

**A STUDY ON HEALTH AND SAFETY MEASURES ADOPTED FOR
EMPLOYEES OF RESTAURANT (IN CHENNAI)**

Submitted in partial fulfillment of the requirements for the award of

Master of Business Administration

By

LEKHASHREE A

Register No. 39410101



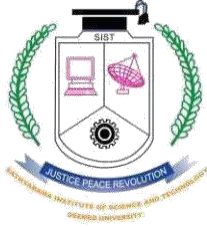
SCHOOL OF BUSINESS ADMINISTRATION

SATHYABAMA

**INSTITUTE OF SCIENCE AND TECHNOLOGY
(DEEMED TO BE UNIVERSITY)**

**Accredited with Grade "A" by NAAC | 12B Status by UGC | Approved by AICTE
Jeppiaar Nagar, RAJIV GANDHI SALAI, CHENNAI - 600 119**

April - 2021



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Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119
www.sathyabama.ac.in

SCHOOL OF BUSINESS ADMINISTRATION

BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of Lekhashree A (Reg.No.39410101) who have done the Project work entitled “**A Study on health and safety measures adopted for employees of restaurant (in Chennai)**” under my supervision from January 2021 to March 2021.

DR. M. JOHN BRITTO

Internal Guide

Dr. BHUVANESWARI G.

Dean – School of Business Administration

Submitted for Viva voce Examination held on_____.

Internal Examiner

External Examiner

DECLARATION

I Lekhashree A (Reg. No.39410101) hereby declare that the Project Report entitled **A study on health and safety measures adopted for employees of restaurant (in Chennai)** done by me under the guidance of Dr. M. John Britto at SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY, CHENNAI is submitted in partial fulfilment of the requirements for the award of Master of Business Administration degree.

DATE:

PLACE:

LEKHASHREE A

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I convey my sincere thanks to **Dr. BHUVANESWARI G.**, Dean, School of Business Administration and **Dr. PALANI A.**, Head, School of Business Administration for providing me necessary support and details at the right time during the progressive reviews.

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I wish to express my thanks to all Teaching and Non-teaching staff members of the School of Business Administration who were helpful in many ways for the completion of the project.

Lekhashree. A

ABSTRACT

This study is to identify the health and safety measures of employees that provided by the restaurant. Health and safety is an important consideration for any workplace as it's a high priority to keep both workers and guests safe. Satisfying employee is one of the main objectives of every business as it can result in increasing the company's income. A good health and safety quality means helping employees effectively in a friendly manner. Health and safety that have provided to the employee will remain in the mind of the employee for long life. So good health and safety measures to employee will move the business to higher and higher and help to achieve the competitors and targets. Employee health and safety measures are done to know how well a management service matches the employee expectation. This study is based on the health and safety measures provide by the management. This study is about what kind of services an management provide to its employees. So that they may retain long term relationship with their restaurant. The main reason is to focus on health and safety measures is to meet the employee satisfaction. This means satisfying employee needs is very important to improve the business to the higher level

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1. INTRODUCTION

CHAPTER 1

1.1 INTRODUCTION

The project is about health and safety facilities of employees towards restaurant. Health is the state of well-being. It not only includes physical well-being, but also mental and emotional well-being. It is the responsibility of every employer to provide healthy work environment to his employees. If he is careful about their health, cost of disability payments, replacement of employees who are injured or killed could be avoided. Through employee safety and health programs the company can enhance the emotional and physical well-being of the employees.

Definition:

Workplace health and safety - also referred to as occupational health and safety - refers to the right of every employee, regardless of industry, to carry out his daily work in a safe environment. There are various laws and legislation's that dictate what employers must do to facilitate this, to minimize accidents, injuries and fatalities.

Benefits of health and safety facilities:

It goes without saying that the safer the work environment, the more productive it is. Productive employees are an asset to all companies. For instance, productive employees can produce more output in less time, reducing operational costs for a company.

Workplace safety promotes the wellness of employees and employers alike. Better safety equates to better health. Healthier employees do tasks more efficiently and they are happier in general.

There are very few accidents in a safe working environment. This results in less downtime for safety investigations and reduces costs for worker's compensation. This also reduces the time needed for employees to heal from injuries.

Damage to industrial equipment creates costs for replacement and repair. Avoiding workplace injuries and damage to industrial equipment will incur fewer expenses and increase profit.

If employers are concerned about the safety of their employees, the employees are more confident and comfortable in general. Also, absenteeism rates drop and employees are more focused on doing their tasks.

Providing safety training to employees:

Training is an important part of every company's safety program to protect employees from accidents. Research shows that new employees have a higher risk of workplace accidents. It is the lack of knowledge of workplace hazards and proper work techniques that cause this greater risk. Employers should provide employees with the necessary training to reduce workplace accidents. Employees should operate all equipment and machinery properly and safely.

For instance, the operation of heavy machinery should be properly taught to employees. Only trained or certified employees should operate such types of equipment. This is why it is important to provide safety training to employees by experts.

Needs for health and safety facilities:

It is not possible to measure the effects of human casualties. They can have grave consequences for employees and their families and friends as well. This is why workplace safety and health measures are necessary. They are important for the well being of employers and employees alike. The feeling of assurance that one has, knowing that he will return safely from work is greater than anything else.

There are occupational safety and health risks in every company. Factors affecting workplace safety include unsafe working conditions and environmental hazards. It can also include substance abuse and workplace violence.

For example, employees working in an IT company may have to work with faulty wires or electronics. Whereas in a construction company, employees may be exposed to the dangers of operating heavy equipment. To combat these risks, employers should create strategies that ensure and promote safety in their workplaces.

Employers should also learn the desired aspects of their employees in terms of safety and protection. This will help increase productivity and the quality of the products and services.

Health and safety management system:

A safety and health management system means the part of the Organization's management system which covers:

- the health and safety work organization and policy in a company
- the planning process for accident and ill health prevention
- the line management responsibilities and
- the practices, procedures and resources for developing and implementing, reviewing and maintaining the occupational safety and health policy.

The key elements of a successful safety and health management system are:

1 Policy and commitment:

The workplace should prepare an occupational safety and health policy programme as part of the preparation of the Safety Statement required by Section 20 of the Safety, Health and Welfare at Work Act 2005. Effective safety and health policies should set a clear direction for the organization to follow. Responsibilities to people and the working environment will be met in a way that fulfills the spirit and letter of the law. Cost-effective approaches to preserving and developing human and physical resources will reduce financial losses and liabilities.

2. Planning:

The workplace should formulate a plan to fulfil its safety and health policy as set out in the Safety Statement. An effective management structure and arrangements should be put in place for delivering the policy. Safety and health objectives and targets should be set for all managers and employees.

3. Implementation and operation:

All staff should be motivated and empowered to work safely and to protect their long-term health, not simply to avoid accidents. There should be a planned and systematic approach to implementing the safety and health policy through an effective safety and health management system. The aim is to minimize risks. Risk Assessment methods should be used to determine priorities and set objectives for eliminating hazards and reducing risks. Wherever possible, risks should be eliminated through the selection and design of facilities, equipment and processes.

4. Measuring performance:

The organization should measure, monitor and evaluate safety and health performance. Performance can be measured against agreed standards to reveal when and where improvement is needed. Active self-monitoring reveals how effectively the safety and health management system is functioning.

5. Auditing and reviewing performance:

The organization should review and improve its safety and health management system continuously, so that its overall safety and health performance improves constantly. There should be a systematic review of performance based on data from monitoring and from independent audits of the whole safety and health management system.

