

# Recommendations on Rajasthan Factories (Draft Amendment) Rules, 2025



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## 1. Introduction

The Rajasthan state government invited comments/suggestions on Draft Rules to amend the Rajasthan Factories Rules, 1951 on 29<sup>th</sup> July 2025. This is a submission made by Anushree Agrawal on behalf of Centre for Energy, Environment and People against the said notification.

This submission is in response to the public notice available on the commission's website. We request the commission to accept this submission on record.

## 2. General Comments:

### 2.1 Definitions and Scope

The Draft Rules introduce the distinct terms of pregnant and lactating women. But neither the Draft Rules nor the principal rule have defined these terms. The lack of definition introduces ambiguity in implementation –

- i. Pregnant women: The term has not been defined in the Draft Rules, nor has it been clarified from which week of gestation the definition applies.
- ii. Lactating women: The term has not been defined in the Draft Rules. No clarity whether “expressing milk” workers, who may not be directly breastfeeding but still lactating will be included.
- iii. The Draft Rules do not specify how pregnancy/lactation is to be certified. Whether it requires self-declaration or medical certification. Also, this does not provide any protection against misuse by employers, especially when demanding invasive proof.

Recommendations –

- i. Define both the terms clearly in the Definitions section. At minimum, the Draft Rules should specify from which week of gestation a worker is considered pregnant for the purpose of the Rules and should specify that “lactating women” includes persons who are expressing milk.
- ii. Where possible, use language that aligns with established statutory definitions or medical practice to avoid legal ambiguity.

### 2.2 Certification and Privacy Safeguards

The Draft Rules do not specify how pregnancy or lactation is to be certified whether by self-declaration, employer-requested documentation, or medical certification. The Draft rules also do not provide any protection against misuse by employers demanding invasive proof. This gap creates a risk of invasive or discriminatory demands by employers.

Recommendation –

- i. Provide that self-declaration shall be an acceptable basis for notification of pregnancy/lactation.
- ii. If medical certification is required in specific instances, the rules must limit the nature of medical evidence required and prohibit invasive or undignified forms of proof.

- iii. Include explicit protections for privacy and prohibit employers from requiring unnecessary or intrusive medical tests as a precondition for workplace protections.

### 2.3 Non-discrimination, Miscarriage, and Employment Security

The Draft Rules lack a non-discrimination clause to ensure that no woman is refused employment or dismissed solely on the ground that she is or may become pregnant or lactating. They also fail to specify provisions in the event of miscarriage, creating gaps in implementation and clarity. Further, the rules do not provide statutory guarantees of alternate employment with pay for pregnant and lactating women, leaving them vulnerable to loss of livelihood.

Recommendation –

- i. Insert an explicit non-discrimination clause: “No woman shall be refused employment, dismissed, transferred, or otherwise disadvantaged solely on the ground that she is, may become, or has been a pregnant or lactating woman.”
- ii. Provide specific rules for miscarriage and related medical events. For instance, entitlements to leave, medical care, and reassignment with pay where medically necessary.
- iii. Guarantee statutory entitlement to paid alternate employment when assignment to the usual work would expose a pregnant or lactating worker to a risk; the alternate role must carry wages at least equal to the worker’s normal pay.

### 2.4 Applicability and Gender Neutrality of Safety and Health Measures

The provision as currently drafted, appear to apply on women. The provision makes it mandatory for the occupier to provide specialised Personal Protective Equipment (PPE) including impermeable gloves and face shield to such women who are employed. Safety and health measures must extend to all workers, regardless of sex, to avoid gendered framing of occupational health.

Recommendation –

- i. Make the language gender neutral: Safety and health protections (PPE, engineering controls, ventilation, enclosures, medical surveillance) should apply to all workers exposed to hazardous processes described in Schedule II and other relevant Schedules.
- ii. Recast any provision that reads as restrictive into affirmative formulation: “Workers, including women, may work in factories where the requisite engineering and administrative controls and PPE are provided and maintained.”

### 2.5 Limited Exposure

The Draft Rules refer to “limited exposure” but do not define the term or specify a maximum exposure period.

Recommendation –

- i. Define “limited exposure limit” and specify what can be the maximum daily exposure for certain hazardous tasks to be applied where international standards recommend restrictions; the precise limits should be determined with reference to WHO/ILO guidance and appropriate occupation health standards.
- ii. Where rotation or administrative controls are used to limit exposure, written rosters and logs shall be maintained and produced during inspections.

## 2.6 Standards for Personal Protective Equipment (PPE)

The Draft Rules Repeatedly refer to “specialised Personal Protective Equipment” mentioned in Schedule II, VI, VII, XII, XVIII, XIX, XX, XXI, and XXVIII of draft rules. However, the schedules do not mention the minimum standards for the Personal Protective Equipment which is necessary to maintain clarity and uniformity.

Recommendation –

- i. Amend the relevant Schedules to include minimum technical specifications for PPE for example, impermeability ratings, certification marks, standards references.
- ii. Require compliance with Bureau of Indian Standards (BIS) or internationally recognised standards (ISO) for PPE manufacturing and selection.

## 2.7 Permissible Exposure Thresholds

The Draft Rules do not specify defined thresholds for biological and air pollutant limits, for instance, blood-lead and air-lead levels.

Recommendations – Specify biological and air concentration thresholds. The Submission notes the following illustrative values which should be considered while establishing threshold for biological and air pollutant limits, and harmonised with Indian standards and medical consensus:

- i. Blood-lead: The Draft submission recommends that blood-lead of any worker shall not exceed  $30 \mu\text{g}/\text{m}^3$  in reference to Occupational Safety and Health Administration (OSHA) standards.
- ii. Air-lead: A permissible exposure limit (PEL) of  $50 \mu\text{g}/\text{m}^3$  in air reference to OSHA.
- iii. Where workers exceed the biological threshold, require immediate medical removal with continuation of wages and reassignment until such time as safe levels are achieved. It is recommended that there should be immediate medical removal and reassignment with wages where biological thresholds are exceeded.

Note: The precise numeric thresholds must be adopted only after technical consultation with occupational health experts and alignment with national standards; the above figures are those proposed in the consultation document and are included here for consideration.

## 2.8 Pollution Control and Emission Standards

The Draft Rules requires “enclosures”, “ventilation”, “exhaust systems”, or “pollution control measures” but do not specify ambient pollution limits, emission standards, or the normative benchmarks against which compliance should be judged.

Recommendation –

- i. Require that engineering controls and ambient workplace emissions comply with Bureau of Indian Standards (BIS) and, where applicable, National Ambient Air Quality Standards (NAAQS).
- ii. Where workplace exposures are distinct from ambient NAAQS applicability, specify workplace permissible exposure limits and reference recognised standards (BIS, OSHA, AGGIH, or equivalent).

## 2.9 Monitoring and Reporting

The Draft Rules refer to “health monitoring”, “pollution monitoring” and “air quality checks” but do not define (i) monitoring frequency, (ii) methods, or (iii) reporting formats, thereby creating scope for irregular or perfunctory compliance.

Recommendation – Specify mandatory monitoring frequency and methods:

- i. Pre-employment medical examination for all workers before assignment to hazardous processes.
- ii. Periodic health check-ups every six months for workers in hazardous processes.
- iii. Quarterly biological monitoring examinations for any worker removed for excessive exposure or following an occupational accident.
- iv. Post-exposure medical examinations for any worker removed for excessive exposure or following an occupational accident.
- v. Require standardised sampling and laboratory protocols for biological and air monitoring, including chain of custody, accredited laboratories, and documented methods.
- vi. Require the Draft Rules to prescribe standardised monitoring report templates notified by the competent Ministry that include pollutant levels recorded, the permissible exposure limits used for comparison, corrective remedial actions proposed or implemented, dates of sampling, and responsible personnel. Reports must be digitally submitted in the specified format.

## 2.10 Medical Surveillance, Health Records, and Worker Access

The Draft Rules do not set out record-keeping obligations for medical surveillance nor retention and access rights for workers.

Recommendation –

- i. Require employers to maintain digitised medical records for each worker engaged in hazardous processes. Records must include pre-employment examination

results, periodic examination results, biological monitoring results, and any post-exposure or medical removal records.

- ii. Specify a retention period for medical records after cessation of employment.
- iii. Guarantee workers' right to access their medical records upon request and provide certified copies.
- iv. Require that quarterly blood-lead (and other biological) monitoring results be maintained as part of the inspection record and produced to inspectors on demand.

## 2.11 Air Quality

The Draft Rules do not classify air sampling frequency by risk level.

Recommendation – Classify processes by emission risk and mandate sampling frequency accordingly. Require clear documentation of sampling locations, methods, and calibration of equipment:

- i. High emission risk for instance benzene, isocyanates, vinyl chloride: Continuous monitoring where practical, or at minimum frequent real-time monitoring systems.
- ii. Moderate risk: Quarterly sampling.
- iii. Lower risk: Sampling frequency to be determined by risk assessment, but not less than annual baseline sampling.

