

**Workplace Assessment for Safety and Hygiene**

**(WASH)**

**A Scheme by Quality Council of India**

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| **WORKPLACE ASSESSMENT APPLICATION FORM** |
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| **BASIC INFORMATION** |
|  | Name of the Organisation |  |
|  | Owner's Name (any one, if multiple owners) |  |
|  | Owner's Gender *(Male/Female/Other)* |  |
|  | Social Category of owner *(General/OBC/SC/ST)* |  |
|  | Owner's Phone (Mobile) |  |
|  | Organisation's Phone (Landline) |  |
|  | Organisation's Website (URL) |  |
|  |  |  |
| **CONTACT INFORMATION** |
|  | Name of the Single Point Of Contact (SPOC) |  |
|  | SPOC Designation |  |
|  | SPOC Mobile Number |  |
|  | SPOC Email |  |
|  | Alternate Mobile Number |  |
|  | Alternate Email |  |
|  | Unit Address (that is to be assessed) |  |
|  | PIN Code |  |
|  | State |  |
|  | District |  |
|  |  |  |
| **OTHER INFORMATION** |
|  | Major Activity *(Manufacturing/Service/Other)* |  |
|  | Organisation Type *(Micro/Small/Medium/Large)* |  |
|  | Industry Sector (In case of large)(For example: Automobile, Pharma, Textile, Tourism & Hospitality, etc.) |  |
|  | NIC sector (2 digit) in case of MSMEs |  |
|  | Supplier to Defence (Yes/No) |  |
|  | No. of people employed |  |
|  | No. of Shifts (1/2/3/General) |  |
|  | No. of Employees in Shift 1 |  |
|  | No. of Employees in Shift 2 |  |
|  | No. of Employees in Shift 3 |  |
|  | No. of Employees in General Shift |  |
|  | Manufacturing: Product(s) Manufactured |  |
|  | Services: Types of services provided |  |
|  | Other: (mention type of Activity) |  |
|  | Critical Processes (In-house) |  |
|  | Critical Processes (Outsourced) |  |
|  | Has the Organisation undergone any other audit/certification (Yes/No) |  |
|  | If yes, please indicate the type of audit/certification |  |
|  | Assessment Date (Proposed by the Organisation) |  |
|  | Type of Assessment Preferred (Proposed by Applicant) (Onsite / Offsite-Video) |  |
|  |  |  |
|  | PAN Number |  |
|  | GSTIN Number |  |
|  | TDS Deductible? (Yes/No) |  |
|  | TAN Number |  |
|  |  |  |
| **Acknowledgement** |
| I hereby declare that information given above is true to the best of my knowledge. Any information, that may be required to be verified, shall be provided immediately before the concerned authority. |
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|  |  |  |
| **Date:** |  | **Signature of the Applicant** |
|  |  |  |
| **Place:** |  | **Name & Designation** |  |
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