



भारत सरकार  
विज्ञान और प्रौद्योगिकी मंत्रालय  
विज्ञान और प्रौद्योगिकी विभाग  
GOVERNMENT OF INDIA  
MINISTRY OF SCIENCE & TECHNOLOGY  
Department of Science & Technology

Study Conducted by:



NATIONAL FOUNDATION OF  
INDIAN ENGINEERS

**Study to Assess Occupational Health Hazards for Woman Workers in Readymade Garments, Plastic Products & Electronic Assembly Industries in India and Preparation of Manuals there to**

*Supported & Catalyzed by:*

**RASHTRIYA VIGYAN EVAM PRODYOGIKI SANCHAR PARISHAD (RVPS), Government of India**

**Please read the instructions before filling the questionnaire**

1. Please attach extra sheets wherever required.
2. No inter organization/ inter employee comparisons will be carried out and information will be kept secret and will not be disclosed to any one. Analysis will be carried on the overall basis sector/industry wise.
3. If any particular item is not applicable in your case, please leave it blank.

## QUESTIONNAIRE FOR TRADE ASSOCIATIONS

1.	Name of the Respondent:			
2.	Designation of the Respondent:			
3.	Year of Establishment of the Trade Association	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Name of the Trade Association:			
5.	Communication address of the Trade Association:			
	City		State	
	Pin Code		Phone	
	Mobile		Fax	
	E-mail		Website	
6.	What are the occupational hazards in your Industry? (Pl. $\sqrt$ mark)			
	<b>Physical Hazards</b>			
	<input type="checkbox"/> Heat <input type="checkbox"/> Vibration <input type="checkbox"/> Noise <input type="checkbox"/> Unsatisfactory Lighting <input type="checkbox"/> Cold <input type="checkbox"/> Any Other _____			
	<b>Chemical Hazards</b>			
	<input type="checkbox"/> Dust <input type="checkbox"/> Fume/ Gases <input type="checkbox"/> Any Chemical Exposure reflecting on human health <input type="checkbox"/> Any Other _____			
	<b>Man Machine Relationship Hazards</b>			
	<input type="checkbox"/> Fatigue/ Exhaustion <input type="checkbox"/> Injuries <input type="checkbox"/> Any Chronic Developments <input type="checkbox"/> Any Other _____			
	<b>Accidents</b>			
	<input type="checkbox"/> Electrical Burns	<input type="checkbox"/> Slipping the Floor	<input type="checkbox"/> Cuts from Broken Glass	<input type="checkbox"/> Gas Burns
	<input type="checkbox"/> Hot Water Burns	<input type="checkbox"/> Cuts from Plant & Tools	<input type="checkbox"/> Collapse of Lifting Equipment	<input type="checkbox"/> Falls from Height
	<input type="checkbox"/> Any Other _____			
7.	What are the provisions/ systems of safety prevailing in your industry for avoiding the occupational hazards?			
	<input type="checkbox"/> Availability of Functional First Aid Box	<input type="checkbox"/> Helmets		
	<input type="checkbox"/> Availability of Functional Exhaust Fans	<input type="checkbox"/> Proper & Regular cleaning of the shop floor		
	<input type="checkbox"/> Proper electrical system with earthing	<input type="checkbox"/> Proper railing of the stairs		
	<input type="checkbox"/> Protective clothing	<input type="checkbox"/> Adequate moving space around the working machines		
	<input type="checkbox"/> Gas Protective Masks	<input type="checkbox"/> Adequate moving space in other areas		
	<input type="checkbox"/> Protective Machine Guards	<input type="checkbox"/> Adequate clean water drinking facility		
	<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Adequate vehicle safety for movement		
	<input type="checkbox"/> Safety Hand Gloves	<input type="checkbox"/> Safety devices from movement of machines like conveyer belts and hydraulic lifting machine		
	<input type="checkbox"/> Protective Shoes/ Gumboots			

8.	Does your industry train their workers to follow safety regulations to avoid occupational hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<b>Average</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
9.	What is the over all status of house keeping / hygiene in your industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	In your view, what is the standard of overall management of health and safety at work places in your industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	What is the status of system of accidents handling in your industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Does not exist</b>	<b>Not Satisfactory</b>	<b>Satisfactory</b>	<b>Very Satisfactory</b>
12.	System of handling sexual harassment problems in the industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Work policy in your industry for expectant and new mothers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Welfare facilities in your industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	System for accident investigations in your industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are there maternity leave provisions as per the industrial act in your industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
17.	Is there any employee safety hand book available for your industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Yes,	<input type="checkbox"/> In English	<input type="checkbox"/> In Hindi	<input type="checkbox"/> In local Regional Language	
18.	What additional health & safety measures you would suggest?	<hr/> <hr/>			
19.	Any other information you would like to give relating to occupational hazards & safety improvement in your organization.	<hr/> <hr/>			
<b>Place:</b> _____ <b>Date:</b> _____		<b>(Signature of the Respondent)</b>			

Thanks for sparing your valuable time and filling in the questionnaire. Your data will definitely help for us to prepare the report in time.

Please send the filled in Questionnaire at the following address:

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