1.2 Industry profile

A restaurant is a eatery, It is a business that prepare and serves food and drinks to customers. Restaurant vary greatly in appearance and offerings, including a wide variety of cuisines and service models ranging from inexpensive fast food restaurants and cafeterias to mid-priced family restaurants, to high-priced luxury establishments. In western countries, some restaurants server all the major meals, such as breakfast, lunch and dinner. Other restaurants may serve only a single meal or they may serve two meals.

History of Global Restaurant:

The first used public venue where one can order food is believed to be in the 18th century. In 1765 a French chef by the name of A. Boulanger established a business selling soups and other “restaurants”.

The Global food service industry, which includes restaurants as well as catering services, generates about \$3 trillion in annual revenue, according to technomic as cited in restaurant business. crossbroder franchising of restaurants has helped boost growth in recent years. The largest restaurant markets are Asia/ pacific, North America and western Europe. Latin America and the middle East / Africa region are the fastest-growing in restaurant industry.

The US restaurant industry includes about 5,72,000 restaurants with combined annual revenue of more then \$590 billion.

Asia

China:

In china food catering establishment that may be described as restaurant have been known since the 11th century in Kaifeng china’s capital during the first half of the song dynasty (960-1279). The Kaifeng’s restaurant blossomed into the industry catering to locals as well as people from other region of china.

Europe

Greece:

In Ancient Greece and Ancient Rome theropolia were small restaurant-bars that offered food and drinks to customers. Which would contain either hot or cold food. Their popularity was linked to the lack of kitchens in many dwelling and the ease with which people could purchase prepared foods.

Americas

Peru:

The Peru many indigenous, Spanish and Chinese dishes are frequently found. Because of recent immigration from places such as china and japan, there are many Chinese and Japanese restaurant around the country, especially in the capital city of Lima.

History of Indian Restaurant:

The Indian restaurant industry is worth RS. 75,000 crore and is growing at a annual rate of 7%. The industry is highly fragmented with 1.5 million eating outlets, of which a little more than 3,000 outlets from the organized segment. However, the organize segment is rapidly growing at an annual rate of 16 percent quick service segment is the clear winner in the

Eating out market with a growth rate of 21 percent.

Organized Segment in India:

Segment	Market Size(Rs Cr)	Expected Growth Rate
Quick service restaurant	4675	21.5%
Casual dining	2365	11.9%
Cafes	1265	12.3%
Fine dining	1045	12.0%
Pups, bars, clubs and lounges	963	11.0%

India Food Inflation:

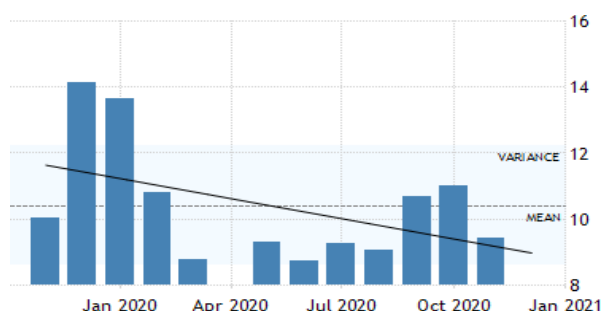
Cost of food in India increased 9.43 percent in November of 2020 over the same month in the previous year.

Forecast:

Food inflation in India is expected to be 8.80 percent by the end of this quarter, according to trading economic global macro models and analysts expectations. Food inflation in India to stand at 6.10 in 12 months' time. In the long term the India food inflation is projected to trend around 5.30 percent in 2021 and 4.30 percent in 2022 according to our econometric models.

Statistics:

Food inflation in India averaged 6.16 percent from 2012 until 2020, reaching and all time high of 14.72 percent in November of 2013 and record low of -2.65 percent in December of 2018. India food inflation actual values, historical data, forecast, chart, statistics, economic calendar and news. India food inflation-values, historical data and charts was last updated on 2020



History of Chennai Restaurant:



Chennai is really famous for food. Chennai's famous foods are Dosa, Idly, Sambar, Filter coffee, pongal, Chettinad chicken etc.

Famous Restaurant in Chennai:

BUHARI:



Opened in 1951 by A.M. Buhari, who brought with him from colombo, the mildly spices, fragrant briyani amd buhari introduced the city to something completely new. According to the Hindu, Buhari also brought something more – espresso machines, a juke box and fancy cutlery and crockery from London to give guests an experience of 'fine-dining'. The first ever restaurant was opened on Mount Road and now the city hosts over 200 outlets everywhere.

RATNA CAFÉ:



Established the year after India got Independence, Ratna Café has been a staple and landmark of triplicane. It is famous only for sambar (Idly).

SMITH FIELD BAKERY:



It is in Chennai Since 1885 by ponnusamy N, with the aim to treat the people of Chennai to quality baked goods. They've got everything from freshly baked breads, cakes, puff, biscuits and other delicious baked goods.

1.3 NEED FOR THE STUDY

- A study on health and safety measures is done to identify the need of employees and ends in satisfying those wants.
- To determine the employee expectation from the management on precaution of the health and safety measures of employees.
- To determine the safety measures that have been done by the restaurant and to improve the employee satisfaction.

1.4 SIGNIFICANCE OF THE STUDY

- Safety precaution is considered as an important aspect in the restaurant industry more over employee satisfaction is very important. Only if they are satisfied. They work happily and it also help for business growth.
- This study helps to find out the employee opinion regarding the health and safety measures offered by restaurant.
- To identify the level of satisfaction and loyalty among the employees. And its helps to improve the safety measures in order to fulfill the expectation of the employees.
- This study help to find out the specific need of the employee and to improve in its future.

1.5 OBJECTIVES OF STUDY

Primary objective:

- To find the employees' health and safety measures in restaurant.

Secondary objective:

- To know the employee expectation on safety facility.
- To determine the employee perception on health and safety facility.
- To know the employee level of satisfaction towards health and safety facility.
- To identify the role of management in implementing health and safety facility.
- To find out the new area of improvement in health and safety facility.

1.6 LIMITATION OF THE STUDY

- The sample was collected using the sampling method as the result may not give the exact representation of the population.
- The sample was limited to 120.
- The research work was carried out only to the employees.
- The survey is undertaken only for 2 months and they didn't give correct information because due to pandemic period. So I don't have efficient time to collect data.
- The study is based on responses given by respondents.
- Finding of the study is based on assumption that the respondents have provided the correct information. During this pandemic period can't able to take correct information.

2. REVIEW OF LITERATURE

Review of Literature

Jee Hye Lee, Azlin Mustapha, Johye Hwang(2019), This study evaluated risk perception as a critical factor influencing the intention to visit ethnic restaurants; in addition, the role of food safety information in reducing risk perception toward ethnic food was examined. Finally, the purpose of this paper is to investigate the influence of protection motivation on risk perception.

Robin DiPietro(2017), The purpose of this paper is to present a review of the foodservice and restaurant literature that has been published over the past 10 years in the top hospitality and tourism journals. This information will be used to identify the key trends and topics studied over the past decade, and help to identify the gaps that appear in the research to identify opportunities for advancing future research in the area of foodservice and restaurant management.

Yueng-Hsiang Huang, Santosh K Verma, Wen-Ruey Chang, Theodore K Courtney, David A Lombardi, Melanye J Brennan, Melissa J Perry (2012), Many studies have found management commitment to safety to be an important construct of safety climate. This study examined the association between supervisor and employee (shared and individual) perceptions of management commitment to safety and the rate of future injuries in limited-service restaurant workers.

