CRITERIA FOR GREEN EXCELLENCE AWARD-2025

Following information is necessary to evaluate GREEN EXCELLENCE AWARD.

Please write the appropriate answers/details about your unit and send to Mail-ID qcfi.nagpur@gmail.com, praveens5151@gmail.com **on or before 5th September 2025.**

Organisations whose teams/ circles are participating in CCQC-25 Nagpur will be considered this award.

**PART A: COMPANY INFORMATION**

Name of the company

Business Segment

Location/Area

Plant /Facility Address

 Industry category as per the MPCB

 (Red/Orange/Green/White/etc.)

CTO (Consent to Operate) Nos. Valid Upto

Total Plot Area (m2)

Total Built-up Area (m2)

Area under Green Zone (m2)

Number of Employees (permanent + temporary)

**PART B: GExA Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
| **SUSTAINABILITY INDICATORS** | **FY-2022-23** | **FY-2023-24** | **FY-2024-25** |
| Yes/No | Yes/No | Yes/No |
| Risks and opportunities posed by climate change *(physical, regulatory)* on the business operation identified?  |  |  |  |
| Sustainability policy outlining the organization vision, aim, objective and goals? |  |  |  |
| Sustainability materiality assessment conducted.  |  |  |  |
| Policy on responsible green sourcing |  |  |  |
| Environment, Social and Governance (ESG) aspects included in supplier selection criteria? |  |  |  |
|  Certification related Environment (i.e. ISO 14001, 50001, 46001 etc.) |  |  |  |
| Indian Green Building Council (IGBC) Certification |  |  |  |
|  Revenue spent on CSR activity as percentage of three-year average net  profit (percentage)5 |  |  |  |
|  Site emergency preparedness (onsite emergency plan) |  |  |  |
|  Legal Compliance register monitor as applicability |  |  |  |
|  |
| **Parameters** | **UoM** | **FY-2022-23** | **FY-2023-24** | **FY-2024-25** |
|  Total water consumption | KLD/Unit of Production |  |  |  |
|  Water consumption Domestic purpose | KLD/Unit of Production |  |  |  |
|  Water Consumption Industrial/Process purpose | KLD/Unit of Production |  |  |  |
|  Total Recycled waste water  | KLD/Unit of Production |  |  |  |
| Fuel Consumption  |  |  |  |  |
| 1. Liquid Fuel (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | KL/Unit of Production |  |  |  |
| 2) Soild Fuel (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MT/Unit of Production |  |  |  |
| 3) Gaseous Fuel (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MT/Unit of Production |  |  |  |
|  Total Energy consumed (Electricity) | KWH//Unit of Production |  |  |  |
|  Share of Renewable Energy consumed to Total Energy consumption. | % |  |  |  |
| Total hazardous waste generated | MT |  |  |  |
| Total Non- hazardous waste generated | MT |  |  |  |
| Total volume of solid waste sent for land filling or incineration. | MT |  |  |  |
| Percentage of waste that is recycled or reused | MT |  |  |  |
| Number of environmental accidents | Number |  |  |  |
| Percentage of input materials that is recyclable | % |  |  |  |
| Air Emission from process |  |
| SPM | mg/Nm3 |  |  |  |
| NOx, | mg/Nm3 |  |  |  |
| Sox | kg/Day |  |  |  |
| Quality of Discharge Water  |  |
| BOD | mg/Ltr. |  |  |  |
| TSS | mg/Ltr. |  |  |  |
| COD | mg/Ltr. |  |  |  |
| Have Aspect-Impact studies been conducted? (Y/N)  |  |  |  |  |
| Nos. Significant Aspect identified | Number |  |  |  |
| Nos. Significant Aspect complied | Number |  |  |  |
| Total number Training man-days on EHS  | Man-days |  |  |  |
| Number of occupational diseases | Number |  |  |  |
| Total number of Near miss reported | Number |  |  |  |
| Number of Loss time Injury (LTI) | Number |  |  |  |
| Number of Minor accidents | Number |  |  |  |
| Number of First Aid case | Number |  |  |  |
| Total Injury Frequency Rate (TIFR) | Number |  |  |  |
| Lost Time Injury Frequency Rate (LTIFR) | Number |  |  |  |
| Total Toolbox Talk (TBT) conducted | Number |  |  |  |
|  |  |  |  |  |

**PART C: Achievement & Accolades**

1. List of Accolades, External & Internal recognitions received by the company / Facility in recent past.

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1. List the Top 10 projects undertaken by the organization to reduce its environmental footprint.

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1. List the Top 10 projects executed to create a safe and healthy workplace

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*Please ensure to sign on this information for verification and authentication purpose.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SEAL

Name of the Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_