***ANNEXURE A***

***CONTRACTOR EVALUATION***

***PRELIMINARY DETAILS FOR EVALUATION***

*Contractor Type: (Please select)*

***Labour contractor / Job Contractor / Need based Contractor / Civil Fabrication / Product supplier***

|  |  |
| --- | --- |
| *CONTRACTOR DETAILS* | |
| *Name of Company / Contractor* | *GI India Automation & Systems Pvt. Ltd.* |
| *Contact person Name* | *Mr. Vinay Hanchate* |
| *Contact Details* | *9763704820* |
| *Project or type of work (Description of services)* | *Marketing Engineer* |
| *Previous ETL Contracts* |  |
| *Existing clientele/Ref* |  |
| *ORGANIZATION DETAILS*  ***(Please Provide Copy of the Organizational Chart if Available):*** | |
| ***Key Roles:*** | ***HC:*** |
| *Employees ( Office Staff +Driver +Helpers + Others)* | *29* |
| *Supervisors* | *Rajesh P.* |
| *Sub-Contractors* |  |
| *Key Points* | *Yes* |
| *Contractors Financial Health & Capability (Turnover in INR)* |  |
| *Does your last two years balance sheet shows profit?* | *F.Y.2019-20 – Profit F.Y.2020-21 – No Profit* |
| *Do you have at least 3 years of experience for carrying out similar activity* |  |

***CONTRACTOR EVALUATION***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***SECTION 1 : MANDATORY REQUIREMENT (50 Marks)***  *Not complied (NC) : 00 Marks*  *Complied ( C ) : 05 Marks*  *Not applicable (NA) : 05 Marks (With justification why it is not applicable)* | | | | | | | | | |
| ***#*** | ***Mandatory Requirement*** | | ***License / Registration No. / Policy No.*** | | ***Valid Till*** | | ***C / NC / NA*** | | ***Score*** |
| *1* | *License under the Factory Act.1948 / Contract Labor Act / Shop Act* | | *UDYAM-MH-26-0109890* | |  | | *C* | |  |
| *2* | *Number of employees authorized to deploy as per license* | |  | |  | | *NA* | |  |
| *3* | *Is the organization registered for EPF* | | *2459744036* | |  | | *C* | |  |
| *4* | *Is the organization registered for ESIC* | | *33000515420000606* | |  | | *C* | |  |
| *5* | *Is the organization registered for GSTN* | | *27AACCG6246K1ZD* | |  | | *C* | |  |
| *6* | *Workmen compensation Policy / Group Insurance* | | *4010/235151436/00/000* | |  | | *C* | |  |
| *7* | *Are workers working hours complied with the current applicable law in the country?* | | *Yes* | |  | | *C* | |  |
| *8* | *Are wages paid on the basis of Minimum Wages Act?* | | *Yes* | |  | | *C* | |  |
| *9* | *Licensed Electrical Supervisor / Electrician If Applicable (For Electrical Work)* | |  | |  | |  | |  |
| *10* | *Any complaint registered against the contractor in past under Labour laws* | |  | |  | |  | |  |
|  | | | | | | | | | *Total Score* |
| ***In Section 1: Unless a score of 50 is obtained contractor cannot be appointed*** | | | | | | | | | |
| ***Section 2 : Safety Performance & System Awareness (25 Marks)***  ***0 incidents/accidents : 5 Marks***  ***1 or more than 1 incident/accident : 0 Marks*** | | | | | | | | | |
| ***#*** | | ***Safety Performance*** | | ***Number*** | | ***Score*** | | ***Remarks / Record If Any*** | |
| *1* | | *No. of Accidents (Medical Treatment) in last 2 years* | | *0* | |  | |  | |
| *2* | | *No. of Fatalities (Verify from Govt. data / reference check)* | | *0* | |  | |  | |
| *3* | | *No. of Lost time injuries as per Factories Act 1948 (Injured person not able to work more than 48 hours from time of accident)* | | *0* | |  | |  | |
| *4* | | *No. of Fire Incident in last 2 years* | | *0* | |  | |  | |
| *5* | | *Has the organisation been prosecuted for an HSE breach or injury to an employee? Specify nos.* | | *0* | |  | |  | |
| *Total* | | | | | |  | |  | |

