

In pursuance of clause (3) of Article 348 of the Constitution of India, the following translation in English of the Government Notification, Industries, Energy & Labour Department No.FAC-2009/C.R.105/Labour-10, dated 03/01/2012 is hereby published under the authority of the Governor.

By order and in the name of the Governor of Maharashtra

(Dr.Kavita Gupta)
Principal Secretary to Government

NOTIFICATION

Industries, Energy and Labour Department;
Mantralaya, Mumbai – 400 032.
Dated the 03/01/2012.

Factories
Act,1948 and
Information
Technology
Act, 2000.

No.FAC-2009/C.R.105/Labour-10:- In exercise of the powers conferred by section 112 read with section 110 of the Factories Act, 1948 (LXIII of 1948) read with sections 6 and 90 of the Information Technology Act, 2000 (21 of 2000); and of all other powers enabling it in that behalf, the Government of Maharashtra hereby makes the following rules further to amend the Maharashtra Factories Rules, 1963, the same having been previously published as required by section 115 of the said Act:-

1. **Short title & commencement.**(1) These rules may be called the Maharashtra Factories (Amendment) Rules, 2012.

(2) Save as otherwise provided in sub-rule(3), these rules shall come into force at once.

(3)The provisions of rule 4, so far as it relates to insertion of rule 125C in the Maharashtra Factories Rules,1963, shall come into force on such date as the State Government may, by notification in the *Official Gazette*, appoint which shall not be later than six month from the date of issue of this notification.

2. In rule 12 of the Maharashtra Factories Rules, 1963 (hereinafter referred to as “the principal rules”), -

(A) for sub-rule (1), the following sub-rule shall be substituted, namely:-

“(1) The occupier of every factory shall pay the fees prescribed under these rules electronically:

Provided that, in the case of a Government factory, the payment of the appropriate amount of fees shall be made in the same manner as payments of amounts due by one Government Department to another are ordinarily made.”.

3. In rule 119 of the principal rules,-

(a) for sub-rule (1), the following sub-rule shall be substituted, namely:-

“(1) *Annual return.*- On or before the 10th of January of each year and annual return in Form 27.”;

(b) after sub-rule (1), the following sub-rules shall be inserted, namely:-

“(2) *Monthly return.*- On or before the 10th of each month a monthly return in respect of the preceding month in Form 27A.

Provided that, factories having less than 10 employees and covered under section 85 shall file monthly return in respect of three months, at the end of the quarter.”.

4. After rule 125A of the principal rules, the following rules shall be inserted, namely :-

“ **125B.** The occupier of every factory shall submit returns, application for registration, renewal of registration certificate, application for exemption, notices or any other application or documents electronically.

125C. (1) The occupier of every factory shall pay the electronic transaction charges for availing e-services for submitting returns, applications for registration, renewal of registration certificate, application for exemption, notices or any other application or documents and for paying fees prescribed in these rules, electronically, as provided in sub-rule (2).

(2) The electronic transaction charges for the purposes of sub-rule (1) shall be as follows, namely :-

| Sr. No | Documents | Charges (in rupees) | |
|--------|---|------------------------|---------------------|
| | | Up to 50 Labour | More than 50 Labour |
| 1 | Returns | 20 | 80 |
| 2 | Application for registration | 50 | 100 |
| 3 | Application for renewal of registration certificate | 50 | 100 |
| 4 | Application for exemption | 50 | 50 |
| 5 | Any other application or documents | 50 | 50 |

5. For Form 27 appended to the principle rules, the following Form shall be substituted, namely :-

“FORM 27
(Annual Return)
[see rule 119 (1)]