Emmanuel I. Akpan (2011), Performance goal is often upheld by most organizations. To accomplish this goal remains the sole responsibility of workers, and as being directed by management. The management in certain organizations tends to direct more attention and resources toward maintenance of machines. Equipment and materials to the detriment of human resources, who are responsible for the manipulation of other resources, for the organization to achieve its set goals. One of the areas often neglected by management, especially in the third world countries is the provision of safe work

environment for workers. In Nigeria, as is the case in almost all other African countries, there is no organized regulatory agency charged with the responsibility of conducting regular monitoring and checks in organizations to ascertain compliance with occupational and safety rules and procedures. Over the years, this has been the reason behind wanton degree of workplace accidents and occupational diseases in organizations. Effective health and safety management have been discovered to have positive correlation with increased organizational performance and profitability, as the costs associated with the absence of it could be highly minimized.

Marie Laberge, Elise Ledoux (2011), Many overview articles, reports, book chapters and literature reviews have examined the health and safety of young workers. These sources discuss the relationships between the work conditions of young workers and the various indicators of accidents and occupational diseases. Breslin et al. [12, 13] conducted two literature reviews of quantitative studies to determine which factors best predicted work accidents and occupational disorders in young people. The present article proposes a review of young people's occupational health and safety (OHS) factors

Johannson B: Rask K; Stenberg M (2010), this study was to carry out a broad survey and analysis of relevant research articles about piece rate wages and their effects on health and safety. A total of 75 research articles were examined extensively and 31 of these were found relevant and had sufficient quality to serve the purpose of this study. The findings of these relevant articles are summarized and analyzed in the survey. More recent research shows a clear interest for health, musculoskeletal injuries, physical workload, pains and occupational injuries. The fact that 27 of the 31 studied articles found negative effects of piece rates on different aspects of health and safety does not prove causality, but together they give very strong support that in most situations piece rates have negative effects on health and safety.

Katie Filion, Douglas A Powell(2009), The World Health Organization estimates that up to 30% of individuals in developed countries become ill from food or water each year. Up to 70% of these illnesses are estimated to be linked to food prepared at foodservice establishments. Consumer confidence in the

safety of food prepared in restaurants is fragile, varying significantly from year to year, with many consumers attributing foodborne illness to foodservice. One of the key drivers of restaurant choice is consumer perception of the hygiene of a restaurant. Restaurant hygiene information is something consumers desire, and when available, may use to make dining decisions.

Diane Bush, Lyn Paleo, Robin Baker, Robin Dewey, Nurgul Toktogonova, Deogracia Cornelio(2009), We developed and assessed a program designed to help small business owners/managers conduct short training sessions with their employees, involve employees in identifying and addressing workplace hazards, and make workplace changes (including physical and work practice changes) to improve workplace safety.

Tompa, Emile PhD; Dolinski, Roman MA; de Oliveira (2009), we reviewed the occupational health and safety intervention literature to synthesize evidence on financial merits of such interventions. A literature search included journal databases, existing systematic reviews, and studies identified by content experts. We found strong evidence that ergonomic and other musculoskeletal injury prevention intervention in manufacturing and warehousing are worth undertaking in terms of their financial merits. The economic evaluation of interventions in this literature warrants further expansion. The review also provided insights into how the methodological quality of economic evaluations in this literature could be improved.

Conor CO Reynolds; M Anne Harris; Peter A Cripton; Meghan Winters (2009), Bicycling has the potential to improve fitness. Understanding ways of making bicycling safer is important to improving population health. We reviewed studies of the impact of transportation infrastructure on bicyclist safety. To assess safety, studies examining the following outcomes were included injuries: injury severity, and crashes. Results to date suggest that sidewalks and multi-use trails pose the highest risk, major roads are more hazardous than minor roads, and the presence of bicycle facilities (e.g. on-road bike routes, on-

road marked bike lanes, and off-road bike paths) was associated with the lowest risk, Street lighting, paved surfaces, and low-angled grades are additional factors that appear to improve cyclist safety.

Lucia Artazcoz; Imma Cortes; Vincenta Escriba-aguir; Lorena Cascant (2009), the objectives of this study was to identify family and job characteristics associated with long work hours. The sample was composed of all salaried workers aged 16-64 years (3950 men and 3153 women) interviewed in the 2006 Catalan Health Survey. Factors associated with long working hours differed by gender. In men, working 51-60 h a week was consistently associated with poor mental health status, self-reported hypertension, job dissatisfaction, smoking, shortage of sleep. Among women it was only related to smoking and to shortage of sleep. The association of overtime with different health indicators among men and women could be explained by their role as the family breadwinner.

Dee W. Edington; Alyssa B. Schultz (2008), The aim was to present the literature which provides evidence of the association between health risks and the workplace economic measures of time away from work, reduced productivity at work, health care costs and pharmaceutical costs. A search of PubMed was conducted and high quality studies were selected and combined with studies known to the authors. A strong body of evidence exists which shows that health risks of workers are associated with health care costs and pharmaceutical costs. A growing body of literature also confirms that health risks are associated with the productivity measures. The paper shows that measures of success will continue to be important as the field of worksite health management moves forward.

David E. Cantor (2008), The purpose of this paper was to review the literature and call for additional research into the human, operational, and regulatory issues that contribute to workplace safety in the supply chain. This paper identifies several potential research opportunities that can increase awareness of the importance of improving a firm's workplace safety practices. This paper identifies 108 articles which informs, how the logistics and transportation safety

has evolved. The paper identifies 14 future research opportunities within the workplace safety in the supply chain, that have been identified can have a positive effect on practitioners confronted with safety issues.

Lucia Artazcoz; Imma Cortes; Vincenta Escriba-aguir; Lorena Cascant (2007), To provide a framework for epidemiological research on work and health that combines classic occupational epidemiology and the consideration of work in a structural perspective focused on gender inequalities in health. Gaps and limitations in classic occupational epidemiology, when considered from a gender perspective, are described. Classic occupational epidemiology has paid less attention to women's problems than men's. Research into work related gender inequalities in health has rarely considered either social class or the impact of family demands on men's health. The analysis of work and health from a gender perspective should take into account the complex interactions between gender, family roles, employment status and social class.

Shouji Nagashima; Yasushi Suwazono; Yasushi Okubo; Mirei Uetani (2007), The aim was to clarify the influence of working hours on both mental and physical symptoms of fatigue and use the data obtained to determine permissible working hours. The survey of day-shift male workers, using the Self-Rating Depression Scale (SDS) and Cumulative Fatigue Symptoms Index (CFSI). A total of 715 workers participated. In the group working 260-279 h/month, the odds ratios for SDS and 'irritability' and chronic tiredness' of the CFSI were increased. In the group working 280 h/month, the odds ratios on CFSI for general fatigue', 'physical disorders', anxiety and chronic tiredness' were likewise increased. The research clarified that working hours should be 260 h/month in order to minimize fatigue symptoms in male day workers.

L Ala-Mursula; J Vahtera; A Kouvonen; A Vaananen; A Linna (2006), The associations of working hours (paid, domestic, commuting, and total) with sickness, absence, and to examine whether these associations vary according to the level of employee control over daily working hours. The study among 25,703 full-time public sector workers in 10 towns in Finland. Long domestic and total working hours were associated with higher rates of medically certified sickness absences among both genders. Low control over daily working hours

predicted medically certified sickness absences for both the women and men, In combinations, high control over working hours reduced the adverse associations of long domestic and total working hours with medically certified absences. Employee control over daily working hours may protect health and help workers successfully combine a full-time job with the demands of domestic work.

