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MODULE BROCHURE
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COMPLIHUB

Occupational Health Centre

Discharge the occupational health duties the Factories Act and ISO 45001 place on the occupier — pre-employment and periodic examinations, health surveillance, exposure monitoring, PPE management, first aid, and the statutory registers an inspector asks for.

- Employee health records
- Medical examinations & scheduling
- Exposure monitoring with auto-limits
- PPE issue & fit testing
- First aid & pharmacy
- Contractor medical clearance

Independent module — no other CompliHub pack required. · Integrates into a full IMS when additional modules are licensed.

Executive Summary

CompliHub Occupational Health Centre (OHC) is a purpose-built clinical and compliance system for the factory medical centre. It manages the full scope of occupational health — from pre-employment medicals through periodic surveillance, workplace exposure monitoring, PPE and respiratory protection, first aid and pharmacy, to contractor medical clearances.

The module exists because occupational health in Indian manufacturing is governed by prescriptive statute (Factories Act 1948, OSH Code 2020) that requires specific examinations at specific intervals for specific categories of workers, and creates criminal liability for the occupier who fails to provide them. Most factories manage this in Excel, paper files, or a disconnected HR system that cannot tell them who is overdue.

CompliHub OHC replaces the paper medical file, the Excel tracker, and the calendar reminder with a system that knows who needs what, when it is due, and what to do when someone is overdue or over-exposed. Every record is timestamped, role-protected, and auditable.

Zero
Overdue periodic examinations

100%
Exposure exceedances linked to surveillance

< 2min
Time to produce any statutory register

Auto
Examination scheduling from requirements

The Problem

Occupational health compliance in Indian manufacturing carries a unique burden: the Factories Act and its state rules prescribe not just that examinations must happen, but which examinations, at what intervals, for which categories of workers, in which format they must be recorded, and to whom the results must be reported. Failure is a criminal offence under §92 of the Act.

Despite these stakes, most factories manage occupational health through a combination of paper medical files in the OHC, an Excel sheet that tracks due dates (when someone remembers to update it), and a manual process for contractor clearances that involves photocopying fitness certificates and filing them in a drawer.

The result is predictable: examinations slip past their due dates, over-exposed workers are not enrolled in surveillance because the exposure data lives in a different system, PPE issue records are lost, first-aid cases are under-reported, and the statutory registers the inspector asks for are compiled retrospectively from fragments.

Examinations Slip Past Due

Without automatic scheduling, periodic and hazard-specific examinations are missed. The Excel tracker depends on someone updating it, and nobody owns the reminder.

Exposure Data is Disconnected

Workplace monitoring results live in one system; health records live in another. An over-exposed worker is not automatically enrolled for medical surveillance.

PPE Compliance is Unverifiable

Issue records are on paper. Fit-test results are filed separately. Nobody can prove that respirator #247 was fit-tested for this face within the last 12 months.

Contractor Clearances are Manual

A photocopy of a fitness certificate in a drawer. No link to the gate pass. No automatic block when it expires. No audit trail.

Statutory Registers Compiled Retrospectively

The Medical Examination Register, the Health Register for hazardous processes — compiled from fragments weeks before an inspection, not maintained as a living record.

First Aid Cases Under-Reported

Minor cases treated at the OHC are not recorded systematically. The factory cannot demonstrate first-aid provision, kit adequacy, or injury trends.

The CompliHub Solution

CompliHub OHC is three systems in one: a **clinical record system** for the factory medical centre, an **exposure monitoring system** that links workplace sampling to health surveillance, and a **PPE management system** that proves the last line of defence actually works.

Employee health records. A confidential medical master per employee: OPD visits, pre-employment/periodic/exit examinations, vaccination history, and fitness determinations. Role-based access ensures only the occupational health team sees clinical detail; managers see fitness status only.

Examination requirement master. Define which examinations are required for which job roles, hazard exposures, or statutory categories — and at what interval. The system auto-schedules due dates for every employee who matches, and escalates daily when overdue.

Workplace exposure monitoring. Personal and area sampling results (noise, dust, chemical vapours, heat stress) recorded against the occupational exposure limits in force (Factories Act Second Schedule, OSHA PEL, ACGIH TLV, or internal standards). A result that exceeds the limit automatically raises a nonconformity and enrols the exposed worker in health surveillance.

PPE and respiratory protection. A hazard assessment certifies which PPE is required for which exposure. Issue is tracked per person with size, serial number, and replacement clock. Reusable equipment is periodically inspected; failures withdraw it. Respirator fit tests enforce an annual clock and a minimum fit factor — a failed or expired fit test revokes the respirator assignment.

First aid and pharmacy. First-aid cases logged at the OHC with injury type, body part, treatment given, and outcome. First-aid kits tracked by location with periodic inspection records. Pharmacy: item master, stock batches with expiry, dispensing log per patient.

Contractor medical clearances. Contractors requiring site access submit fitness certificates through the system. Clearance is linked to the gate pass — an expired or revoked medical blocks site entry automatically. No manual checking at the gate.

Statutory registers. The Medical Examination Register, the Health Register, the accident register — all generated automatically from the clinical records already in the system, in the prescribed format, ready for the inspector at any time.

Detailed Feature Breakdown

Employee Health Records

Discharge the occupational health duties the Factories Act and the OSH Code place on the occupier: pre-employment and periodic examinations, health surveillance for hazardous processes, first aid provision, and the statutory registers an inspector asks for.