For the year ending _____

General information

| | | | |
|----|--|--|---------------|
| 1 | Name and address of factory – street, city, Taluka, district | | |
| 2 | Name and designation of occupier | | |
| 3 | Name and designation of manager | | |
| 4 | Contact details of occupier | Telephone e-mail | Fax Mobile |
| 5 | Contact details of manager | Telephone e-mail | Fax Mobile |
| 6 | Registration number of factory | | |
| 7 | License under Factories Act | License Number upto | Renewed |
| 8 | Installed HP | | |
| 9 | Legal organization | (a) sole proprietor (b) partnership (c) private company (d) public company (e) cooperative (f) family business (g) govt./semi government(h) other | |
| 10 | Ownership | (a) national (b) foreign (c) joint national and foreign | |
| 11 | Manufacturing process as per NIC 2008 | 3 digit code as per attached Classification of Manufacturing Processes | |
| 12 | Plan approval number and date (in chronological order) | Number | Date |
| 13 | Does the factory have a Certificate of Stability? | Yes/No If yes, what is the date of issue of the certificate? | |
| 14 | Permanent serial No. of factory | | |

Workforce

| | | | |
|----|--|------|--------|
| 15 | Mention maximum number of workers employed for any day of the year | Male | Female |
| | Permanent employees | | |
| | i) Managers and supervisors | | |
| | ii) Workers | | |
| | a) Workers over 18 years | | |
| | b) Workers over 14 years but < 18 years | | |
| | Total- | | |
| 16 | Contract workers | | |
| 17 | Daily wage workers | | |
| | i) Temporary workers | | |
| | ii) Casual workers | | |
| 18 | i) Apprentices | | |

| | | | |
|----|---|--|--|
| | ii) Trainees | | |
| | Total of Sr.No.15 to 18 | | |
| 19 | Family members of the owner of the factory | | |
| | a) Paid | | |
| | b) Unpaid | | |
| 20 | a) Security/watchmen | | |
| | b)Name of Security Agency/ Security Guard Board | | |
| | c) Mathadi workers | | |
| 21 | For permanent workers, how many years of service? | | |
| | Less than 1 year | | |
| | 1 year to <5years | | |
| | 5 years to <10 years | | |
| | More than 10 years | | |

| | | Yes (If so,number) | No |
|----|--|-----------------------|----|
| 22 | Does the factory employ its own security guards as direct employees? | | |
| 23 | Does the factory employ its own Mathadi workers as direct employees? | | |
| 24 | Does the factory employ its own cleaning staff as direct employees? | | |
| 25 | Are any contract workers inter-State migrant workers? | | |

Inspections

| | | |
|----|--|--|
| 26 | What was the date of the last inspection by a factory inspector? | Date |
| 27 | What was the date of the last spot safety audit by a factory inspector? | Date |
| 28 | What was the date of the last occupational, health and safety audit conducted by an internal auditor? | Date |
| 29 | What was the date of the last occupational, health and safety audit conducted by an external auditor? | Date |
| 30 | What was the date of the last examination by a competent person? What was examined on that date? (Indicate) | Date Equipment/machinery examined _____ |
| 31 | Does the factory hold any OSHA 18001,ISO 14001 or other similar certification? | Yes/No If YES, which certification(s) and what was the last date of certificate renewal? |
| 32 | Does the factory have a Code of Conduct as required by buyers of the factories' products? | Yes/No If YES, what was the last date of inspection by a buyer or buyer's representative? |

Dangerous operations and hazardous processes

| | | |
|----|---|--|
| 33 | Which of the operations among Dangerous Operations Schedule are conducted in the factory? | Indicate all operations that are conducted If none of the operations listed in the schedule are conducted, write NIL. |
| 34 | Is your factory in the list of Industries involving <u>hazardous processes</u> as defined under section 2 (cb) of the factories Act 1948? | If none, write NIL. |
| | If yes, which are the hazardous processes that are carried out in the factory | |