Spencer Henson, Shannon Majowicz, Oliver Masakure, Paul Sockett, Andria Jones, Robert Hart, Deborah Carr, Lewinda Knowles(2006), This paper explores the ways in which consumers assess the safety of food in restaurants and other eating-out establishments, and the resulting impact on restaurant choice. The analysis builds on the existing literature on restaurant choice more generally and a growing body of studies on the impact of official inspection information on the perceived safety of restaurants. Based on a two-stage consumer study in the City of Hamilton in Ontario, Canada, involving focus groups and a postal survey, the research highlights how consumers base their assessment of food safety in restaurants using a range of visible indicators of the experience and/or credence characteristics associated with foodborne illness. These include their observed judgments of restaurant hygiene, the overall quality of the restaurant, external information, including official inspection certificates, and the level of patronage. The use of these broad groups of indicators varies across consumer subgroups according to gender, age, level of education and recollections of past incidences when a restaurant was closed and/or convicted for food safety reasons.

Mohammad A Hassanain, Mohammed Abdul Hafeez (2005), Since the earliest days of mankind, fire has been both a friend and a foe. Restaurant facilities, characterized by the use of fire in their daily activities, pose unique fire risks as large numbers of people may gather at one time to consume food. The objective of this paper is to present the development of a fire safety evaluation tool whereby existing restaurant facilities can be evaluated for the purpose of identifying and eliminating fire hazards, and meeting the minimum requirements of current legislation.

A Baker; K Heiler: S A Ferguson (2002). The occupational health and safety implications associated with compressed and extended work periods have not been fully explored in the mining sector. Absenteeism and incident frequency rate data were collected over a 33 month period that covered three different roster schedules. The only significant change in absenteeism rates was an increase in the maintenance sector in the third data collection period. The current study did not find significant negative effects of a 12-hour pattern, when compared to an 8-hour system. However, when unregulated and excessive overtime was introduced as part of the 12-hour/5-day roster, absenteeism rates were increased in the maintenance sector.

N Nakanishia; H Yoshidaa; K Naganoa: H Kawashimob; K Nakamurac (2001), to evaluate the association of long working hours with the risk of hypertension. The work site is in Osaka, Japan. 941 hypertension free Japanese male white collar workers aged 35-54 years were prospectively examined by serial annual health examinations. 424 men developed hypertension above the borderline level. After controlling for potential predictors of hypertension, the relative risk for hypertension above the borderline level, compared with those who worked < 8.0 hours per day was 0.48, for those who worked 10.0-10.9 hours per day was 0.63. These results indicate that long working hours are negatively associated with the risk for hypertension in Japanese male white collar workers.

N. Haworth: C. Tingvall & N. Kowadlo (2000), In response to an increasing awareness of the role of work-related driving in crashes and the related costs, many private and government organisations have developed programs to improve fleet safety. The purpose of this project is to investigate the potential to introduce road safety based initiatives in the corporate environment. From the review, that the fleet safety initiatives which have potential to be effective are, Selecting safer vehicles, Some particular driver training and education programs, Incentives, Company safety programs. It is assumed that the degree of influence is likely to decrease as the type of vehicle moves from the fleet towards the private end of the continuum.

Graves carol gevecker: Matanoski genevieve m; Tardiff robert g (2000), Carbonless copy paper (CCP), introduced in 1954. Its safety to workers who handle large amounts of CCP has been addressed in numerous studies and reports. This review encompasses the world's literature on CCP and provides a weight-of-evidence analysis of the safety of CCP to workers in the United States. Since 1987, has produced neither primary skin irritation nor skin sensitization under normal conditions of manufacture and use. Finally, very few published complaints have come from the manufacturing sector where the closest and most voluminous contact occurs. Based on the weight of the evidence. NIOSH is anticipated to conclude that CCP is not a hazard to workers and has only a small possibility of producing mild and transient skin irritation.

Karen J.M. Niven (2000), A literature review was described which aimed to evaluate economic evaluations of health and safety interventions in healthcare. Problems were identified with valuing benefits in health and safety because they frequently take many years to emerge and are difficult to measure: Understanding of economic techniques within the health and safety professions was limited, resulting in wide-ranging assumptions being made as to the positive economic impact of health and safety interventions. Healthcare managers, health economists, and health and safety professionals have not traditionally worked together and have inherent misunderstandings of each other roles. The review concludes that the aim of future research should be to assist the National Health Service (NHS) to make valid decisions about health and safety investment and risk control methods.

A Spurgeon: J M Harrington: C L Cooper (1997), The European Community Directive on Working Time, which should have been implemented in member states of the European Community by November 1996. This paper reviews the current evidence relating to the potential effects on health and performance of extensions to the normal working day. Research to date has been restricted to a limited range of health outcomes-namely, mental health and cardiovascular disorders. Other potential effects which are normally associated with stress--for

example, gastrointestinal disorders, musculoskeletal disorders, and problems associated with depression of the immune system, have received little attention. It is concluded that there is currently sufficient evidence to raise concerns about the risks to health and safety of long working hours.

Simon Chapple and Tracy Mears (1996), Most OECD countries rely on a mixture of market forces, tort liability, compulsory insurance and government regulation to deal with workplace safety and health issues. There are also other non-efficiency reasons for government involvement in workplace safety and health. However, while markets may not be efficient, government intervention can fail to make any improvement and/or not satisfy cost-benefit criteria. While the empirical evidence is not clear cut, the balance of the evidence suggests that wages may include some consideration for health and safety risks. Evidence also suggests that workers' compensation systems increase the frequency and duration of claims for non-fatal injuries, but may decrease the number of fatal injuries.

Peter Hasle and Hans Jorgen Limborg (1995), The scientific literature regarding preventive occupational Health and Safety Activities in Small Enterprises has been reviewed in order to identify effective preventive approaches and to develop a future research strategy. There is a lack of evaluation of intervention studies, both in terms of effect and practical applicability. However, there is sufficiently strong evidence to conclude that workers of small enterprises are subject to higher risks than the larger ones, and that small enterprises have difficulties in controlling risk. The most effective preventive approaches seem to be simple and low cost solutions, disseminated through personal contact. It is important to develop future intervention research strategies, which study the complete intervention system of the small enterprises.

PD Riben, RG Mathias, M Wiens, W Cocksedge, A Hazelwood, B Kirshner, J Pelton (1994), Inspection of restaurants and education of food handlers are

two methods used by regulatory agencies to ensure food served in restaurants is safe to eat. The variation which exists in the implementation of these programs suggests that the programs' effectiveness is lacking or is not clear. Recommendations based on the Community Health Practice Guideline methodology, the results of a critical review of the literature, the results of a survey of practices, and expert opinion were developed. The recommendations include: continuation of routine inspections at a frequency of one to two inspections per year per restaurant and the continuation of education programs. The evidence on which these recommendations are based is scant and more research is needed to ensure programs are needed, effective and efficient.

International Council on Nanotechnology, Rice University, The report, "Current Knowledge and Practices regarding Environmental Health and Safety in the Nanotechnology Workplace" offers a review and analysis of existing efforts to develop "best practices." This report finds that efforts to catalogue workplace practices have not systematically documented current environment, health and safety practices in a variety of workplace settings and geographies. Moreover, it finds that some existing documents are not publicly available.

Maynard, Andrew D, Article from newsletter by Andrew Maynard summarizing the current level of development and government investment in nanotechnology research and development, how nanotechnology presents a potential challenge to conventional approaches to understanding health hazards in the workplace, and how the United States National Institute of Occupational Safety and Health is working to address current and potential adverse health impacts in the workplace from nanotechnology

Scandinavian Journal of Work, Environment, and Health, This article seeks to address a number of important questions concerning the potential health and workplace safety risks raised by the manufacturing, handling, and distributing of engineered nano particles. The article addresses the following questions (1)

the hazards classification of engineered nano particles, (2) exposure metrics, (3) the actual exposures workers may have to different engineered nano particles in the workplace, (4) the limits of engineering controls and personal protective equipment in protecting workers in regard to engineered nano particles, (5) the kind of surveillance programs that should be put in place to protect workers, (6) whether exposure registers should be established, and (7) if engineered nano particles should be treated as new substances and evaluated for safety and hazards.

