

**Appendix**

**Field Questionnaire**

**on**

**Evaluation of Working Conditions of Labour in Ship Breaking  
Industry: A Case Study of Alang Ship Breaking Yard**

**By**

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**Data for this survey are confidential and will be used for scientific  
research purposes in Ph.D. study by the researcher**

## WORKER'S INFORMATION

Serial No.

### I. PERSONNEL INFORMATION

1. Respondent's Name: .....

2. Family Background:

Sr. No	Demographic Profile	Members	Age	Marital Status	Occupation At Alang Other Place
1.	Size of Family				
2.	Number of adult males in family				
3.	Number of females in family				
4.	Number of male children in family				
5.	Number of female children in family				
6.	Number of Earning members in family				

3. Caste: (GEN/OBC/SC/ST) Religion: .....

4. Native Place: ..... State: .....

5. Family: Joint/Necular

6. Education: (a) Primary: .....  
(b) Secondary: .....  
(c) Graduation: .....  
(d) Technical (specify): .....  
(e) Illiterate: .....  
(f) Any other (specify): .....

7. Years of Schooling:

8. Type Technical Training: Skill/Education
9. Ownership:
  - (a) Land (Area): .....
  - (b) House (Type): .....
  - (c) Any other: .....
10. Family Occupation (Father's): .....
11. How many members of your family dependent on you?
 

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## II. JOB INFORMATION

1. How do you know about this job/Alang ship-breaking yard?
  - (a) Friends & Relatives
  - (b) Agent
  - (c) Labour Contractor
  - (d) Firms
  - (e) Other (specify)
2. How many years are you working in Alang?
 

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3. If migrated, reason for migrating.
  - (a) Unemployment
  - (b) Low wages
  - (c) Social problems
  - (d) Low property
  - (e) Any other (specify) .....
4. Migrated, since when (specify year)?
 

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5. Have you joined through:
  - (i) Contractor: Yes/No
  - (ii) Friends: Yes/No
  - (iii) Relatives: Yes/No
  - (iv) Any other (specify): .....
6. If yes, then under which firm/contractor you are working?
  - (a) Previous: .....
  - (b) Present: .....

7. Nature of work performed:

Type	At the time of joining	Present Work	Skill Level
Cutter (on the ship)			
Cutter (on the ground)			
Jodiwala			
Fitter			
Helper			
Any other (specify)			

8. Have you taken any type of training for this job? Yes/No

9. What type of training?

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10. Years of experience in the present job: .....

11. Earlier job: Type: .....Place: .....

12. Years of stay at Alang: .....

13. In which shift you are working.

Shift	Last week	Usually
1 shift		
2 shift		
3 shift		
More than 1 shift		

14. Which type of remuneration you receive for:

Shifts	Duration	Wage (in Rs)
Day Shift		
Night Shift		
Overtime		

15. Job is Permanent/ Non-permanent:.....

16. Have you received any written contract from labour contractor?  
Yes/No

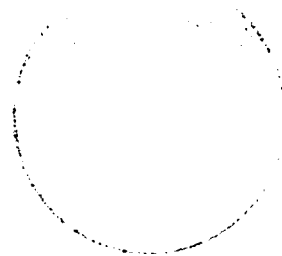
17. What type of social security you get from Government/Ship-breakers:

- Employment Security
- Income security
- Health security

18. Your friends and relatives are working at Alang. Yes/No

19. How frequently do you visit your home town in a year?

- (a) Monthly
- (b) Yearly
- (c) Half-yearly
- (d) Occasionally
- (e) Never



### III. WORK AND REMUNERATION

1. Type of wage you receive:

Type	Amount (in Rs)
Daily basis	
Weekly basis	
Monthly basis	
Shift basis	

2. Are wage paid regularly (on time)? Yes/No

3. Are you receiving wage:

Mode of payment	Amount (in Rs.)	Percentage
Fully		
Partly		
Any other way		

4. How much amount did you receive as last pay?

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5. What is your average monthly income?

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6. What is your average family income?

