

Warehouse: Shop No.3084/3085, Plot No. K-232/233, Muley I Square, MIDC Area,Waluj Aurangabad- 431136

Corp. Office: "Maxflow House", 2nd Floor, 5/2/31, Opp. Ram Mandir, Osmanpura, Aurangabad- 431005

Tel- 0240-2362412,2322412.

E-mail: sales@maxflowpumps.net. www.maxflowpumps.net

To, Endurance Technologies Ltd. Aurangabad-431136

Sub: Declaration for New Contractor Evaluation Form

Ref: Vendor Code 200866 Maxflow Pumps and Controls Inc.

Dear Sir,

We M/s Maxflow Pumps & Controls Inc., hereby declared that our firm is a proprietary firm & also we are confirmed our remarks for below points as per your evaluation form.

Section - 1 Mandatory Requirements

| Sr. No. | Requirement Text | Number or Remarks |
|---------|---|-------------------|
| 2 | Number of Employees authorized to deploy as per license | Not applicable |
| 3 | Is the organization registered for EPF | Not applicable |
| 4 | Is the organization registered for ESIC | Not applicable |
| 7 | Are workers working hours complied with the current applicable low in the country | Not applicable |
| 8 | Are wages paid on the basis of minimum wages Act? | Not applicable |
| 9 | Licensed electrical Supervisor / Electrician if applicable (for Electrical work) | Not applicable |
| 10 | Any complaint registered against the Contractor in past under Labor laws | Not applicable |

Section - 2 Safety Performance

| Sr. No. | Requirement Text | Number or Remarks |
|---------|--|-------------------|
| 1 | No. of accident (Medical Treatment) in last 2 years | 0 |
| 2 | No. of Fatalities (Verify from Govt. data / reference check | 0 |
| 3 | No. of Lost injuries as per Factories Act (Injured person not able to work more than 48 hours from time of accident) | 0 |
| 4 | No. of Fire Incident in last years | 0 |
| 5 | Has the organization been prosecuted for an HSE breach or injury to an employee? specify nos | 0 |





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Section - 3 General EHS Systems

| Sr. No. | Requirement Text | Number or Remarks |
|---------|---|-------------------|
| 1 | HSE Policy (Provide evidence by supplying copies of relevant documents | Not applicable |
| 2 | Induction and Training (Provide relevant documents | Not applicable |
| 3 | PPEs maintained in good condition | Not applicable |
| 4 | Health monitoring of employees – medical checkup done for employees as per form 7 (date / fitness certificate from AFIH Doctor) | Not applicable |
| 5 | Dose the organization regularly inspect and maintain hand tools machinery (cranes, vehicles, hoists / lifting tools etc. | Not Applicable |

Section - 4 EHS Practices

| Sr. No. | Requirement Text | Number or Remarks | |
|---------|--|-------------------|--|
| 1 | Is the contract employee aware work permit system / work permit adherence | Yes | |
| 2 | Is the organization aware of method statement / method statement adherence | Not applicable | |
| 3 | Are the contract employees aware of emergency response procedure | Yes | |
| 4 | Has the organization conducted HIRA study in past / or as part of current practice? | Not applicable | |
| 5 | Does the organization have and follow safe work procedures, documents which define how risks relevant to the contracted activities are managed | Not applicable | |

Section - 5 Plant and Equipment

| Sr. No. | Requirement Text | Number or Remarks | |
|---------|--|-------------------|--|
| 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 tops | Yes | |
| 5 | Do contract employees have correct licenses / certificate to operate the plants and equipment? | Not applicable | |

For, Maxflow Pumps and Controls Inc.

AURANGABAD

Authorized Signatory

Date: 14.07.2023

Place: Aurangabad.