



REPUBLIC OF ALBANIA  
MINISTRY OF FINANCE AND ECONOMY  
State Labour Inspectorate and Social Services

**INSPECTION FORM (With thematic)**

County		Region	
Entity inspected by SLISS _____ times			

**I. GENERAL INFORMATION OF THE SUBJECT**

1	Name of the Entity								
2	Date of commencement of activity								
3	Type of economic activity	No.							
4	Address - Center (Road, Unit, Telephone)								
5	Other Affiliated Addresses(Road, Unit, Telephone)								
6	Entity Representative (name, father's name, surname)								
7	NUIS - NRC (Unique Identification Number)								
8	Private Albanian		Private joint		Big business		Self employed		NGO
	Private foreign		State		Small business		SIP		

**II. EMPLOYMENT RELATIONS**

1	Trade union representation	Yes		No					
	Designations of trade unions	1.							
		2.							
		3.							
	The trade union representative (name surname)	1.			2.		3.		
	No. Acceding employees	No.			No.		No.		
2	Collective labor agreement	Yes		No		Date of implementation	_____/_____/_____		
	Deposited in the Employment Office	Yes		No					
	Number of employees with collective agreement	No.			Men	No.	Women	No.	

**III. THEMES**

1	Inspection on II shift	Yes		No	
2	Inspection on the III shift	Yes		No	
3	Inspection on holiday	Yes		No	
4	Inspection on official holidays	Yes		No	
5	Joint Inspection with:				

6	Re-inspections for the assigned tasks	Yes		No	
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<b>IV. Employees</b>		F	M	Total
<b>1</b>	<b>Total employees</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Uninsured employees			
5	Employees undeclared at Employment Offices			
6	List of payment of contributions calculated on the minimum wage for:			
7	Paid medical reports from the employer for:			
8	Daily duration of work less than 8 hours for:			
9	Daily duration of work 8 hours for:			
10	Daily duration of work less than 8 hours for:			
11	Weekly duration of work under 40 hours for:			
12	Weekly duration of work 40 hours for:			
13	Weekly duration of work 40-48 hours for:			
14	Weekly duration of work 48-50 hours for:			
15	Weekly duration of work over 50 hours for:			
16	Duration of paid annual holidays under 28 calendar days for:			
17	Duration of paid annual holidays 28 calendar days for:			
18	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
19	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
20	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
21	Termination of labour relations for:			
<b>22</b>	<b>Disabled Employees</b>			
<b>II</b>	<b>Part-time employees</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Employee under 18 years			
5	Uninsured employees			
6	Employees undeclared at Employment Offices			
7	List of payment of contributions calculated on the minimum wage for:			
8	Paid medical reports from the employer for:			
9	Duration of paid annual holidays under 28 calendar days for:			
10	Duration of paid annual holidays 28 calendar days for:			
11	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
12	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
13	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
14	Termination of labour relations for:			
<b>III</b>	<b>Home employees</b>			
2	Uninsured employees			
3	Employee under 18 years			

		F	M	Total
<b>IV</b>	<b>Employee under 18 years</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Employees with SLI authorization			
5	Uninsured employees			
6	Employees undeclared at Employment Offices			
7	List of payment of contributions calculated on the minimum wage for:			
8	Paid medical reports from the employer for:			
9	Daily duration of work less than 8 hours for:			
10	Daily duration of work 8 hours for:			
11	Daily duration of work less than 8 hours for:			
12	Weekly duration of work under 40 hours for:			
13	Weekly duration of work 40 hours for:			
14	Weekly duration of work under 40 hours for:			
15	Duration of paid annual holidays under 28 calendar days for:			
16	Duration of paid annual holidays 28 calendar days for:			
17	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
18	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
19	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
20	Termination of labour relations for:			
<b>V</b>	<b>Foreign employees</b>			
2	Employees with individual contract			
3	Employees without individual contract			
4	Uninsured employees (health insurance)			
5	Employee without work permit			
6	List of payment of contributions calculated on the minimum wage for:			
7	Paid medical reports from the employer for:			
8	Daily duration of work less than 8 hours for:			
9	Daily duration of work 8 hours for:			
10	Daily duration of work less than 8 hours for:			
11	Weekly duration of work under 40 hours for:			
12	Weekly duration of work 40 hours for:			
13	Weekly duration of work 40-48 hours for:			
14	Weekly duration of work 48-50 hours for:			
15	Weekly duration of work over 50 hours for:			
16	Duration of paid annual holidays under 28 calendar days for:			

17	Duration of paid annual holidays 28 calendar days for:			
18	Work Regimen I Shift (Time 06 <sup>00</sup> -19 <sup>00</sup> ) for:			
19	Work Regimen II Shift (Time 19 <sup>00</sup> - 22 <sup>00</sup> ) for:			
20	Work Regimen III Shift (Time 22 <sup>00</sup> - 06 <sup>00</sup> ) for:			
21	Termination of labour relations for:			

## V. DATA ON SAFETY AND HEALTH AT WORK

1. Existence of the document for evaluation and prevention of risk detailed for every workplace

Date of approval \_\_\_ / \_\_\_ / \_\_\_\_\_ Date of last revision \_\_\_ / \_\_\_ / \_\_\_\_\_

Record of the document for evaluation and prevention of risk

Date of Signature \_\_\_ / \_\_\_ / \_\_\_\_\_

2. Existence of employees on safety and health at work

No. of Employees \_\_\_\_\_

3. Existence of specialized persons or services outside the service to organize activities for protection and prevention

4. Existence of the Coordinator for Occupational Safety and Health when the subject works with subcontractors

5. Existence of the Representative / Council for Safety and Health at Work

Note: In cases where the Council for Safety and Health at Work exists, bring a photocopy of the record of the last meeting.

6. Existence of the First Aid Service (FAS)

No. Employees trained for FA \_\_\_\_\_

7. Existence of Fire Protection Services (FPS)

No. Employees trained for FPS \_\_\_\_\_

8. Existence of the Evacuation Plan (EP)

9. Existence of Employee Training Plan for Safety and Health at Work according to job specifications

10. Existence of the register of accidents and occupational diseases signed by the labour inspector

No. Cases of accidents \_\_\_\_\_

No. Accidental employees \_\_\_\_\_ with death \_\_\_\_\_

No of Employees with Occupational Diseases \_\_\_\_\_

Type of Professional Disease \_\_\_\_\_

No. Employees with Professional Diseases diagnosed for the first time \_\_\_\_\_

Type of Professional Disease \_\_\_\_\_

11. Are employees licensed to practice the profession dealing with the direction of machinery and transport equipment, mechanical or electrical

No. Authorised persons \_\_\_\_\_ No. Unauthorized persons \_\_\_\_\_

12. Existence of warning signs and safety signs

13. Existence of collective protective measures

14. Existence of individual protective measures

15. Existence of measures in terms of safety and health at work for vulnerable groups

Pregnant women \_\_\_\_\_

Women breastfeeding \_\_\_\_\_

Children from 16-18 \_\_\_\_\_

People with disabilities \_\_\_\_\_

16. Existence of Dangerous Substances \_\_\_\_\_

Are there any work processes where hazardous substances are used according to the list approved by the Council of Ministers.

Number of Employees Exposed to Dangerous Substances \_\_\_\_\_

Type of hazardous substances: \_\_\_\_\_

17. Radiation

Are employees exposed to harmful radiation in the work environment

Type of radiation \_\_\_\_\_

Number of employees exposed to radiation \_\_\_\_\_

18. Existence of medical service at work

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Periodic control of employees

19. Permit and additional documentation from other institutions operating in the field of safety and health at work.

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Note: \_\_\_\_\_

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Labour Inspector: Labour Inspector:

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