|--------------------|--------------------------------|----------------|--------|
| | | | |
| | | | |

| Nature of Work Performed | Designation | Name and address of the employer | From - To | SL No. |
|--------------------------|-------------|----------------------------------|-----------|--------|
| | | | | |
| | | | | |

| Date and reference to payment of fees | Amount Paid |
|---------------------------------------|-------------|
| | |
| | |

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

FORM - III

[see rule 6(1)]

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

1. Name and full address of the Institution:
2. Institution status (specify whether Government, autonomous, co-operative, corporate or private) with registration number:
3.
 - a) Name of head of Institution
 - b) Phone
 - c) Mobile No.
 - d) E-Mail address
 - d) Fax
 - e) GST Number
4. Whether the Institution has been declared as a Safety Auditor by this State or any other State? If so, give details.
5. Attach bio-data of the employed persons (at least three), in the Annexure attached to this application:
6. Any other relevant information
7. Certificate No. and date of issue: (in case of renewal)
8. Payment of Fees.-

| Date and reference to payment of fees | Amount Paid |
|---------------------------------------|-------------|
| 1 | 2 |
| | |

9. DECLARATION

I hereby declare that,-

- (a) Recognition of the institution as Safety Auditor was not revoked or cancelled in the past;
- (b) 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,-
 - (i) notify to the Chief Inspector immediately, in case the employed person on the basis of which this recognition was procured leaves the employment,

- (ii) maintain the facilities in good working order,
 (iii) maintain a log book of all safety audits undertaken, and
 (iv) 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:

1. Name :

2. Father/Husband Name :

3. Date of Birth and Age :

4. Permanent Address :

5. 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 14489:2018 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.
6. The Chief Inspector reserves the right to revoke, annul or amend this Certificate at any time during its validity period,
7. He or the person authorized, in case of the institution, to carry out safety audit shall not conduct a Safety Audit of any factory where such auditor is employed, or an occupier, partner, director or manager of that factory, or of any factory owned, operated, managed or conducted by immediate family members, relatives or extended family members or wherein that auditor or such person shall not carry out a safety audit of those factories to which that auditor supplies any plant, machinery, raw material, safety equipments or other materials, equipment.
8. He or the person authorized, in case of the institution, to carry out safety audit shall not disclose, even after ceasing to be a recognized Safety Auditor of the employee of the institution, any manufacturing or commercial secrets or working processes or other confidential information which may come to his knowledge in the course of their duties as an auditor. Any failure in this regard may make such auditor or person liable for criminal or civil proceedings, in accordance with the law for the time being in force.
9. The application for renewal of the recognition as a Safety Auditor shall be made at least three months before the expiry of the period of recognition.

Signature

Director Factories, Boilers, Industrial Safety and Health, Bengaluru

Place:

Date :

Venkatarama J.T.
 (Venkatarama J.T) *1/07/2025*

Under Secretary to Government,
 Labour Department,
 (Factories & Boilers).

01/07