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7. Labour contractor/firm gives pay slip or receipt of your payment. Yes/No

8. Type of facilities:

Facility	Awareness	Type	Amount (in Rs)
Bonus	Yes No		
Insurance	Yes No		
P.F	Yes No		
Other (specify)	Yes No		

IV. CONSUMPTION, EXPENDITURE AND SAVING (MONTHLY)

1. Type of accommodation:

Type	Expenditure (in Rs)	Alang	Native	Own	Rent (in Rs)
Pacca					
Kuchcha					
Huts					
Other (specify)					

2. Items of expenditure:

Items	Expenditure (in Rs)
Food	
Entertainment	
Tobacco, beverage, Cold drinks etc.	
Liquor	
Any other (specify)	

3. Are you saving? Yes/No

4. If yes, then what is the amount?

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5. Do you send money home: Yes/No

6. If yes, then what is the frequency of sending money?

Frequency	Amount (in Rs)
Monthly	
Quarterly	
Half-yearly	

Occasionally	
Never	

7. Sources of entertainment:

1. T.V
2. Radio
3. Movies
4. Playing Cards
5. Any other (specify) .....

## V. WORKING CONDITIONS

### (A) WORK SCHEDULE

1. (a) Number of working days

- (i) How many days in a month: .....
- (ii) How many days in a year: .....
- (iii) How many days in a week: .....

(b) Number of Holidays

- (i) Weekly off (which day): .....
- (ii) Holiday in a month: .....
- (iv) Holiday in a year: .....

(c) Leave Availability

- (i) Per month
- (ii) Per year
- (iii) Paid/Unpaid Leave

2. If you are working overtime, do you get extra remuneration or not? Yes/No

3. If yes, then what is the overtime payment?

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4. Length of the shift:

Shift	Length or Time
Regular Shift	
Night Shift	

5. There is any recess time or rest time in between the work?  
Yes/No

6. If yes, then what is the duration of recess?

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7. What is nature of work: Mannual/semi-skilled/skilled

**(B) ACCIDENTS AND RISKS FACED**

1. Have you faced with any accident while working? Yes/No

2. Number of accident faced: .....

3. Which type of accident you have faced: .....

4. If yes, then how many times?

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5. How many times have you heard or observed the accident faced  
by others in a week?

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6. What is the frequency of accidents (at the site)?

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7. How would you feel that work is dangerous inside the yard?

- (a) Highly
- (b) Very
- (c) Little
- (d) Not at all

8. Which type of treatment you get?

Treatment	Expense Paid by
First-aid	
Hospitalization	

9. Whether you get compensation in terms of money or sick leave  
(in case of accidents)? Yes/No

10. If there is any fatal accident then, is the work closed down?  
Yes/No



11. If yes, then how many days?

- (a) 1 day
- (b) 2 days
- (c) 5 days
- (d) More than 5 days

12. Which type of safety equipment you are using while working?

- (a) Helmet
- (b) Gloves
- (c) Eye protecting equipment
- (d) Any other (specify)

13. What type of safety equipment does authority/labour contractor provide?

- (a) Helmet
- (b) Gloves
- (c) Goggles
- (d) Boots
- (e) Any other (specify)

14. What are the ill effects on the health because of work in the yard?

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15. After taking job at Alang, what are the health problems you have faced?

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16. After taking job at Alang, how many times you falling sick?

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17. After taking job at Alang, what are the permanent health problems?

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### **(C) TRADE UNION**

1. Do you know about Trade Union? Yes/No

2. Is there any trade union in Alang? Yes/No
3. You are member of any trade union in Alang: Yes/No
4. How trade union supports you?

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5. If you are not a member, then what are the reasons?

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6. Do you want trade union in Alang? Yes/No

#### **IV: INFRASTRUCTURE FACILITY.**

1. What type of infrastructure facility do you get? (Specified each one)

Facility	Contractor	Ship-breakers	Government
Transport			
Medical			
Safe drinking water			
Housing/accommodation			
Training/Education			
Other (specify)			

2. What kind of facilities do you need while working?

1. Transport
2. Medical
3. Safe drinking water
4. Education
5. Housing/accommodation
6. Training
7. Any other (specify) .....

## VII: PROBLEMS FACED AT WORK:

Problem	Very high shortage	High shortage	Very low shortage	Low shortage	No shortage
Instruments Shortage					
Workers Shortage					
Sound Pollution					
Chemical Pollution					
Housing Problem					
Medical Treatment					
Food (hotels/canteen)					
Language Problem					
Shelter at work place					
Any other (specify)					

1. You are planning to change the job. Yes/No

2. If yes, then are the reasons?

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3. If No, then what are the reasons?

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