Contractor Assessment Request Details

| Assessment Type | New | |
|---------------------|----------------------------------|--|
| Vendor | | |
| Contractor | FELIN MACHINE TOOLS AND SERVICES | |
| Contractor Location | CHENNAI | |
| Contractor Email ID | FELIN MACHINE TOOLS AND SERVICES | |
| Plant Code | 1113 | |

Preliminary Details For Evaluation

| Contractor Type | Labour Contractor |
|---|---------------------------------|
| Name of Company / Contractor | Felin Machine Tools Services |
| Contact Person Name | K.Vijayashankar |
| Contact Number | 8939857761 |
| Work Description | Supplier & Service Provider |
| Previous ETL Contracts | Praveen Kumar |
| Existing Clientele | Ashok Leyland, Sundaram Clayton |
| Organizational Chart | 880_OrganizationalChartpdf |
| Employees Head Count | 13 |
| Employees Deployed Count at ETL | 11 |
| Supervisors Count | 2 |
| Is Sub Contractor Nominated ? | No |
| Sub Contractor | |
| Contractors Financial Health & Capability (Turnover in INR) | 2.66 |
| C A Certificate | 880_CACertificatepdf |
| Does your last two years balance sheet shows profit? | Yes |
| Balance Sheet | 880_BalanceSheetpdf |
| Do you have at least 3 years of experience for carrying out similar activity? | Yes |
| Experience Certificate | 880_ExperienceCertificatepdf |

Section 1 - Mandatory Requirement

| | | | License / | | | | |
|-------|------------------|---------|--------------------|------------|------------|-------|--|
| Sr.No | Requirement Text | Options | Registration No. / | Attachment | Valid Till | Score | |
| | | | Policy No. | | | | |

Section 2 - Safety Performance

| Sr.No | Requirement Text | Answer | Details | Attachment | Score |
|-------|------------------|--------|---------|------------|-------|
| | | | | | |

Total -

Section 3 - General EHS Systems

| Sr.No | Requirement Text | Answer | Details | Attachment | Score |
|-------|---|----------------|---------|------------|-------|
| 1 | HSE Policy (Provide evidence by supplying copies of relevant documents) | Not Applicable | | | 5 |
| 2 | Induction and Training (provide relevant documents) | Not Applicable | | | 5 |
| 3 | PPE's maintained in Good Condition | Yes | | | 5 |
| 4 | Health monitoring of Employees - Medical Check Up Done for employee's as per Form 7 (date / Fitness Certificate from AFIH doctor) | Not Applicable | | | 5 |
| 5 | Does the organization regularly inspect and maintain hand tools, machinery (cranes, vehicles, hoists/lifting tools, etc.) | Yes | | | 5 |

Total -25

Section 4 - EHS Practices

| Sr.No | Requirement Text | Answer | Details | Attachment | Score |
|-------|------------------|--------|---------|------------|-------|
|-------|------------------|--------|---------|------------|-------|

Total -

Section 5 - Plant and Equipment

| Sr.No | Requirement Text | Answer | Details | Attachment | Score |
|--------|------------------|--------|---------|------------|-------|
| Sr.IVO | Requirement Text | Answer | Details | Attachment | Score |

Total -

Total Score

| Section | Score |
|---|-------|
| Section 1 Mandetory Requirement | 0 |
| Section 2 Safety Performance & System Awareness | 0 |
| Section 3 General EHS Systems | 25 |
| Section 4 EHS Practices | 0 |
| Section 5 Plant and Equipment | 0 |
| Total Score | 25 |

Approval Process History

| | Role | Employee | Request Status | Comments | Updated On |
|--|------|----------|----------------|----------|------------|
|--|------|----------|----------------|----------|------------|