3. RESEARCH METHODOLOGY

CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

Research design is the conceptual structure with in which research is conducted. It constitutes the blueprint for collection, measurement and analysis of the data. The design used for carrying out this research is descriptive research. The research is carried out in the form of primary and secondary research is descriptive research. The research is carried out in the form of primary and secondary research, to carry out focus interviews and group discussions which would help to gather fresh data which can be analysed with the past data to seek the existing trends in service based industry.

Descriptive Research:

These is general feeling that descriptive studies are factual and are very simple. This is not necessarily true. Descriptive studies can be complex demanding a high degree of scientific skill in the part of the researcher. Descriptive studies are well structured. Descriptive research includes surveys and fact findings enquiry of different kinds. Descriptive research design is concerned with the research studies with a focus on the portrayal of the characteristic of a group or individual or a situation. The main objective of such studies knowledge. Descriptive research also known as statistical research, describes data and characteristics about the population or phenomenon being studied. Descriptive research answers the questions who, what, where, and how. Although the data descriptive is factual, accurate and systematic the research cannot be used to create a causal relationship, where one variable affects another. In other words, descriptive research can be said to have a low requirement for internal validity.

Sample Design:**Sample Design:**

Sampling is the representatives of the whole population or universe. It is impossible to observe the entire population with in the time limit given. Instead of examining the entire population we examined a small part of a population called sample. For this study samples are employees in restaurant.

To collected data from the customer in this study random sampling method was adopted.

Sampling Units:

In this research only geographic unit that in Chengalpattu has taken into account.

3.2 SAMPLING TECHNIQUE

As the population is defined earlier the convenient sampling method is followed to draw the sample. In a convenient sample each member of the population has unknown and there is no equal chance of being selected. Convenient sampling technique is used in this study. When using convenience sampling it is necessary to describe how the sample would differ from an ideal sample that was randomly selected. It is also necessary to describe the individuals who might be left out during the selection process (or) the individuals who are over represented in the sample.

Area of study:

The survey was conducted only in chengalpattu

3.3 SOURCE OF DATA

Both primary and secondary data were used in this study.

Primary Data:

Data which are collected at first and either by researcher (or) by someone else for the purpose of the study are known as primary data. It refers to the statistical material which the investigator originates for himself for the purpose of the enquiry in hand. In other words, it is one which is collected by the investigator for the first time. Eg. If the cost of living of workers in a city are to be computed, then the information regarding the facts collected by the investigators (or) enumeration would be termed as primary data. According to Wessel, "Data originally collected in the process of investigation are known as primary data".

Secondary Data:

Data which have been gathered earlier for some other purpose and used by the researcher at present are turned as secondary data. Secondary data in any information that has been collected (or) research recently, Sources of secondary data include the internet, libraries museums, company reports, newspaper etc., The data collected is useful as it allows the researchers to see the prevailing about his/her area of study.

Data Sources:

Primary data were collected through Questionnaire and Secondary data were collected from text books, reference books Annual reports and periodicals.

3.4 STRUCTURE OF QUESTIONNAIRE

Questionnaire given to the respondents was structured undersigned questionnaire. The same question in the same order when asked to all respondents and purpose of data collection was made know to them. The questions included dichotomous question, question including the use of scaling technique and open ended question.

Type Of Questions:

Close Ended Question:

A close ended question format that limits respondents with a list of answers choices from which they must choices to answer the questions. Commonly these type of questions are in the form of multiple choices, either the one answer (or) with check-all-that apply, but also can be in scale format, were respondent but also can be in scale format, were respondent should decide to rate the situation in along the scale contium, similar to Likert question.

Yes/No Question:

The respondent answer with a “Yes” (or) “No”.

Multiple Choice:

The respondent has several options from which to choose.

Open Ended Questions:

No options (or) predefined categories are suggested. The respondent supplies their own answer without being constrained by a fixed set of possible responses.

3.5 Sampling size:

The sample size is obtained = 120.

Determination of the sample size:

$$n = \frac{z^2 * p * q}{e^2}$$

A pilot study was conducted for a sample size of 30, the sample size obtained = 120

.3.6 PERIOD OF STUDY

The period of study is from January 2021 To March 2021 which is a three month of study.

3.7 ANALYTICAL TOOL

Statistical tools are to obtain findings and average information in logical sequence the collected after tabulation of data.

1. Percentage analysis
2. Chart
3. Weighted Average
4. Karl Pearson correlation
5. Chi square

1. PERCENTAGE ANALYSIS:

The percentage refers to a special kind of ratio. Percentage is used in making comparison between two or more series of data percentage is used to describe relationship. The percentage method is used to know the accurate percentage of the data we took; it is easy to graph out through the percentage.

2. CHARTS:

Bar charts and pie charts are used to get a clear look at the tabulated value.

$$\text{Percentage (\%)} = \frac{\text{No of respondend}}{\text{Total respondend}} * 100$$

3. WEIGHTED AVERAGE:

This method is widely used in finding the weight age given to different attributes by respondents. The respondents assign different weight age to the different ranking and weighted average percentage is found.

$$\text{Net Score} = \frac{\text{weight for column No of responds in that particular column}}{\text{Total weights}}$$

4. KARL PEARSON CORRELATION CO-EFFICIENT:

The degree of relationship between the various under consideration is measured through the correlation analysis. The measure of correlation is called correlation co efficient or correlation index.

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{n(\sum X^2) - (\sum x)^2} \sqrt{n(\sum y^2) - (\sum y)^2}}$$

5. CHI SQUARE TEST:

A **chi-square test for independence** compares two variables in a contingency table to see if they are related. In a more general sense, it tests to see whether distributions of categorical variables differ from each another.

$$\chi_c^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

4. DATA ANALYSIS AND INTERPRETATION

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 PERCENTAGE ANALYSIS & 4.2 CHART

4.1.1 TABLE SHOWING THE GENDER OF THE RESPONDENTS

S.No	Gender	No. of Respondents	% of Respondents
a)	Male	69	58%
b)	Female	51	42%
Total		120	100%

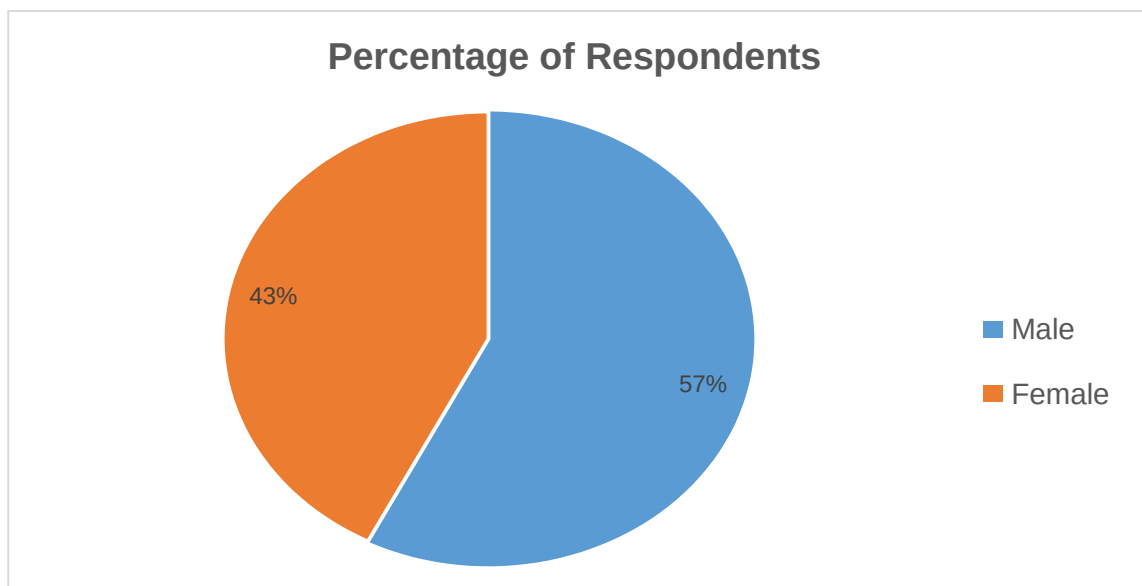
INTERPRETATION:

From the above table it is observed that 58% of the respondents are Male and 42% of the respondents are Female.