Storages of Hazardous Substances

| | | |
|------------|---|---|
| 35. (i) | Do you store any hazardous chemicals as listed in Schedule 1 annexed to CIMAH Rules 2003, in your factory? If so, give the list. | If none write NIL |
| (ii) | Do you store quantities of hazardous chemicals equal to or above threshold limits as listed in column 3 of Schedule 2 annexed to CIMAH Rules 2003, in your factory? If so, give the list along with inventory. Does your factory fall under MAH category? | If none write NIL Yes/No |
| (iii) | If your factory falls under MAH category, (a) Have you submitted site notification report? (b) Have you prepared and submitted ON site emergency plan? (c) Have you updated ON site emergency plan? (d) Dates of Mock drill along with scenario, carried out in the year. | Give date of submission Give date of preparation Give Date when last updated and submitted. Give Dates of Mock drill along with scenario, carried out in the year. |
| (iv) | Do you store quantities of hazardous chemicals equal to or above threshold limits as listed in column 4 of Schedule 2 annexed to CIMAH Rules 2003, in your factory? If So, give the list along with inventory. (a) Have you prepared and submitted Safety Report? (b) Have you carried out safety | Give date of submission Give date and date of submission of compliance |

| | | |
|--|---|--|
| | audit internally in a year? If not (c)Have you carried out safety audit externally? | report. Give date and date of submission of compliance report. |
|--|---|--|

Safety and health

| | | |
|----|--|--|
| 36 | Does the factory have a written safety and health policy? | Yes/No If YES, how is this communicated to workers? (a) notice board (b) circular (c) other If YES, what language is used? (a) Marathi (b) Hindi (c) English |
| 37 | Does the factory have written safety guidelines for workers. | Yes/No If YES, how is this communicated to workers? (a) notice board (b) circular (c) other If YES, what language is used? (a) Marathi (b) Hindi (c) English |
| 38 | Does the factory have an onsite emergency plan? | Yes/No If YES, evacuation plan is displayed throughout the factory for all workers to see? If YES, is there regular onsite emergency mock drills involving evacuation drills? If YES, what was the date of the last mock drill? |
| 39 | Does the factory have safety officers? | Yes/No If YES, how many as on reporting date? _____ If yes, Whether he is a qualified Safety Officer as per Rules? |
| 40 | Does the factory have a safety committee? | Yes/No If YES, how many workers are member of the safety committee? _____ how many management representatives are members? If YES, how often does it meet? |
| 41 | Does the factory have at least 2 exits on each floor in each building it occupies? | Yes/No |
| 42 | Are fire extinguishers placed throughout the factory? | Yes/No If YES, how many extinguishers Sr.No. Type capacity Quantity 1. Foam type 2. Dry power 3. Co ₂ 4. Any other If YES, how many workers have been trained to use extinguishers? |
| 43 | Does the factory have first aid | Yes/No |

| | | |
|----|--|---|
| | boxes? | If YES, how many throughout the factory? _____ If YES, how often are they checked for their contents? _____ |
| 44 | Do any workers have a first aid certificate? | If YES, how many? |
| 45 | Does the factory have a HIV/AIDS policy? | Yes/No |
| 46 | Does the factory provide workers with personal protective equipments (PPE's) ? | If YES, which items are provided? i) Head protection ii) Foot protection iii) Eye protection iv) Ear protection v) Hand protection vi) Body protection vii) Respiratory protection viii) Others |
| 47 | Are workers required to pay for any protective clothing or equipment? | Yes/No If YES, which items? |
| 48 | Has the factory reported any accidents to the factory inspector during the reporting period? | Yes/No If YES, how many non-fatal? _____ how many fatal? _____ |
| 49 | Has the factory reported any occupational diseases to the factory inspector during the reporting period? | Yes/No If YES, how many non-fatal? _____ how many fatal? _____ |
| 50 | Has the factory reported dangerous occurrence to the factory inspector during the reporting period? | Yes/No If YES, how many _____ |
| 51 | Are safety posters displayed in the factory? | Yes/No |

