

Section A: Industry Information		
A1.	**Start Time	_ _ hrs _ _ mins
A2.	**Date(DD/MM/YYYY)	_ _ / _ _ / 20 _ _
A3.	**Industry ID	GJS_ _ _ _
Display Prefilled Industry Information		
	Industry Name	
	Industry Address	
	Cluster	
	Pincode	_ _ _ _
	GPCB ID	
A4.	Is this information correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No → <u>Re-enter prefilled industry information</u>
A5.	Telephone number(s)	_ _ _ _ _ _ _ _ _ _ _
A6.	Email Address(es)	
A7.	GPS Coordinates (Record to 10m accuracy)	

Section B: Survey Information				
B1.	Surveyor Names		Surveyor Codes _ _	
			_ _	
B2.	Supervisor name		Supervisor Code _ _	
B3.	Environmental Lab	Name of Lab		
		Name of Employee		
		Lab team code	_ _	
B4.	Energy Consultant	Name of Consultant		
		Name of Employee		
		Consultant team code	_ _	
B5.	Industry respondents (Please enter the name and contact details of any industry employees that answered questions)	Name	Designation	Contact Number

Section C: Industry Description

C1.	Is the industry operating and at maximum production load at the time of visit?	1. <input type="checkbox"/> Yes →skip to C3 2. <input type="checkbox"/> No, operating at partial load →skip to C1.1 3. <input type="checkbox"/> No, not in production due to →skip to C1.2	
C1.1.	If operating at partial load,	Current Load (%)	_ _
		Reason	→skip to C3
C1.2.	If not operational,	1. <input type="checkbox"/> No: power outage / power cycling 2. <input type="checkbox"/> No: seasonal closure / monsoon 3. <input type="checkbox"/> No: industry temporarily closed due to market slow down 4. <input type="checkbox"/> No: SPCB closure 5. <input type="checkbox"/> No: other (specify)	
C2.	When is the industry expected to start operating and producing normally?	1. <input type="checkbox"/> Expected Date: _D_D_ / _M_M_ /20 _Y_Y_ 2. <input type="checkbox"/> Industry closed permanently -> skip to L1.	
C3.	Are there other industrial units in this state owned by the same owner/parent group as this industry?	1. <input type="checkbox"/> Yes Industry Name 1..... Industry Name 2..... Industry Name 3 Industry Name 4 2. <input type="checkbox"/> No	
C4.	Corporate Identification Number (CIN#):	Is this information correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No → Re-enter correct CIN#
C5.	Primary sector of the Industry (as recorded on the environmental consent)	1. <input type="checkbox"/> Dye manufacturing 2. <input type="checkbox"/> Food and Breweries 3. <input type="checkbox"/> Paper 4. <input type="checkbox"/> Textiles (dyeing and/or printing) 5. <input type="checkbox"/> Other (specify) _____	
C6.	Pollution Category (as recorded on the environmental consent)	1. <input type="checkbox"/> Red 2. <input type="checkbox"/> Ultra Red 3. <input type="checkbox"/> Orange 4. <input type="checkbox"/> Green	

C7.	Size (as recorded on the environmental consent)	1. <input type="checkbox"/> Small-scale 2. <input type="checkbox"/> Medium-scale 3. <input type="checkbox"/> Large-scale	
C8.	First year of industry operation?	_ _ _ _ _ _ _	
C9.	Number of shifts in the Plant (Please fill using 24-hour time)	Timing: 1. [][]:[][][] to [][][]:[][][] 2. [][]:[][][] to [][][]:[][][] 3. [][]:[][][] to [][][]:[][][] 4. [][]:[][][] to [][][]:[][][] 5. [][]:[][][] to [][][]:[][][]	
C10.	Number of work days per year	_ _ _ _ _ _ _	
C11.	Is industry ISO 9001 certified?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C12.	Is industry ISO 14001 certified?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C14.	Months during which industry was not in production, over the last financial year (Select all that apply)	<input type="checkbox"/> April 2017 <input type="checkbox"/> May 2017 <input type="checkbox"/> June 2017 <input type="checkbox"/> July 2017 <input type="checkbox"/> August 2017 <input type="checkbox"/> September 2017 <input type="checkbox"/> October 2017 <input type="checkbox"/> November 2017	<input type="checkbox"/> December 2017 <input type="checkbox"/> January 2018 <input type="checkbox"/> February 2018 <input type="checkbox"/> March 2018 <input type="checkbox"/> None
C15.	Gross sales revenue (i.e. turnover) in financial year 2016-2017	<input type="checkbox"/> Lakh <input type="checkbox"/> Crore <input type="checkbox"/> Other	
C16.	Gross sales revenue (i.e. turnover) in financial year 2017-2018	<input type="checkbox"/> Lakh <input type="checkbox"/> Crore <input type="checkbox"/> Other	
C17.	Name of electricity provider for this industry		
C18.	Address of electricity provider for this industry		