INFERENCE:

It is inferred that majority (58%) of the respondents are male.

4.2.1 CHART SHOWING THE GENDER OF THE RESPONDENTS



4.1.2 TABLE SHOWING THE GENDER OF THE RESPONDENTS

S.No	Age	No. of Respondents	% of Respondents
a)	18-25	77	64%
b)	26-35	34	28%
c)	36-45	8	7%
d)	>45	1	1%
Total		120	100%

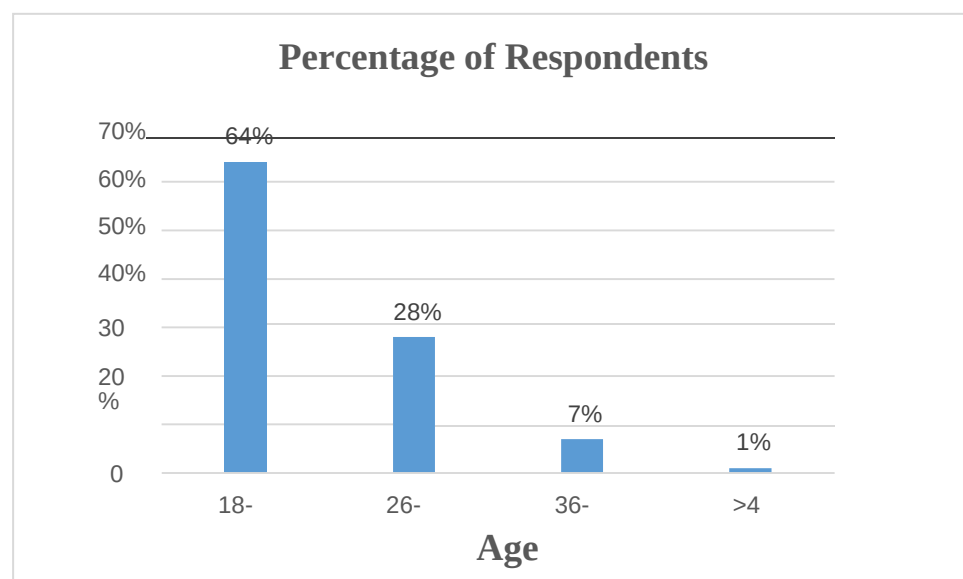
INTERPRETATION:

From the above table it is observed that 64% of the respondents are aged between 18-25 and 28% of the respondents are from aged between 26-35 and 7% of the respondents are from aged between 36-45 and 1% of the respondents are from aged between >45.

INFERENCE:

It is inferred that majority (64%) of the respondents are the aged between 18-25.

4.2.2 CHART SHOWING THE AGE OF THE RESPONDENTS



4.1.3 TABLE SHOWING THE OCCUPATION OF THE RESPONDENTS

S.No	Occupation	No. of Respondents	% of Respondents
a)	Manager	6	5%
b)	Cashier	6	5%
c)	Server	32	27%
d)	Chief	14	12%
e)	Dishwasher	26	21%
f)	Maintenance and cleaning staff	36	30%
Total		120	100%

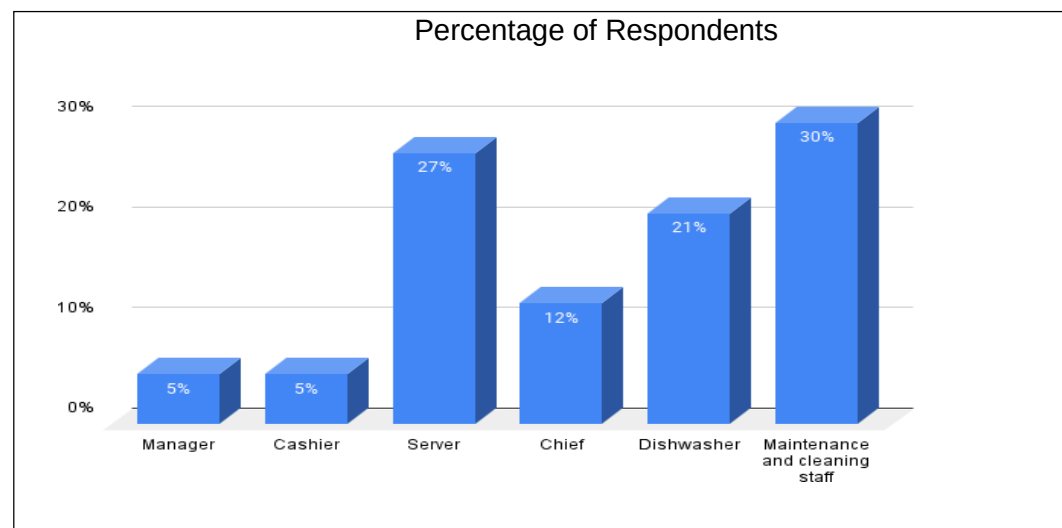
INTERPRETATION:

From the above table it is observed that 30% of the respondents are Maintenance and cleaning staff and 27% of the respondents are Server and 21% of the respondents are Dishwasher and 12% of the respondents are Chief and 5% of the respondents are Cashier and 5% of the respondents are Manager.

INFERENCE:

It is inferred that majority (30%) of the respondents are Maintenance and cleaning staff.

4.2.3 CHART SHOWING THE OCCUPATION OF THE RESPONDENTS



4.1.4 TABLE SHOWING THE EXPERIENCE OF THE RESPONDENTS

S.No	Experience	No. of Respondents	% of Respondents
a)	Below 5	78	65%
b)	6-10	31	26%
c)	11-15	5	4%
d)	Above 20	6	5%
Total		120	100%

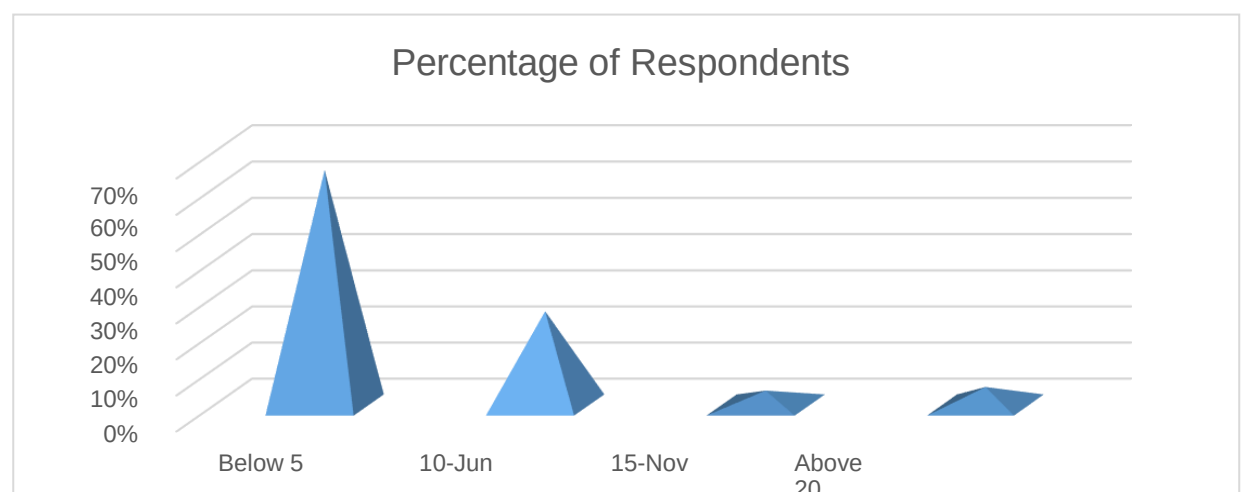
INTERPRETATION:

From the above table it is observed that 65% of the respondents are experienced in Below 5 year and 26% of the respondents are experienced in 6-10 years and 4% of the respondents are experienced in 11-15 years and 5% of the respondents are experienced in Above 20 years.

