

FORM-IX
(See rule-66)

Part II (For Mines)

A. General information		
1.	Establishment Name	
2.	Name of Company/ Name of Owner	
3.	Type of organization (drop down)	PSU Central/ PSU State/ Private/
4.	Type of ownership (drop down)	Firm/Association/Individual/Partnership/Company
5.	Type of Mineral (drop down)	Coal/Metal/Oil
6.	Name of Mineral	
7.	Type of Mine (drop down)	Belowground/ Opencast/ Aboveground/Mixed/OffShore/OnShore
8.	Date of opening	To be filled for first time
9.	Mine Code	To be filled for first time
10.	Date of closing (if any)	NA/ Calendar to be given
11.	Date of reopening (if any)	NA/ Calendar to be given
12.	Depth of working in mts.	Maximum Depth: Minimum Depth:

B. Statutory personnel employed in the mine (as on 31st December)

Sl. No.	Designation as per Code	Number of Statutory Persons required	Number of Statutory Persons employed
1.			

C. Method of Working vis-a-vis Safety Parameters

1	Name of Method (Specify the name) (as per drop down menu)		
2	Quantity of mineral Produced in Cu.m./Tonne		
3	Quantity of Waste/overburden removed in Cu.m./Tonne		

4	Stage of Working (as per drop down menu)	Development/Extraction/Mixed	
5	Permissible Void in Cu.m.		For extraction stage
6	Actual Void in Cu.m.		For extraction stage
7	Area of overhang		For extraction stage
8	Maximum Inflammable gas released in Cu. Meter per ton of coal produced		For Development stage
9	Overall Pit slope		For Opencast mines
	Individual entry for each Pit		
10	Overall dump slope		For Opencast mines
	Individual entry for each Dump		
11	Area of fire in Sq. m.		
12	Length of embankment required to be provided against the water body		
13	Length of embankment provided against the water body		
14	Length of fencing required/provided as per statute		
15	No. of opening required to be sealed in case of abandoned mines:		
16	No. of Openings sealed in case of abandoned mines:		
17	Number of Mock drills conducted and date of same with coverage of employees		
18	No. of Oil/Gas wells: under drilling/ under production/ under work over		For Oil and gas mines
19	No. of wells where production discontinued		For Oil and gas mines
20	If Yes to pt. 19 above, Action taken		

21	Action Taken in respect of Wells where production has been discontinued		For Oil and gas mines
22	Maximum Quantity of explosive used in any day (in Kgs.)		For all types of mine
23	Whether Building or Structures not belonging to owner lies within danger zone?	Yes/No/NA	For Coal & Metalliferous Mines
24	Aggregate HP/KW of machineries installed/deployed in the mine for the year		For all types of mine

D. Medical examinations - Initial/Periodical (IME/PME):

During the year, total number of persons including contractual workers:

Particulars	Total No. of Persons
Undergone IME	
Undergone PME	
Declared medically Temporary unfit	
Given alternate Employment due to Medical unfitness	
Terminated on account of being medically unfit	

E. Details of Vocational training imparted:

During the year, total number of persons including contractual workers:

Particulars	Total No. of Persons
Imparted Basic Vocational Training	
Imparted Refresher Training	
Imparted special Training	

F. Details of Accident, Dangerous Occurrence and Occupational Diseases :

(1) Details of Accidents and Dangerous Occurrences:

Sl. No.	Date of Accidents/Dangerous Occurrences	No. of persons killed	No. of persons received Serious Bodily Injury	Number of persons injured (Excluding Serious Bodily Injury) and thereby prevented from working for a period of 48 hours or more	Nature of Occurrence	Mandays lost
1.						

(2) Details of Occupational diseases:

Sl. No	Notified Disease	No. of cases
1		

G. Details of Safety Management Plan:

- (a) Safety Management Plan Prepared: (Yes/No/NA)
- (b) Date of Submission : Date
- (c) Last date of review of Safety Management Plan: Date
- (d) Principal Hazards Identified:

Sl. no.	List of Principal hazards identified	Principal hazard Mitigation date	Principal hazard not mitigated till 31 st December	Reasons for failure to mitigate the same
1.				

H. .Mines Rescue Station: (For Belowground Mines Only)

A. For Mine: (To be filled by Mine Owner)

- (i) Address of the Rescue Station with Geo-coordinates serving the Mines;
- (ii) Distance of the Rescue Station from Mine Opening; ----- (in KM)
- (iii) Whether Mine Rescue Station has been established by the mine or not? (Yes/No)

Mines Rescue Station: (For Belowground Mines Only) (For Rescue Station)

For Mine Rescue Station (To be filled by the Superintendent, Rescue Station)

- (i) Name of the Owner of Mine where MRS stationed:
- (ii) Address of MRS:
- (iii) Name of the Superintendent :
- (iv) Details of the mine served by the Rescue Station:

Sl. No.	Name of the Mines	Distance of the Mine from MRS (in Kms)

- (v) Details of Personnel Deployed at Rescue Station;

Sl. No.	Designation as per Code	Number of statutory persons required	Number of statutory persons employed

(vi) Details of Equipment/Apparatus :

Sl. No.	Type of Equipment/Apparatus required	Numbers of Equipment/Apparatus available

(vi) Particulars of Emergency Attended:

Sl.No.	Name of the Mine	Nature of Emergency	Response Time (time taken by rescue services to attend the emergency)	Time taken for Rescue & Recovery	Action Taken

(vi) Additional Information :

- (a) Number of Rescue Rooms :
- (b) Number of Rescue Trained Persons Required :
- (c) Number of Rescue Trained Person available :
- (d) Whether Canteen facility exist or not? (Yes/No):

Certified that the tables are duly filled in and information and figures given in all the tables are correct to the best of my knowledge.

Signature of employer/occupier/Owner/Agent/Manager

Place:

Dated:

PART III
(See rule 87)

ANNUAL RETURN period ending 31st December
(to be submitted by the principal employer on Shram Suvidha Portal)

1. Name of the principal employer:
2. Name of the establishment:
3. Registration number (LIN) of the establishment:
4. Details of the Contractors, wages paid, etc.:

Sl.	Month	Name and address of the contractors	LIN of the contractor	Name of the work	Maximum number of contract worker employed	Amount paid against wage bill (if applicable) to the contractor (including EPF, ESIC, Bonus etc.)	Date of payment of wage bill (if applicable)	Amount of the wages paid directly to the contract labour by Principal Employer (in case the contractor fails to pay)	Date of payment of wages paid directly to the contract labour by Principal Employer (in case the contractor fails to pay)	Remarks

Signature of the principal employer

Date: