

**THIRD SOUTH WEST INDIAN OCEAN FISHERIES GOVERNANCE AND SHARED GROWTH PROJECT (SWIOFish3)**

**Subproject Name**

**Subproject Location**

**Environmental and Social Compliance Report for SWIOFish3 Project**

**Subprojects Type: Research**

**Month Year**

Date of site visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants in site visit:

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Name and job title of persons contacted:

|  |  |
| --- | --- |
| Name: | Post title: |
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Name and contact information of community members contacted (if applicable):

|  |  |
| --- | --- |
| Name: | Contact number / Email address |
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**Part A: Organisation, Reporting, Training and Permitting Requirements.**

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| --- | --- | --- | --- |
| **Questions** | **Answer** | **Brief Description of the impact / non-compliance** | **Recommended actions** |
| **Yes** | **No** |
| Is the proponent compliant with, as applicable, any of the requirements for socio-environmental management established in the requested safeguards instrument(s) (e.g. staffing, management structure, equipment and other material resources, field inspection instruments and procedures, etc.)? (please specify) |  |  |  |  |
| Is the proponent compliant with socio-environmental reporting requirements? (please specify) |  |  |  |  |
| Is the proponent compliant with environmental effects monitoring requirements (please specify) |  |  |  |  |
| Is the proponent compliant with workers environmental, health and safety requirements (please specify) |  |  |  |  |
| Is the proponent compliant with the required environmental permitting for the project (e.g., waste disposal, degradation or fragmentation of protected and ecological sensitive area, etc.?) (please specify) |  |  |  |  |
| Is the proponent compliant with Seychellois labour laws and international labour standards, in particular in reference to right to receive just compensation and benefits for work, prohibition of forced and child labour, and prevention of sexual harassment and discrimination in the work place on the basis of gender, religion, social origin, etc.? (please specify) |  |  |  |  |
| Is the proponent failing to employ women or reducing the number of female employees in disproportionate numbers when compared to dismissed men? (please specify) |  |  |  |  |

**Part B: Environmental and Health & safety Compliance Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hygiene and First Aid | Yes | No | Remarks | Recommended actions |
| First aid kits: supply inventory; treatmentlog; first aid training manual |  |  |  |  |
| First aid certificates posted and valid |  |  |  |  |
| Employees know how to get first aid whenneeded  |  |  |  |  |
| Personal Protective Equipment (PPE) | Yes | No | Remarks | Recommended actions |
| PPE is available, adequate and worn  |  |  |  |  |
| Training in PPE use / function  |  |  |  |  |
| Drinking water and sanitary facilities provided and very close at hand/ function |  |  |  |  |
| Dehydration and Heat Exhaustion | Yes | No | Remarks | Recommended actions |
| Plenty of water supply |  |  |  |  |
| Adequate rest period |  |  |  |  |
| Sun cream and protective clothing |  |  |  |  |
| Emergency Plans  | Yes | No | Remarks | Recommended actions |
| List of staff including their phone numbers |  |  |  |  |
| Employees trained and aware of emergency plan for fire, disaster etc. |  |  |  |  |
| Communication equipment (radios, satellite phone, spare batteries/chargers) available and functioning  |  |  |  |  |
| Navigation equipment (GPS) available and functioning |  |  |  |  |
| Tide table |  |  |  |  |
| Security | Yes | No | Remarks | Recommended actions |
| Emergency numbers for internal and external contacts are easily available |  |  |  |  |
| Visitor/contractor rules are in place |  |  |  |  |
| Safety measures are in place for anyone working alone  |  |  |  |  |
| Training on workplace violence andharassment |  |  |  |  |
| Safety at sea | Yes | No | Remarks | Recommended actions |
| Safety equipment (lifejackets, ) |  |  |  |  |
| Medication for seasickness |  |  |  |  |
| Staff trained for man overboard recovery plan  |  |  |  |  |
| Staff are certified divers |  |  |  |  |
| Staff trained to conduct underwater survey |  |  |  |  |
| Tools and Machinery | Yes | No | Remarks | Recommended actions |
| Safe operating procedures available |  |  |  |  |
| Proper training given in the safe use of tools and machinery |  |  |  |  |
| Hazardous Substances | Yes | No | Remarks | Recommended actions |
| Hazardous substances are properly labelled, stored and disposed of |  |  |  |  |
| Training on safe use, storage, transport and disposal of hazardous substances  |  |  |  |  |
| Waste Disposal | Yes | No | Remarks | Recommended actions |
| Record types, quantity and composition of waste generated / collected |  |  |  |  |
| Appropriate temporary disposal area for waste |  |  |  |  |
| Quantify waste reuse, recycle and deposited on the landfill |  |  |  |  |
| Biodiversity | Yes | No | Remarks | Recommended actions |
| Use of equipment/product that can negatively affect the habitat or other species than those targeted by the research (please specify) |  |  |  |  |
| Protocol in place for handling species |  |  |  |  |
| Staff trained in the handling / tagging of species  |  |  |  |  |
| Mortality rate related to tagging activity (quantify) |  |  |  |  |
| Others elements from the ESMP | Yes | No | Remarks | Recommended actions |
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**Part C: Major Non-compliances and Impacts, and Recommended actions for follow-up**

Based on the Environmental and Social compliance tables, list in the table below the major non-compliances and impacts detected, as well as the main actions recommended to address them. This table will serve to prioritize the follow-up of those actions in future oversight visits.

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| --- | --- | --- |
| Brief Description of the impact / non-compliance | Recommended Actions | Follow-up on implementation of actions (if applicable) |
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**Report prepared by:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report approved by:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_