INFERENCE:

It is inferred that majority (65%) of the respondents are experienced in below 5 years.

4.2.4 CHART SHOWING THE EXPERIENCE OF THE RESPONDENTS



4.1.5 TABLE SHOWING THE WHETHER COMPANY PROVIDE MEDICAL FACILITY

S.No	provide medical facility	No. of Respondents	% of Respondents
a)	Yes	104	87%
b)	No	16	13%
Total		120	100%

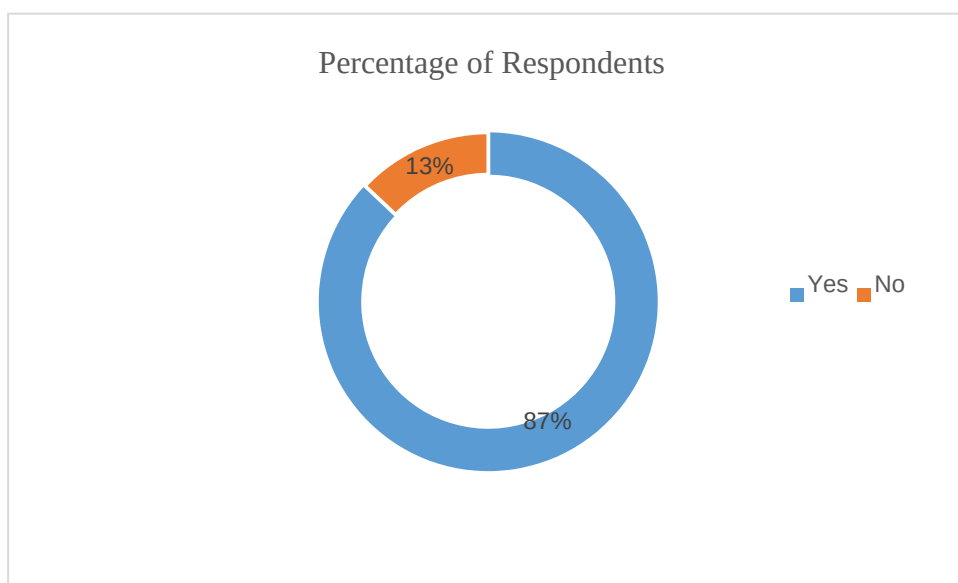
INTERPRETATION:

From the above table it is observed that 87% of the respondents felt that they have provided medical facility and 13% of the respondents felt that they didn't provide medical facility.

INFERENCE:

It is inferred that majority (87%) of the respondents are felt that they have provided medical facility.

4.2.5 CHART SHOWING THE PROVIDING MEDICAL FACILITY BY THE RESPONDENTS



4.1.6 TABLE SHOWING THE FREQUENCY OF TRAINING OFFERED FOR EMPLOYEES

S.No	Factors	No. of Respondents	% of Respondents
a)	Once in 5 years	14	12%
b)	Once in 3 years	21	17%
c)	Yearly once	56	46%
d)	Monthly	19	16%
e)	Occasionally	11	9%
Total		120	100%

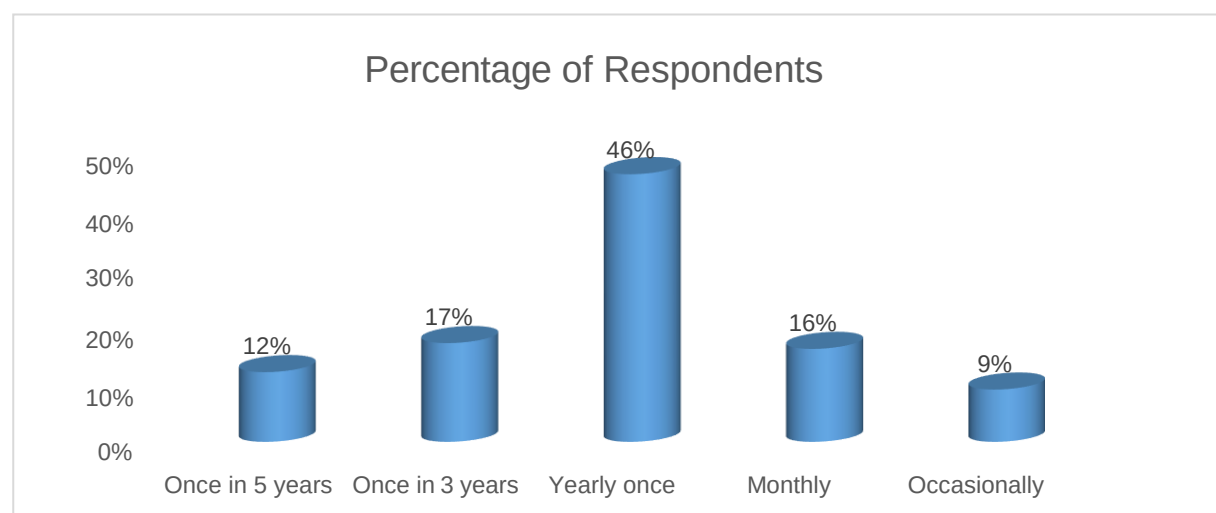
INTERPRETATION:

From the above table it is observed that 46% get training their employees within a year and 17% get training their employees within 3 years and 16% get training their employees within a month and 12% get training their employees within 5 years and 9% get training their employees occasionally.

INFERENCE:

It is inferred that majority (46%) get training their employees within a year.

4.2.6 CHART SHOWING THE TRAINING OFFERED BY THE RESPONDENTS



4.1.7 TABLE SHOWING THE OPINION ABOUT THE QUALITY OF FOOD IS MAINTAINED (EMPLOYEE VIEW)

S.No	Factors	No. of Respondents	% of Respondents
a)	Always	82	69%
b)	Sometimes	23	19%
c)	Occasionally	10	8%
d)	Never	5	4%
Total		120	100%

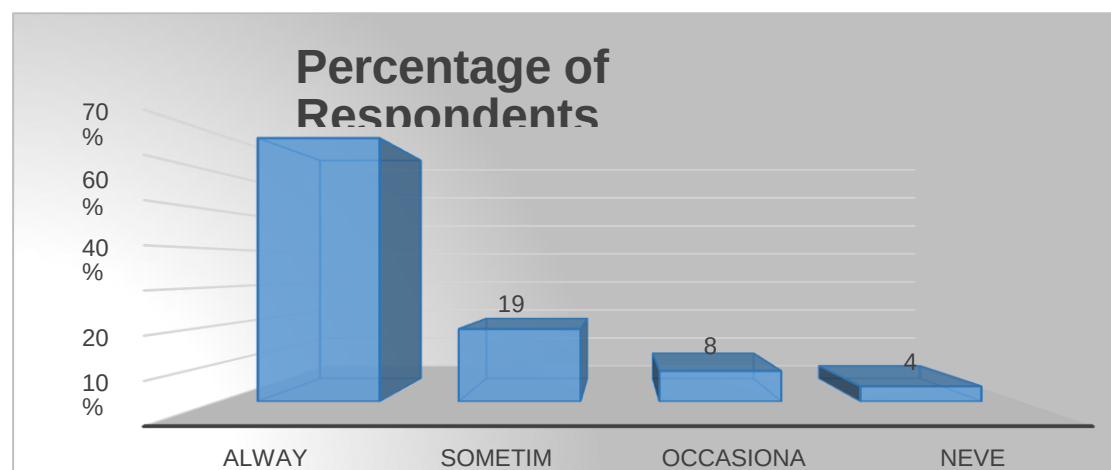
INTERPRETATION:

It is observed from the above table that 69% of the respondents have felt that Always the quality of food is maintained and 19% of the respondents have felt that Sometimes the quality of food is maintained and 8% of the respondents have felt that Occasionally the quality of food is maintained and 4% of the respondents have felt that Never the quality of food is maintained.

