



ANNEXURE – 1

CSM F1 - Safety Category Qualification Form

Type of Vendor - Service / Composite (Material + Service)

Category - A / B / C / D (Tick anyone)

Name of the Vendor –

No	Safety Information	Remarks	Attachments		
1	Organization is certified /accredited to following Systems				
1A	OHSAS : 18001	Yes / No			
1B	ISO : 14001	Yes / No			
1C	ISO : 9001	Yes / No			
1D	Any Other	Yes / No			
2	Safety Statistics for Last Three (03) Years		Year 1 Current Year	Year 2 Last Year	Year 3 Year Before
2A	LTIFR – Lost Time Injury Frequency Rate				
2B	LTISR – Lost Time Injury Severity Rate				
3	Safety Training Process for your Organization	Yes / No	If "Yes", kindly attach Details / Procedures		
4	Safety Organization Structure of your Organization 1. Total No of Employees 2. No of Safety Professional 3. No of Engineers /Supervisor 4. No of Skilled /unskilled work men	Yes / No			
5	Certified /Skilled workers as a percentage of overall workforce ITI Trained, TPSDI Trained, Licensed Electrician, IBR welder, etc.	Yes / No			
6	Name and Address of Sites where work are in Progress or worked earlier	Details of the Site			

Name, Signature & Company Seal