Welfare facilities

| | | Yes | No |
|----|---|-----|----|
| 52 | Does the factory provide drinking water for workers? | | |
| 53 | Does the factory have a crèche? | | |
| 54 | (a) Does the factory have a canteen? (b) Is the canteen managed by- (i) Departmentally or (ii) Through a contractor or (iii) By co-operative society. | | |
| 55 | Is a lunch room provided? | | |
| 56 | Does the factory provide a locker for workers? | | |
| 57 | Is there a changing room for workers? | | |

| | | | |
|----|---|--|--|
| 58 | Is there a rest room or shelter for workers? | | |
| 59 | Is there a Occupational Health Centre? | | |
| 60 | Is the occupational health centre open to members of the worker's family? | | |
| 61 | Is there an ambulance room? | | |
| 62 | Is there a full-time doctor in attendance? | | |
| 63 | Is there a part- time doctor? | | |
| 64 | Is there a full-time nurse in attendance? | | |
| 65 | Is there a part-time nurse? | | |
| 66 | Does the factory have separate toilets for men and women? | | |
| 67 | How many latrines for men? | | |
| 68 | How many urinals for men? | | |
| 69 | How many latrines for women? | | |
| 70 | Are the above facilities available to contract workers? | | |
| 71 | Is there a welfare officer? If yes, number of welfare officers? _____ | | |

Wages and benefits

| | | |
|----|---|--|
| 72 | Are workers required to work overtime? | Yes/ No If yes, what is the overtime rate of pay?_____ If yes, what was the highest number of overtime hours worked by a worker last month? _____ |
| 73 | a)How many hours per day (without overtime) do workers work? b)How many days are required to work for the worker per week? | Number _____ _____ |

Industrial Relations

| | | |
|----|---|---|
| 74 | Does the factory have a written Policy against sexual harassment? | Yes/No |
| 75 | Does the factory have a committee for redressal of sexual harassment ? | Yes/No |
| 76 | Have any sexual harassment complaints been lodged within the factory during the reporting period? | Yes/No |
| 77 | Does the factory operate a suggestion box scheme? | Yes/No If YES, how many useful suggestions received during the period? _____ how many suggestions were acted upon? _____ how many workers rewarded for suggestions? ____ how much amount was distributed as rewards?----- |

78 Employment information

No. of days worked in a year:-----

| | | | | | | |
|---------|--|----------|--------|------------|-----------|-----------|
| Workers | | *Avg.No. | Number | **Avg. No. | Number of | Number of |
|---------|--|----------|--------|------------|-----------|-----------|

| | | of workers employed daily | of man-days during the year | of hours worked per week | man-hours worked on overtime in a year | man hours worked including overtime in a year |
|--------------------------------------|--------|---------------------------|-----------------------------|--------------------------|--|---|
| Adults | M F | | | | | |
| Adolescents (15-<18 years) | M F | | | | | |
| Children (14-15 years) | M F | | | | | |
| | Total | | | | | |
| See the explanatory note given below | | | | | | |

79 Leave with wages

| Workers | | Number employed | Number entitled to annual leave | Number who were granted leave | Number of discharged workers | Number of dismissed workers | Number of workers who quit the employment | Number of workers superannuated | No. of workers who died while in service | Number of workers to whom wages in lieu of leave were paid |
|----------------------------|--------|-----------------|---------------------------------|-------------------------------|------------------------------|-----------------------------|---|---------------------------------|--|--|
| Adults | M F | | | | | | | | | |
| Adolescents (15-<18 years) | M F | | | | | | | | | |
| Children (14-15 years) | M F | | | | | | | | | |

80 Accident details

(a)

| | Workers employed directly | | | Total |
|----------------------------|---------------------------|-----------|-----------------|-------|
| | Permanent | Temporary | Contract worker | |
| No. Of Fatal accident | | | | |
| No. Of Non Fatal accidents | | | | |

(b)

| Dangerous occurrences | Fire | Explosion | Toxic gas release | Collapse of building / structure |
|--|------|-----------|-------------------|----------------------------------|
| No. Of dangerous occurrences in a year | | | | |

(c)

| Number of workers injured | Number of injured workers who returned to work in this year | Number of workers injured in previous year who joined the work this year | Number of man-days lost | Number of workers injured this year but have not joined during this year |
|---------------------------|---|--|-------------------------|--|
| | | | | |

