

**Checklist for Factory Building Plan**

<b>Name and Address of Factory</b>		
Application No.		
Receipt No.		
Cateogry		
<b><u>A</u></b>	<b>APPLICATON FORM</b>	<b>Status Yes/No</b>
A-1	Form No.1 Application for approval of building plan	
A-2	From No. 1-A Details of work rooms.	
A-3	Questionnaire Annexed to Form No. 1-A Checklist regarding various provisions relating to safety, health & welfare of workers .	
A-4	Stability Certificate	
A-5	Factory Building plan-indicating relevant details relating to natural lighting, ventilation, means of escape	
A-6	Flow chart with brief description of manufacturing process	
A-7	NOC from Local authority	
A-8	NOC/Consent from Pollution Control Board	
A-9	NOC from Fire Station Officer	
A-10	Safety Report:	
<b><u>B</u></b>	<b>DETAILS OF PLAN</b>	<b>Status Yes/No</b>
B-1	Whether the building Plan, site plan, sectional elevation, cross section of the building not submitted in triplicate.	
B-2	Whether the building plan, site plan, sectional elevation, cross section of the building has not been signed by the competent Engineer.	
B-3	Whether on the Site plan, site of factory & immediate surroundings including 'building and other structures', 'rod' 'drains' etc. have not been shown.	
B-4	Whether the Factory Building Elevation is not shown.	
B-5	Whether the Cross section of the building is not shown.	
B-6	Are the following facilitiy shown in the plan	
	a) Drinking water post	
	b) Toilets	
	c) washing place	
	d) Cloak room	
B-7	Is Position of plant and machinery not indicated in the plans.	
B-8	Are the Emergency exits dully not marked/shown in the plans.	
B-9		
	Other requirements	<b>Required/P rovided</b>
	Latrine/Urinal(s)	
	Rest Room	
	Canteen	
	Dinning Hall	
	Kitchen	
	store room	
	washing place	
	ambulance room	
<b><u>C</u></b>	<b>DETALS OF FORM NO. 1</b>	<b>Status Yes/No</b>
C-1	Whether the Form No. 1 submitted in triplicate.	
C-2	Whether the Form No. 1 is complete. .if no then which column is incomplete	
C-3	Whether the Form No. 1 is duly signed by the occupier.	
<b><u>D</u></b>	<b>DETALS OF FORM NO. 1-A</b>	<b>Status Yes/No</b>
D-1	Whether the Form No. 1-A submitted in triplicate.	
D-2	Whether the Form No. 1-A is complete. .if no then which column is incomplete	
D-3	Whether the Form No. 1-A is duly signed by the occupier.	

D-4	Whether the maximum no. of persons to be employed in the room is more than max. Capacity of the as per details provided in Form No. 1-A.	
D-5	Whether the ventilation/natural lighting area is less than 15% of floor area of the room.	
D-6	Is the minimum height of work room in accordance with the provisions of Rule (6)	
Name of Room	Height Required/Height Provided	
E-1	The Proof of payment of Cess @ 1% of the cost of construction under the BOCW Act, 1996.	

Name of Occupier

Signature of Occupier