## 2.12 Training Standards

The Draft Rules mandate training but do not provide minimum hours, frequency, content, or certification requirements. In absence of specifics, trainings may be perfunctory. The training may otherwise be reduced to token sessions, for instance, 10 minutes of instructions.

Recommendation –

- i. Induction Training: Mandatory before workers are assigned to any hazardous processes.
- ii. Annual Refresher Training: Mandatory for all workers in hazardous processes, with a minimum number of training hours to specified. It is recommended that the Rules should specify specific annual training hours.
- iii. Supervisor/Manger Training: Additional specialised training in monitoring, emergency response, and statutory compliance.
- iv. Certification and Record-keeping: Training must be certified; attendance shall be recorded, and training records shall also be maintained. The records shall be produced in front of the inspecting officer on demand.
- v. Specify that training must be delivered in a language and manner comprehensible to the work force and must include practical demonstrations and assessments where appropriate.
- vi. Training Content:

- a. Use and importance of PPE along with practical demonstrations.
- b. Emergency evacuation procedures and first aid.
- c. Safe handling of specific hazardous substances handled at the workplace.
- d. Rights of workers under the Factories Act and Maternity Benefit Act.
- e. Anti-discrimination obligations and reporting mechanisms.

## 2.13 Inspections and Responsible Authority

The Draft Rules do not identify which authority will monitor compliance, the frequency of inspections, or the composition of inspection teams for example, inclusion of occupational health specialists. Reporting protocols and digital submission requirements are also not specified.

Recommendation –

- i. Designate the competent inspection authority for instance the State Factories and Boilers Department in coordination with the State Occupational Health Department and set out roles and responsibilities.
- ii. Mandate periodic inspections at defined frequencies for sites with hazardous processes, frequency to risk based.
- iii. Require multidisciplinary inspection teams that include occupational health and environmental sampling experts for hazardous sites.
- iv. Make training, compliance records, health records and monitoring reports part of the inspection package.
- v. Prescribe digital submission protocols for monitoring reports and inspection findings and require inspectors to file electronic inspection reports in the specified format.

## 2.14 Classification of Violations

The Draft Rules do not categorise violations which may be led to inconsistent enforcement.

Recommendation – Adopt the following categorisation:

- i. Administrative Non-compliance: Failure to maintain or submit health records, training records, or monitoring data. Failure to file annual reports.
- ii. Technical Violations: Absence of required engineering controls, PPE, enclosures, ventilation. Failure to conduct medical checks or required monitoring within prescribed timelines.
- iii. Discrimination-related Violations: Termination, refusal to hire or reassignment without pay for pregnant and/or lactating women or workers medically unfit.
- iv. False Reporting: False reporting of compliance data, tampering with monitoring equipment, and/or obstruction of inspection activities.

## 2.15 Occupier Actions when Monitoring Levels exceed Permissible Limits

The Draft Rules do not clearly prescribe the immediate actions an occupier must take where monitoring identifies exceedances.

Recommendation – Where monitoring results exceed permissible limits, occupiers must:

- i. Immediately withdraw affected workers from exposure.
- ii. Provide paid alternate work until remediation is completed and the work environment is declared safe.
- iii. Report corrective measures to the inspection or monitoring department within one month of the exceedance and upload supporting documentation for instance the remediation plan and the completion certificates.
- iv. For lead and other high-risk exposures, include quarterly blood-lead (and other biological) monitoring reports as part of the inspection record and maintain digital records for inspection review.

## 2.16 Penalties and Repeat Offences

The Draft Rules omit penalties for violations and for exceeding permissible exposure limits.

Recommendation –

- i. Prescribe clear penalties commensurate with the severity of the violation for instance administrative fines, corrective orders, criminal liability where applicable.
- ii. Specify escalatory measures for repeat or grave violations, including but not limited to temporary suspension of the hazardous process, stoppage orders, and higher monetary penalties.

## 2.17 Timelines for Implementation

The Draft Rules do not state a timeline for implementation or whether provisions will be phased.

Recommendation –

- i. Prescribe a clear implementation timeline. At minimum the Rules should state either a phased-out roll-out or a compliance deadline. For example, full compliance within one year from the date the Rules are notified.
- ii. Where capital or infrastructural modifications are required for example, installation of continuous monitoring systems, allow a reasonable phased timeline with interim compliance requirements and mandatory progress reporting.