81 Occupational Disease details

| List of occupational diseases which are | Occupational diseases reported in the reporting period | No. of Workers died due to | Mandays lost due to occupational |
|---|--|----------------------------|----------------------------------|
| | | | |

| | | | | |
|--------------------------|------|-----|-----------------------|----------|
| relevant to your factory | Type | No. | occupational diseases | diseases |
| | | | | |

82 Medical Checks by Certifying Surgeons

| Frequency of health checkups in your factory | Dates of medical examination of the workers | Name of the certifying surgeon who carried out the medical examination | Number of workers examined | Occupational diseases detected. | |
|--|---|--|----------------------------|---------------------------------|-----|
| | | | | Type | No. |
| | | | | | |

83 Compensation/Ex-gratia details

| | Name of worker | Age | Monthly wages | % Disability | Compensation paid | Ex-gratia amount Paid | Whether legal heirs of deceased employed | Whether covered under ESIC or insured under WC policy? If so give details. |
|---------|----------------|-----|---------------|--------------|-------------------|-----------------------|--|--|
| Injured | | | | | | | | |
| Died | | | | | | | | |

84 Closure information of factory as per rule 125(2) of M.F.R., 1963

| | |
|--|----------------|
| Name of factory and full address | |
| Date of closure | |
| Reasons for closure | |
| Nature of closure, whether entire or partial. If partial the shift, section or department closed | Entire/partial |
| Number of workers on the muster roll at the time of closure | |
| Number of workers affected by the closure | |

85 Re-opening information of factory as per rule 125(3) of M.F.R., 1963

| | |
|---|--|
| Name of factory and full address | |
| Date of closure | |
| Number of workers affected at the time of closure | |
| Factory or any shift, section or department thereof reopened | |
| Number of workers on the muster roll at the time of reopening | |

| | |
|--|-------------------------------|
| Number of workers re-employed and newly employed | Re-employed Newly employed |
|--|-------------------------------|

Other

| | | |
|----|--|--|
| 86 | Is the factory a member of the Mutual Aid and Response Group (MARG) | Yes/No |
| 87 | Has the company engaged in any other corporate social responsibility activities during the period? | Yes/No If YES, what activities? _____ who benefited? _____ |
| 88 | Does the factory employ any disabled workers? | Yes/No If YES, what types of disability? (e.g. physical, sight, hearing, intellectual? _____ how many men? _____ how many women _____ If YES, what special assistance and support, if any, has been provided for them? _____ |

I verify and state that the above information is true and correct to the best of my knowledge and belief.

Signature of owner/manager-

Name-

Designation-

Date:

Explanatory Notes :

*1 The average number of workers employed daily should be calculated by dividing the aggregate number of attendances on working days (that is, man-days worked) by the number of working days in year. In reckoning attendance, attendance by temporary as well as permanent employees should be counted, and all employees should be included, whether they are employed directly or by or through any agency including contractors. Attendance on separate shifts (e.g. night and day shifts) should be counted separately. Days on which the factory was closed for whatever cause, and days on which manufacturing process were not carried on should not be treated as working days. Partial attendance for less than half a shift on working days should be ignored, while attendance for half a shift or more on such day should be treated as full attendance.

2 For seasonal factories, the average number of workers employed during the working season and the off-season should be given separately. Similarly the number of days worked and average number of manhours worked per week during the working and off-season should be given separately.

****3** The average number of hours worked per week mean the total actual hours worked by all workers during the year excluding the rest intervals but including over-time work divided by the product of total number of workers employed in the factory during the year and 52. In case the factory has not worked for the whole year, the number of weeks during which the factory worked should be used in place of the figure 52.

4 Every person killed or injured should be treated as one separate accident. If in one occurrence, six persons were injured or killed, it should be counted as six accidents.

5 In items 24(a), the number of accidents which took place during the year should given. In case of non-fatal accidents only those accidents which prevented workers form working for 48 hours or more, should be indicated.”.