ISO 45001 §8.1; Factories Act 1948; OSH Code 2020

- Employee medical master
- OPD / clinic visits
- Pre-employment, periodic and exit medical examinations
- Examination requirement master with auto-scheduled due dates
- Vaccination and immunisation tracking
- Pharmacy: items, stock batches, dispensing
- First aid and emergency case register
- First aid kits and periodic inspections
- Hazard exposure surveillance programmes
- Contractor medical clearances and gate-pass status
- Health campaigns and coverage tracking
- Statutory Medical Examination Register (printable)

Workplace Exposure Monitoring

Answer the question health surveillance alone cannot: not just who is exposed, but how much. Sample the workplace against the permissible limits, prove the limit was met, and put anyone over it in front of a doctor without waiting for somebody to remember.

Factories Act §41F & Second Schedule; 29 CFR 1910.95, 1910.1000, Subpart Z; ISO 45001 §8.1.2

- Occupational exposure limit register (TWA, STEL, ceiling)
- Limits cited to the Factories Act Second Schedule, OSHA PEL, ACGIH TLV or an internal standard
- Personal and area sampling with duration, method and instrument
- Automatic verdict against the limit in force, stored with the sample
- Mandatory nonconformity on an exceedance
- Automatic enrolment of over-exposed workers into health surveillance
- Exceedance register (printable, exportable)

PPE & Respiratory Protection

Prove the last line of defence actually works: that the equipment was selected against an assessed hazard, issued to a named person, still serviceable, and — for respirators — tested to seal on that particular face.

Factories Act §35, §87; 29 CFR 1910.132-138, especially 1910.134(f); ISO 45001 §8.1.2

- PPE catalogue with conformity standards
- Written hazard assessment certification (29 CFR 1910.132(d)(2))
- PPE selected per hazard, with unselected hazards flagged
- Issue register per person with size and replacement clock
- Periodic inspection of reusable equipment, withdrawing it on failure
- Respirator fit tests with an annual clock and enforced fit-factor minimum
- Revocation that withdraws the respirator it underwrote
- PPE compliance report and expiry reminders

Standards & Compliance Coverage

Occupational health is one of the most heavily regulated areas in Indian manufacturing. The Factories Act prescribes specific examinations, intervals, and record formats. ISO 45001 requires health surveillance proportionate to identified risks. OSHA mandates medical monitoring for specific exposures.

CompliHub OHC maps to these requirements at the feature level — not as a general claim, but as specific capabilities that produce the specific evidence each clause requires.

Standard / Regulation	Clause	How This Module Addresses It
ISO 45001:2018	§8.1 & A.8.1.2	Health surveillance programmes proportionate to risk, with auto-enrolment from exposure exceedances.
Factories Act 1948	§41E, 41F	Compulsory health surveillance for workers in hazardous processes, at prescribed intervals, in prescribed format.
Factories Act 1948	Second Schedule	Permissible exposure limits for listed substances — configured as the baseline for all exposure monitoring.
OSH Code 2020	Chapter VII	Health and welfare provisions including medical examination requirements for the new statutory framework.
29 CFR 1910.134(f)	Fit testing	Annual respirator fit testing with a minimum fit factor, tracked per person, with revocation on failure or expiry.
29 CFR 1910.95	Hearing conservation	Audiometric testing programme linked to noise exposure monitoring results.
29 CFR 1910.1000+	Subpart Z	Medical surveillance for specific toxic substances linked to exposure monitoring exceedances.

Why CompliHub

An HR system records that an examination happened. CompliHub OHC ensures it happens on time, links it to the exposure that triggered it, and produces the statutory register without anyone compiling it.

Exposure-to-Surveillance Link

An over-exposed worker is automatically enrolled in medical surveillance. No manual referral, no lost handoff between the safety team and the OHC.

Statutory Register Generation

The prescribed registers are a view of the clinical data, not a separate document maintained by hand. Always current, always in the prescribed format.

PPE as a Managed System

Hazard assessment → PPE selection → issue → inspection → fit test → revocation. A chain, not a disconnected set of spreadsheets.

Confidentiality by Design

Clinical detail is role-gated. Managers see fitness-for-duty status. Only the OH team sees diagnoses, lab results, and clinical notes.

Contractor Clearance at the Gate

Medical clearance status feeds the gate pass. Expired = blocked. No guard checking a photocopy against a list.

Auto-Scheduling

Define requirements once. The system schedules every examination for every qualifying worker, escalates overdue, and reports compliance.

When Combined with Other CompliHub Modules

- **+ Visitor Management:** Contractor medical clearance is verified at check-in. Expired clearance blocks entry without manual checking.
- **+ Permit to Work:** Crew members on a confined-space permit are verified for respiratory fitness before the permit is issued.
- **+ Incident Management:** First-aid cases and clinic visits feed injury trend analysis. A lost-time injury links directly to the clinical record.
- **+ Statutory Compliance:** The health registers merge with the statutory register layer — one inspection-ready set of records, not two disconnected systems.

See It in Action

Thirty minutes on your worst workflow. We show one complete process end to end, on your terms.

Book a Demo

We walk through your specific use case — your forms, your approval chains, your pain points — in a live session on the actual product.

No slides. No generic walkthrough. Your workflow, your data shape, your approval matrix.

Typical Implementation

Typical go-live in 4–6 weeks. Weeks 1–2: employee master import, examination requirement configuration, exposure limits. Weeks 3–4: PPE catalogue, hazard assessments, fit-test history import. Weeks 5–6: pharmacy setup, parallel run, OHC staff training, cutover.

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