		Contract Demand (value)	Units	Category
C19.	Industry's current electricity contract demand	-	1. <input type="checkbox"/> HP 2. <input type="checkbox"/> kVA 3. <input type="checkbox"/> kW 4. <input type="checkbox"/> Other	1. <input type="checkbox"/> HT 2. <input type="checkbox"/> LT 3. <input type="checkbox"/> Other:
C20.	Annual electricity consumption for this industry for financial year 2016-2017	Metered Demand (kWh)		Total Bill (rupees)
			--	
C21.	Annual electricity consumption for this industry for financial year 2017-2018		--	

Section D: Industry Fuel Consumption

D1.	<p>Fuels burnt by this industry in the last 12 months (Select all that apply)</p> <p><i>Interviewer Note: probe for fuel burned in all fuel-consuming machinery, including boilers, thermo-packs, thermic fluid heaters, furnaces, kilns, DG sets, and other components</i></p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Coal (Indian);Specify Grade _____ 2. <input type="checkbox"/> Coal (Imported);Specify Country _____ 3. <input type="checkbox"/> Coke 4. <input type="checkbox"/> Lignite 5. <input type="checkbox"/> Pet Coke 6. <input type="checkbox"/> Other Solid Fuel (specify): _____ 7. <input type="checkbox"/> Wood 8. <input type="checkbox"/> Bagasse 9. <input type="checkbox"/> Rice Husk 10. <input type="checkbox"/> Other Biomass (specify): _____ 11. <input type="checkbox"/> Crude Oil 12. <input type="checkbox"/> LDO (Light Diesel Oil) 13. <input type="checkbox"/> Fuel Oil (Residual Fuel Oil) 14. <input type="checkbox"/> Furnace Oil 15. <input type="checkbox"/> Diesel (Diesel/High Speed Diesel) 16. <input type="checkbox"/> LSHS (Low Sulphur Heavy Stock) 17. <input type="checkbox"/> Other Liquid Fuel (specify): _____ 18. <input type="checkbox"/> Natural Gas 19. <input type="checkbox"/> Gaseous Fuels (specify): _____ 20. <input type="checkbox"/> Mix Indian + Imported Coal 21. <input type="checkbox"/> Mix Indian Coal + Wood 22. <input type="checkbox"/> Mix Lignite + Wood
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Fuel Module (To be completed for each fuel checked in D1)

D2.1	Which of the following fuel-consuming machinery uses this fuel? (select all that apply)	1. <input type="checkbox"/> Boiler 2. <input type="checkbox"/> Thermo-Pack/Thermic Fluid Heater 3. <input type="checkbox"/> Furnace/Kiln 4. <input type="checkbox"/> DG Sets 5. <input type="checkbox"/> Others; _____	
D2.2	How many months per year do you use this fuel?		
D2.3	During which months do you use this fuel?	1. <input type="checkbox"/> January 2. <input type="checkbox"/> February 3. <input type="checkbox"/> March 4. <input type="checkbox"/> April 5. <input type="checkbox"/> May 6. <input type="checkbox"/> June 7. <input type="checkbox"/> July 8. <input type="checkbox"/> August 9. <input type="checkbox"/> September 10. <input type="checkbox"/> October 11. <input type="checkbox"/> November 12. <input type="checkbox"/> December	
D2.4	Which supplier(s) did you purchase the fuel from in the last financial year? <i>(list the three main suppliers only)</i>	Name	Contact
		1.	
		2.	
		3.	
D3.1	Is the latest fuel analysis report available?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → <u>skip to D3.5</u>	
D3.2	Please take a picture of the fuel analysis report		
D3.3	Gross Calorific Value of the fuel		Units: 1. <input type="checkbox"/> kcal/kg 2. <input type="checkbox"/> kJ/kg
D3.4	Net Calorific Value of the fuel		Units: 1. <input type="checkbox"/> kcal/kg 2. <input type="checkbox"/> kJ/kg
D3.5	Do you have a closed/covered dust free system to store and convey the fuel?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

Monthly Fuel consumption for last financial year (Fill in fuel consumption. If not available, fill in purchase information (e.g. Fuel Bills in Rs.). If no consumption or purchases, please enter 0)				
Month/Year	Consumption/Purchase(only numeric values)		Unit of Measurement	
April 2017			1. <input type="checkbox"/> Tonnes 2. <input type="checkbox"/> Litres 3. <input type="checkbox"/> Cubic Feet 4. <input type="checkbox"/> Rupees 5. <input type="checkbox"/> SCM 6. <input type="checkbox"/> Other	
May 2017				
June 2017				
July 2017				
August 2017				
September 2017				
October 2017				
November 2017				
December 2017				
January 2018				
February 2018				
March 2018				
April 2018				
May 2018				
June 2018				
July 2018				
August 2018				
September 2018				
Annual fuel consumption and purchase for the last two financial years (note in comments any unusual events that might account for fluctuation, such as months closed)				
Year	Consumption	Unit of Measurement (same units as D4.1)	Total Cost	Unit of Measurement
2017-2018		1. <input type="checkbox"/> Tonnes 2. <input type="checkbox"/> Litres 3. <input type="checkbox"/> Cubic Feet 4. <input type="checkbox"/> SCM 5. <input type="checkbox"/> Other	<input type="checkbox"/> Rupees <input type="checkbox"/> Lakh <input type="checkbox"/> Crore <input type="checkbox"/> Other
2016-2017		1. <input type="checkbox"/> Tonnes 2. <input type="checkbox"/> Litres 3. <input type="checkbox"/> Cubic Feet 4. <input type="checkbox"/> SCM 5. <input type="checkbox"/> Other	<input type="checkbox"/> Rupees <input type="checkbox"/> Lakh <input type="checkbox"/> Crore <input type="checkbox"/> Other