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| ***Section 3 : General EHS Systems (25 Marks)***  ***No  : 00 Marks***  ***Yes : 05 Marks***  ***NA : 05 Marks*** | | | | | | | |
| ***#*** | ***EHS Practices*** | ***YES / NO / NA*** | | ***Score*** | | ***Remarks / document Réf.*** | |
| *1* | *HSE Policy (Provide evidence by supplying copies of relevant documents)* |  | |  | |  | |
| *2* | *Induction and Training (provide relevant documents)* |  | |  | |  | |
| *3* | *PPE’s maintained in Good Condition* | *Yes* | |  | |  | |
| *4* | *Health monitoring of Employees - Medical Check Up Done for employee’s as per Form 7 (date / Fitness Certificate from AFIH doctor)* |  | |  | |  | |
| *5* | *Does the organization regularly inspect and maintain hand tools, machinery (cranes, vehicles, hoists/lifting tools, etc.)* | *Yes* | |  | |  | |
| *Total* | | | |  | |  | |
| ***Section 4 : EHS Practices (25 Marks)***  ***No  : 00 Marks***  ***Yes : 05 Marks***  ***NA : 05 Marks*** | | | | | | | | |
| ***#*** | ***EHS Practices*** | | ***YES / NO / NA*** | | ***Score*** | | ***Remarks / document Réf.*** | |
| *1* | *Is the contract employee aware of Work Permit System / Work Permit Adherence?* | | *Yes* | |  | |  | |
| *2* | *Is the organization aware of Method Statement/ Method Statement Adherence?* | | *Yes* | |  | |  | |
| *3* | *Are the contract employees aware of Emergency Response Procedure?* | | *Yes* | |  | |  | |
| *4* | *Has the organization conducted a HIRA study in past / or as a part of current practice?* | |  | |  | |  | |
| *5* | *Does the organization have and follow safe work procedures, documents which define how risks relevant to the contracted activities are managed?* | | *Yes* | |  | |  | |
| *Total* | | | | |  | |  | |

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| ***Section 5 : Plant and Equipment*** *(provide relevant documents)* ***(25 Marks)***  ***No  : 00 Marks***  ***Yes : 05 Marks***  ***NA : 05 Marks*** | | | | |
| ***#*** | ***When using plants and equipment either owned by you, provided to you by ETL or from any other party (leased, hired, borrowed etc.) do you have systems in place to ensure that:*** | ***YES / NO / NA*** | ***Score*** | ***Remarks / document Réf.*** |
| *1* | *Are the tools and equipment used in good working condition?* | *Yes* |  |  |
| *2* | *Do the tools and equipment comply with standards such as ISI Mark / Energy Efficient 5 star rating guidelines?* | *Yes* |  |  |
| *3* | *Is the holding handle of equipment in good condition?* | *Yes* |  |  |
| *4* | *Are all plants and equipment compliant with the safety requirements? (including not damaged cables, no loose connections, equipped with 3 pin top)* | *Yes* |  |  |
| *5* | *Do contract employees have correct licenses / certificates to operate the plants and equipment?* | *NA* |  |  |
| *Total* | | |  |  |

*Total Score:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Section*** | ***Score*** | ***Total*** | ***Conclusion / Remarks*** |
| *Mandatory Requirement*  *Section 1 must qualify to 50 Marks to continue further evaluation (Below 50 contractor Rejected)* | | | |
| ***Section 1***  *MANDETORY REQUIREMENT* |  |  |  |
| *Evaluation based of Rating*  *Contractor passed section 1 then evaluation will be continue based on rating criteria details as follows* | | | |
| ***Section 2***  *Safety Performance & System Awareness* |  |  |  |
| ***Section 3***  *General EHS Systems* |  |  |
| ***Section 4***  *EHS Practices* |  |  |
| ***Section 5***  *Plant and Equipment* |  |  |

***Criteria:***

*The overall ranking of pre-qualification is as:*

|  |  |
| --- | --- |
| *Performance Level* | *Overall Weightage* |
| *Professional* | *% 90 and above* |
| *Semi Professional* | *% 80 to 89* |
| *Developing* | *% 65 to 79* |
| *Unacceptable* | *% Less than 60* |

***CFT Recommendation:***

***Plant HR Plant/ Function EHS Plant / Function Head***

*Name: Name: Name:*

*Signature: Signature: Signature:*