***Endurance Technologies Limited***

***SOP for Contractor Evaluation and Appointment***



***Purpose***

*This SOP articulates the process to be followed prior to appointing a new contractor. This document is intended to provide clarity on the mandatory requirements of Endurance, the process by which contractors should be evaluated based on their competencies, along with actions to be taken prior to and post their appointment.*

***Scope***

*This SOP is applicable to all contractors conducting sub-contracting work or providing manpower, equipment, or services including maintenance, transportation, security, and canteen services.*

***Operating Guidelines:***

1. *User department shall identify a contractor with experience based on the nature of the work to be performed/ service to be provided and communicate Endurance requirements including standardized documents. User department shall collect all the standardized documents from the identified contractor and share with Plant HR and Plant/Function EHS.*
2. *Plant HR and Plant/ Function EHS shall validate the documents and submit the documents to the Plant/ Function CFT for evaluation within 24 hours.*
3. *Plant/ Function CFT shall evaluate the contractor based on the evaluation criteria defined (refer to Annexure A) and decide whether to recommend the contractor for registration within 48 hours if the score exceeds the threshold finalized after physically meeting the contractor.*
4. *Corporate EHS shall ensure that the contractor/ contract owner/contract employee has not been blacklisted/ removed at any of the Company’s locations. Corporate EHS shall review the evaluation to ensure that the contractor is complying with all statutory requirements and meets the defined criteria of the Company. Upon review, Corporate EHS shall decide whether to recommend the contractor for evaluation within 48 hours.*
5. *Head-IR shall review the evaluation and decide whether to approve the contractor within 48 hours.*
6. *The user department shall communicate the decision to the contractor and register the contractor upon approval from Head-IR within 24 hours.*
7. *The user department and Regional IR Lead shall ensure that the standardized format vetted by legal team is used for the agreement with the contractor. The user department shall ensure the SAP code is generated for the contractor post the agreement.*
8. *Plant/ Function Security shall check the availability of required documents (including contractor ID card, ESIC card, and fitness certificate) when the contractor/ contract employee arrives at the Company’s gate and allow the contractor/ contract employee into Company premises upon verification.*
9. *User department and Plant/ Function EHS shall check the equipment for its working condition (as per defined checklist).*
10. *Plant EHS/ Function EHS shall provide induction and safety training to contractor/ contract employee.*
11. *Plant EHS/ Function EHS shall direct contractor/ contract employee to the user department to execute their deliverables.*
12. *Plant EHS/ Function EHS shall evaluate capability and performance of contractor annually and highlight gaps to CFT and user department. If the contractor is not meeting the mandatory requirements, the Plant EHS/ Function EHS shall speak to the user department and CFT to stop using the contractor.*

***ANNEXURE A***

***CONTRACTOR EVALUATION***

***PRELIMINARY DETAILS FOR EVALUATION***

*Contractor Type: (Please select)*

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

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| *CONTRACTOR DETAILS* |
| *Name of Company / Contractor* | *Avishkar Techno Services* |
| *Contact person Name* | *MR.Sandeep V Pawar* |
| *Contact Details* | *9422774417* |
| *Project or type of work (Description of services)* | *Preventive Maintenance Of All Wireless Link*  |
| *Previous ETL Contracts* |  |
| *Existing clientele/Ref* | *Mungi Engineering Pvt.Lte* |
| *ORGANIZATION DETAILS****(Please Provide Copy of the Organizational Chart if Available):*** |
| ***Key Roles:*** | ***HC:*** |
| *Employees ( Office Staff +Driver +Helpers + Others)* | *7* |
| *Supervisors* | *1* |
| *Sub-Contractors* | *0* |
| *Key Points* | *Yes / No / Details* |
| *Contractors Financial Health & Capability (Turnover in INR)*  |  |
| *Does your last two years balance sheet shows profit?*  | *yes* |
| *Do you have at least 3 years of experience for carrying out similar activity* | *yes* |

***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* | *1820600312257628* |  |  |  |
| *2* | *Number of employees authorized to deploy as per license* |  |  |  |  |
| *3* | *Is the organization registered for EPF*  |  |  | *NA* |  |
| *4* | *Is the organization registered for ESIC*  |  |  | *NA* |  |
| *5* | *Is the organization registered for GSTN*  | *27BJWPP7667L1ZW* |  |  |  |
| *6* | *Workmen compensation Policy / Group Insurance* | 15070236220100000060 |  |  |  |
| *7* | *Are workers working hours complied with the current applicable law in the country?* | *yes* |  |  |  |
| *8* | *Are wages paid on the basis of Minimum Wages Act?*  | *yes* |  |  |  |
| *9* |  *Licensed Electrical Supervisor / Electrician If Applicable (For Electrical Work)* |  |  | *NA* |  |
| *10* | *Any complaint registered against the contractor in past under Labour laws* |  |  | *NC* |  |
|  | *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* | *5* |  |
| *2* | *No. of Fatalities (Verify from Govt. data / reference check)* | *0* | *5* |  |
| *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* | *5* |  |
| *4* | *No. of Fire Incident in last 2 years* | *0* | *5* |  |
| *5* | *Has the organisation been prosecuted for an HSE breach or injury to an employee? Specify nos.* | *NO* | *5* |  |
| *Total* | *25* |  |

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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)* | *NA* | *5* |  |
| *2* | *Induction and Training (provide relevant documents)* | *NA* | *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)* | *YES* | *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 (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* | *5* |  |
| *2* | *Is the organization aware of Method Statement/ Method Statement Adherence?* | *YES* | *5* |  |
| *3* | *Are the contract employees aware of Emergency Response Procedure?* | *YES* | *5* |  |
| *4* | *Has the organization conducted a HIRA study in past / or as a part of current practice?* | *NO* | *0* |  |
| *5* | *Does the organization have and follow safe work procedures, documents which define how risks relevant to the contracted activities are managed?* | *YES* | *5* |  |
| *Total* | *20* |  |

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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* | *5* |  |
| *2* | *Do the tools and equipment comply with standards such as ISI Mark / Energy Efficient 5 star rating guidelines?* | *YES* | *5* |  |
| *3* | *Is the holding handle of equipment in good condition?* | *YES* | *5* |  |
| *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* |  |
| *5* | *Do contract employees have correct licenses / certificates to operate the plants and equipment?* | *NA* | *5* |  |
| *Total* | *25* |  |

 *Total Score: 145*

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| --- | --- | --- | --- |
| ***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* |  | *50* |  |
| *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*  |  | *25* |  |
| ***Section 3*** *General EHS Systems*  |  | *25* |
| ***Section 4****EHS Practices*  |  | *20* |
| ***Section 5*** *Plant and Equipment* |  | *25* |

***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:*