Section M: Industry Perception		
M1.	Over the last 12 months, how many times did GPCB visit your plant?	
M2.	Over the last 12 months, how many times did GPCB take stack samples at your plant?	
M3.	Over last 12 months, did you receive any of the following notices? (Select all that apply)	1. <input type="checkbox"/> Show Cause Notice 2. <input type="checkbox"/> Closure warning 3. <input type="checkbox"/> Closure Notice 4. <input type="checkbox"/> Electricity disconnection notice 5. <input type="checkbox"/> Other Notice 6. <input type="checkbox"/> Verbal communication from regulator 7. <input type="checkbox"/> None of the above
M4.	In which of the following ways does GPCB gather information on pollution at your industry? (Select all that apply)	1. <input type="checkbox"/> GPCB inspections 2. <input type="checkbox"/> Environmental audit reports 3. <input type="checkbox"/> Visual Inspections from outside 4. <input type="checkbox"/> Citizen or industry complaints 5. <input type="checkbox"/> CEMS data 6. <input type="checkbox"/> Stack CCTV Camera 7. <input type="checkbox"/> Other criteria 8. <input type="checkbox"/> Don't know
M5.	When GPCB takes action against a plant, such as Show Cause or Closure notice, what of the following information sources would be cited for that action?	1. <input type="checkbox"/> GPCB inspections 2. <input type="checkbox"/> Environmental audit reports 3. <input type="checkbox"/> Visual Inspections from outside 4. <input type="checkbox"/> Citizen or industry complaints 5. <input type="checkbox"/> CEMS data 6. <input type="checkbox"/> Stack CCTV Camera 7. <input type="checkbox"/> Other criteria 8. <input type="checkbox"/> Don't know
M6.	Do you have CEMS installed for PM?	1. <input type="checkbox"/> Yes, installed 2. <input type="checkbox"/> Purchased but not installed → <u>Skip to M14.</u> 3. <input type="checkbox"/> No, have not purchased CEMS → <u>Skip to M14.</u>
M7.	How often do you look at the readings from CEMS?	1. <input type="checkbox"/> More than once per day 2. <input type="checkbox"/> Once per day 3. <input type="checkbox"/> Once per week 4. <input type="checkbox"/> Once per month 5. <input type="checkbox"/> Less than once per month 6. <input type="checkbox"/> Never
M8.	Do you use the CEMS Website or App?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No → <u>if no, skip to M10</u>
M9.	How often do you use the CEMS Website or App?	1. <input type="checkbox"/> More than once per day 2. <input type="checkbox"/> Once per day 3. <input type="checkbox"/> Once per week 4. <input type="checkbox"/> Once per month 5. <input type="checkbox"/> Less than once per month 6. <input type="checkbox"/> Never
M10.	In the past 3 months, how many times have you received an SMS/Email from GPCB about your CEMS emission readings?	
M11.	In the past 3 months, how many times have you received a letter from GPCB about your CEMS emission readings?	

ETS CEMS Endline Survey (General Section)

M12.	Over the last 12 months, how many times did your CEMS Vendor visit your plant?	
M13.	Over the past month, how many times was your CEMS probe cleaned?	
M14.	Suppose that pollution readings for particulate matter concentration were reported both by CEMS and manual sampling. Which would you consider more reliable?	<input type="checkbox"/> CEMS <input type="checkbox"/> Manual sampling <input type="checkbox"/> Both about equally reliable <input type="checkbox"/> Don't know
M15.	Thinking about the last week, about how high on average would you say your PM emissions have been?	_____ mg/Nm ³
M16.	What level of PM emissions concentration would you consider as compliant with applicable norms?	

Section L: Survey Notes		
L1.	**End Time	__ __ hrs __ __ mins
L2.	How many people were present at the time of the interview?	__ __
L3.	Are you satisfied with the answers given by the respondent(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L4.	Do you have any other comments?	
L5.	**Survey Status Code	1. <input type="checkbox"/> SS01 - Complete 2. <input type="checkbox"/> SS02 - Partially Complete 3. <input type="checkbox"/> SS03 - Respondent Unavailable 4. <input type="checkbox"/> SS04 - Industry temporarily closed 5. <input type="checkbox"/> SS05 - Industry permanently closed 6. <input type="checkbox"/> SS06 - Industry not found 7. <input type="checkbox"/> SS07 - Did not consent 8. <input type="checkbox"/> SS08 - Refused to complete survey