**FORM-EN6-2Environmental Monitoring Report Form for Construction Stage**

*Version 2, 10/Mar/2016*

To

Chairman

Thilawa Special Economic Zone Management Committee

Reference No:

Dated:

I hereby submit the monitoring report for construction stage in accordance with the Monitoring Plan described in Environmental Conservation and Prevention Plan.

1. General Information
2. Company Name:
3. Location in TSEZ:
4. Approval No. of ECPP
5. Approval of IEE/EIA, if any:
6. Construction Period:

From dd/mm/yy to dd/mm/yy (Totally months/years)

1. Monitoring Period:

From dd/mm/yy to dd/mm/yy

1. Timing of Monitoring Report Submission: (\*Make a check in appropriate submission)

□1) First Submission

□2)Second Submission

1. Date of first submission (if second submission is selected):
2. Construction Company:

Name of Construction Company:

Address:

Name of Responsible Person (Project Manager):

Contact Number:

Email:

1. Implementing Organization for Monitoring:

Name:

Address:

Name of Responsible Person:

Contact Number:

Email:

1. Monitoring Plan for Construction Stage

| **Monitoring item** | **Description** | **Location** | **Frequency** |
| --- | --- | --- | --- |
| C-1 Pollution Control |  |  |  |
| C-1.1 Noise and Vibration |  |  |  |
| C-1.2 Wastewater |  |  |  |
| C-1.3 Dust |  |  |  |
| C-1.4 Exhaust Gas |  |  |  |
| C-1.5 Solid Waste |  |  |  |
| C-1.6 Oil Leakage |  |  |  |
| C-2 Water Use |  |  |  |
| C-3 Occupational Health and Safety |  |  |  |
| C-4 Community Health and Safety |  |  |  |
| C-5 Other Social Considerations |  |  |  |
| C-6 Emergency Risks |  |  |  |

*\*In case of the applicants who prepared IEE/EIA report, the monitoring plan described in IEE/EIA should be described here.*

1. Community Consultation and Engagement

1. Have any community consultation and engagement activities been undertaken by the Locator, its Main Construction Contractor or Sub-Contractors during the monitoring period?

□ Yes □ No

*If marked “Yes”, please describe the type of community consultation activity and key outcomes.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Location** | **Type** | **Purpose** | **Duration** | **Number of Participants, by Gender if available (M/F)** | **Key Outcomes** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Complaints from the Community

1. Have there been any complaints/requests from the community (persons/organisations) during the monitoring period?

□ Yes □ No

*If marked “Yes”, please describe the complaints/requests and its response as follow:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Received** | **Type of Complaint/Request** | **Description** | **Actions** | **Resolved (Y/N)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Also, please attach a copy of the complaints/grievances for the monitoring period where available.*

1. Monitoring Results in the current monitoring period
2. **Monitoring Results for Pollution Control**

1.1 Overall status of implementation of mitigation measures for pollution control

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitoring Item** | **Mitigation Measures** | **Frequency** | **Evidences** |
| 1. Noise and Vibration |  |  | See 1.2 |
| 2. Wastewater |  |  | See 1.3 |
| 3. Dust Control |  |  | See 1.4 |
| 4. Exhaust Gas Control |  |  | See 1.5 |
| 5. Solid Waste Management |  |  | See 1.6 |
| 6. Oil Leakage |  |  | See 1.7 |

1.2 Records of mitigation measures for controlling noise and vibration generation(e.g. method of monitoring such as notification of working schedule, overnight working hour record, etc.) with photograph and attachments, if any

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Method of Monitoring** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

1.3 Records of mitigation measures for controlling wastewater (e.g. method of monitoring such as installation of sedimentation pond for turbid water, record of sewage/sludge disposal, etc.) with photograph and attachments, if any

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Method of Monitoring** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

1.4 Records of mitigation measures for dust control (e.g. method of monitoring such as water sprinkling, record of other control activities such as covering construction material, etc.) with photograph and attachments, if any

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Method of Monitoring** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

1.5 Records of mitigation measures for controlling exhaust gas (e.g. method of monitoring such as machinery maintenance, record of huge machine operation, etc.) with photograph and attachments, if any

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Method of Monitoring** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

1.6 Records of mitigation measures for solid waste management (e.g. method of monitoring such as checking the status of solid waste storage condition, records of solid waste disposal, records of other activities, etc.) with photograph and attachments, if any

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Method of Monitoring** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

1.7 Records of mitigation measures for oil leakage into the soil (e.g. method of monitoring such as checking the status of oil leaking from oil storage area and generator, prevention the oil leakage condition, etc.) with photograph and attachments, if any

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Method of Monitoring** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

**2. Monitoring Results for Water Use**

2.1Records of the use of water supply from MJTD or tube well or other resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Amount of water use, m3 (monthly)** | **Source of water supply** | **Note** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. Monitoring Results for Occupational Health and Safety**

3.1 Record of any Lost Time Injuries (LTI)

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Reason for Lost Time Injury/ies (LTI)** | **Description** | **Response Actions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Note:*

1. *If there were no lost time injuries (LTIs), please fill “No Lost Time Injuries”.*

