

ANNEXURE 'B'
Form for collection of information on MAH installations

General Data

- (i) (a) Name of the installation _____
- (b) Type of installation : Factory/Isolated Storage / Mine */ port */ Pipeline
Outside the Site

- (c) Address of the Installation :

Street _____
Town/City _____
District _____
Pin Code _____
Telephone No: _____
Fax : _____

- (ii) (a) Registration No: _____

- (b) License No: _____

- (iii) National Industrial Classification 1998 at five digit level

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- (iv) (a) Name of the Employment _____

- (b) Designation _____

- (c) Address of the Employer

Street _____
Town/City _____
District _____
Pin Code _____
Telephone No: _____
Fax : _____

- (iv) Sector : public/private/Joint/Co-operative

2. Industrial Activities and Processes etc.

- (a) General Description of activities /processes carried out:
(Mention the raw materials, processes and outputs etc)

- (b) Details of substances presenting major accident Hazard

S.N	Substance Presenting Major Accident Hazard	Group as Per annex A	Maximum inventory in terms of licenses/registered capacity		
			In kilograms		
			Storage	In process	Total
1	2	3	4(a)	4(b)	4(c)

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Ambient refrigerated

(c) Details of storage of substances presenting Major Accident hazards :

S.N	Hazardous Substance	Type of storage horizontal/vertical tank, Silo, cylinder, drum, bulk etc.	Capacity of vessels / container	Number of vessels / container	Operating	
					Temperature (ambient refrigerated semi refrigerated, heated)	Pressure
(1)	(2)	(3)	(4)	(5)	(6)(a)	(6) (b)

(c) Transportation of substances presenting major accident hazards from or to the Installation

S.N	Hazardous substance	Mode of transportation (e.g. road, rail, pipeline)	Maximum, Quantity Transported per day
(1)	(2)	(3)	(4)

4. Details of site and neighborhood

- (a) Average daily employment at the site: _____
- (b) Size: Large ____ Medium _____ Small _____
- (b) Area of the site (in hectares) _____
- (d) Description of the area around installation :

	No. of persons	Distance	Remarks
(1)	(2)	(3)	(4)
Residential area/ Village etc. Market Hospital (mention the number of Indoor patients in Col.No : (2) School Cinema Jail Other The estimated density of population around the site			

(persons per square kilometer)			
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5. Description of Inspection System

6. Date on which external safety audit was last conducted / / 20 .

Place :

Date :

Signature

Name & Designation
Of the employer