6. After Form 27 appended to the principle rules, the following Form shall be inserted, namely :-

“Form 27A
Monthly Return
[See rule 119(2)]

Salary statement for the month ended _____

This return is to be submitted by all factories electronically

General information

| | | |
|---|---|--|
| 1 | Name and address of factory, street, city, district | |
| 2 | Name and designation of owner/employer | |
| 3 | Name and designation of manager | |

| | | | | | | | |
|------------------|--|--|--|------------------------------|-------|---|---|
| 4 | Contact details of employer | Telephone e-mail | Fax Mobile | | | | |
| 5 | Contact details of manager | Telephone e-mail | Fax Mobile | | | | |
| 6 | Unique factory number | | | | | | |
| 7 | Registration number and its expiry date under Factories Act | Registration Number | Expiry date | | | | |
| 8 | Legal status of establishment | (a) Proprietorship (b) partnership (c) (c) Private Limited Company (d) Public Limited Company (e) Cooperative Firm (f) Family business (g) other | | | | | |
| 9 | Ownership | (a) national (b) foreign (c) joint national and foreign | | | | | |
| 10 | Type of employment as per the Schedule in the Minimum Wages Act, 1948 (Examples: Engineering, Laundry, Rubber, Plastics, etc.) | Write down appropriate type among the Schedule | | | | | |
| 11 | Date of commencement of factory | | | | | | |
| Workforce | | | | | | | |
| | | Work ers over 18 years | Workers over 15 years but < 18 years | Workers below 15 years | Total | | |
| | | M | F | M | F | M | F |
| 12 | Managers and supervisors (whose wage < 10,000) | | | | | | |
| 13 | Number of permanent employees | | | | | | |
| 14 | Contract workers | | | | | | |
| 15 | <ul style="list-style-type: none"> • Temporary workers • Casual workers • Badli workers | | | | | | |
| 16 | <ul style="list-style-type: none"> • Apprentices • Trainees | | | | | | |
| 17 | <ul style="list-style-type: none"> • Family members • Paid • Unpaid | | | | | | |

Name of the Factory _____

Return for the month _____ towards the Salary /wages of the each month of quarter paid to the employee

Employee payment details to be submitted by employer every month

| Sr. No. | Name (I) | Unique Employee Number (II) | Gender (III) | Date of Payment (IV) | Bank Acct. No. (V) | Gross Wages (VI) | | | | | |
|---------|----------|-----------------------------|--------------|----------------------|--------------------|------------------|----|-----|-------------------|-----------|------------------|
| | | | | | | Basic | DA | HRA | Maternity Benefit | Over time | Leave encashment |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |

| Sr. No. | Other Payment (VII) | | | | | | Other Allowances | Total Payment (VIII) | Deduction (IX) | | | | Recovery (X) | Net Income (XI) | Employer Cont. EPF (XII) | | | Employer Cont. ESIC (XIII) |
|---------|---------------------|------|----------|------|----------------------|------|------------------|----------------------|----------------|-----|-----|-------|--------------|-----------------|--------------------------|----------------|-----------------|----------------------------|
| | Bonus | | Gratuity | | Workmen Compensation | | | | PF | ESI | Tax | Other | | | * EPS 8.33% | # EPF 3.67% | @ EDLIS 0.5% | |
| | Amount | Date | Amount | Date | Amount | Date | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | |

Gross Amount _____

Net Amount _____

I verify and state that the above information is true and correct to the best of my knowledge and belief.

Date _____

Signature of owner/employer “_____”

* *employees’ pension scheme, # employees’ provident fund, @ employees’ deposit linked insurance scheme*

By order and in the name of the Governor of Maharashtra,

(Dr.Kavita Gupta)
Principal Secretary to Government

To be published in the Maharashtra Government Gazette, Part I-L. Extra Ordinary, dated the 03/01/2012 and to be returned with 500 copies of the print to the Government of Maharashtra and 200 copies of the print may be sent to the Director of Industrial Safety and Health, Mumbai, direct.

(Dr.Kavita Gupta)
Principal Secretary to Government

Copy to :

Director, Industrial Safety and Health, Kamgar Bhavan, Bandra-Kurla Complex,
Bandra (E), Mumbai -400 051.