3.2 Record of any other Occupational Health and Safety (OHS) incidents

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Type** | **Description** | **Response Actions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Note:*

1. *If there were no OHS incidents, please fill “No OHS Incidents”.*

3.3 Record of any infectious disease cases within the workforce

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month/Year** | **Type of Case** | **Cause** | **Description** | **Response Actions** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Note:*

1. *If there were no infectious disease cases, please fill “No Infectious Disease cases”.*

3.4 Records of minor &major traffic accidents in Thanlyin and Kyauktan townships, including inside TSEZ (only traffic accidents related with locators, contractors and sub-contractors in TSEZ)

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Type of accident** | **Description, including location, no. of people injured and any fatalities** | **Response Actions** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Note:*

1. *If there are no accidents, please fill “No accidents”*
2. *Annex-XX shall be attached for monitoring of 3.5 and a detailed record of activities including photos and evidence shall be included in Annex-XX.*
3. *Description must include details about whether or not the company/locator, or its contractor/sub-contractor was “at fault” in regards to the accident and whether or not a Police investigation was undertaken.*
4. *Data related to all contractor and sub-contractor vehicles should be included in this report.*

3.5 Records of safety training/instructions to the construction workers

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Type of safety training/instructions** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

*Note:*

1. *If there are no safety training/instructions, please fill “No Safety Training/Instruction”.*
2. *Annex-XX shall be attached for monitoring purposes and a detailed record of activities including photos and evidence shall be included in Annex-XX.*

3.6 Record of other plans/ proper arrangements considering for the convenience of construction workers (e.g., announcement of safety environmental rules and regulations, drinking water supply, resting places, first aid kit preparation, incentive plans for safety awareness and compliance, etc.)

|  |  |  |
| --- | --- | --- |
| **Month/Year** | **Type of plans** | **Description** |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |
|  | 1. |  |

*Note:*

1. *If there are no other plans, please fill “No other plans”*
2. *Annex-XX shall be attached for monitoring purposes and a detailed record of activities including photos and evidence shall be included in Annex-XX.*

**4. Monitoring Results for Community Health and Safety**

4.1 Records of minor and major accidents on roads in Thanlyin and Kyauktan townships.(accidents related to communities in proximity to the TSEZ)

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Type of accidents/ infectious diseases** | **Description, including location, no. of people injured and any fatalities** | **Actions** |
|  | 1. |  |  |
|  | 1. |  |  |
|  | 1. |  |  |
|  | 1. |  |  |

*Note: If there are no accidents, please fill “No accidents”*

4.2 Record of any community health &safety briefings to communities in proximity to the SEZ (e.g., on traffic safety, noise, dust, odor etc), if the Lot is located near residential areas).

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** | **Type of safety training/instructions** | **Description** | **Number of Training Participants by gender (M/F)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Note:*

1. *If there are no safety training/instructions, please fill “No Safety Training/Instruction”*
2. *Annex-XX shall be attached for monitoring of XX and a detailed record of activities including photos and evidence shall be included in Annex-XX*

**5. Monitoring Results for Other Social Considerations**

5.1 Employment of local people.

□ Yes □ No

*If marked “Yes”, please provide information as follows:*

| **Period** | **No. of Employees** | **Number of employees from Thanlyin and Kyauktan Tsp.** | **Number of employees from Relocation Site** | **Recorded date** |
| --- | --- | --- | --- | --- |
| Last Monitoring Periods |  |  |  |  |
| During This Monitoring Period |  |  |  |  |
| Last Monitoring Period |  |  |  |  |

*Note:*

*This should include all workers employed for construction within the SEZ by sub-contractors*

5.2 Do you currently use any Sub-contractors?

□ Yes □ No

*If marked “Yes”, please provide information as follows:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Sub-contractor** | **Location/origin of Sub-contractor** | **Services Provided** | **Date commenced**  **using sub-contractor *(Month/Year)*** | **Training provided to sub-contractor, as relevant** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

5.6 Have there been any complaints from workers about contractor and sub-contractors during the monitoring period?

□ Yes □ No

*If marked “Yes”, please describe the complaint and its response as follows:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Received** | **Type of Complaint** | **Description** | **Actions** | **Resolved (Y/N)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Also, please attach a copy of the complaints for the monitoring period where available.*

**6. Monitoring Results for Emergency Risks**

* 1. Is there any emergency risk such as fire, flood, and earthquake during the monitoring period?

□ Yes □ No

*If marked “Yes”, please describe as follow:*

|  |  |
| --- | --- |
| Type of Emergency |  |
| Date and Time |  |
| No. of injuries (person) |  |
| Status of Loss |  |
| Response Plan/Status with record/ photographs |  |
| Other information |  |

* 1. Please describe the status of the installation of fire extinguished facilities in the construction site with photograph (location, number of fire extinguishers, alarms, etc.) and other preparedness for emergency (e.g., emergency network, designation of evacuation area and emergency exit, etc. )

Date: Signature of the Applicant.............

Name in Block Letters

Title

Official Seal/Stamp

Tel. No.

E-mail

Address