INFERENCE:

It is inferred that majority (69%) of the respondents have felt that Always the quality of food is maintained.

4.2.7 CHART SHOWING THE OPINION ABOUT THE QUALITY OF FOOD IS MAINTAINED BY THE RESPONDENTS



4.1.8 TABLE SHOWING THE FREQUENCY OF SAFETY INSPECTION HELD IN RESTAURANT

S.No	Factors	No. of Respondents	% of Respondents
a)	Yearly	28	23%
b)	Monthly	51	43%
c)	Weekly	22	18%
d)	Daily	13	11%
e)	Occasionally	6	5%
Total		120	100%

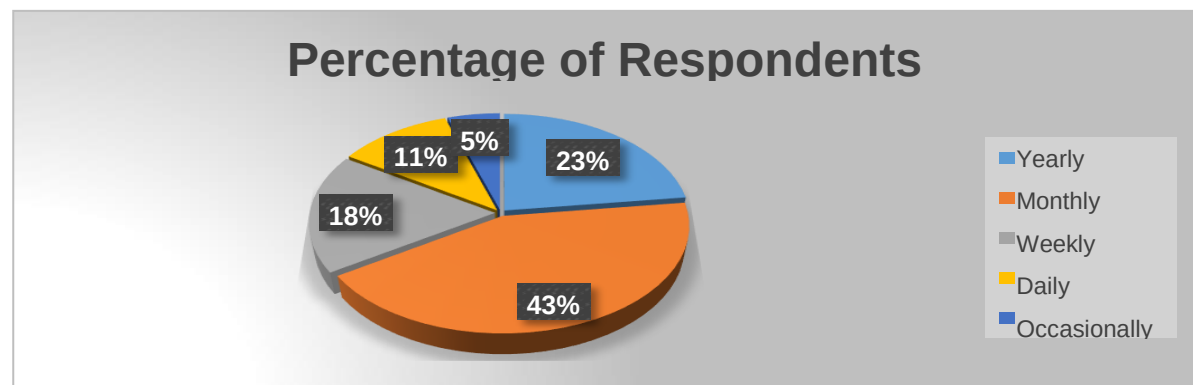
INTERPRETATION:

It is observed from the above table that 43% of the respondents have felt that Safety inspection held monthly and 23% of the respondents have felt that Safety inspection held yearly and 18% of the respondents have felt that Safety inspection held weekly and 11% of the respondents have felt that Safety inspection held daily and 5% of the respondents have felt that Safety inspection held occasionally.

INFERENCE:

It is inferred that majority (43%) of the respondents have felt that Safety inspection held monthly.

4.2.8 CHART SHOWING THE FREQUENCY OF SAFETY INSPECTION HELD IN RESTAURANT



4.1.9 TABLE SHOWING THE SATISFACTION LEVEL OF SAFETY MEASURES BY THE RESPONDENTS

S.No	Factors	No. of Respondents	% of Respondents
a)	Highly satisfied	39	32%
b)	satisfied	62	52%
c)	Neutral	16	13%
d)	Dissatisfied	2	2%
e)	Highly dissatisfied	1	1%
Total		120	100%

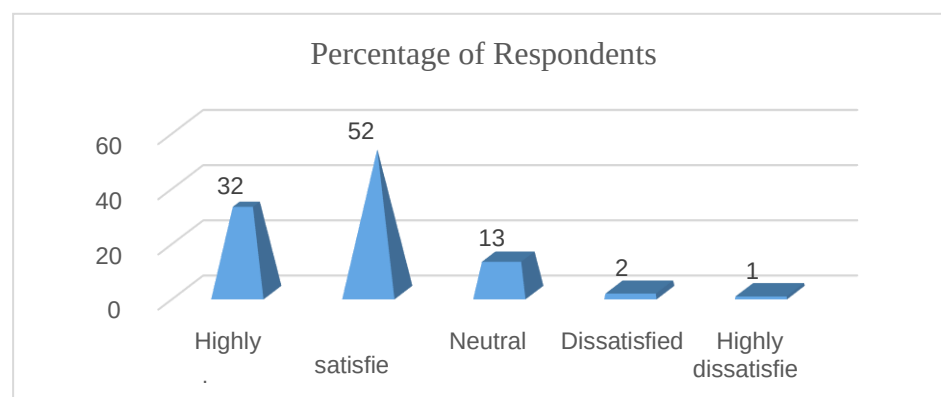
INTERPRETATION:

It is observed from the above table that 52% of the respondents are Satisfied in safety measures and 32% of the respondents are highly Satisfied in safety measures and 13% of the respondents are neutrally in Satisfying of safety measures and 2% of the respondents are dissatisfied in safety measures and 1% of the respondents are highly dissatisfied in safety measures.

INFERENCE:

It is inferred that majority (52%) of the respondents are Satisfied in safety measures.

4.2.9 CHART SHOWING THE SATISFACTION LEVEL OF SAFETY MEASURES BY THE RESPONDENTS



4.1.10 TABLE SHOWING OPINION ABOUT THE SECURITY CAMERAS INSTALLED

S.No	Opinion	No. of Respondents	% of Respondents
a)	Strongly agree	39	32%
b)	Agree	56	47%
c)	Neutral	20	17%
d)	Disagree	1	1%
e)	Strongly disagree	4	3%
Total		120	100%

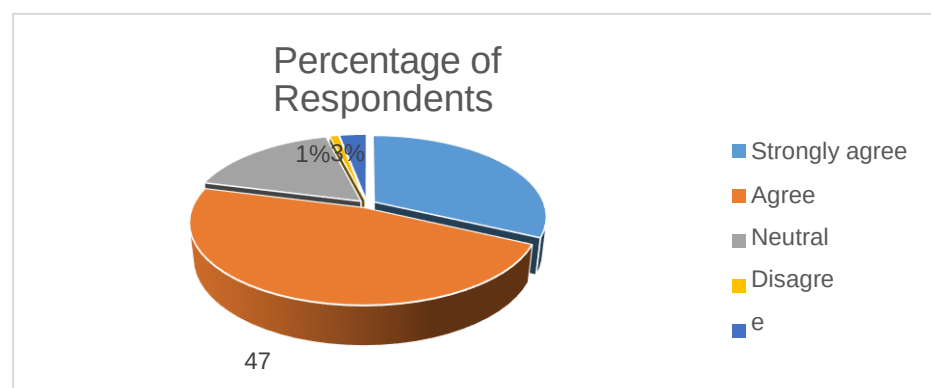
INTERPRETATION:

It is observed from the above table that 47% of the respondents are agreed that security cameras are installed and 32% of the respondents are strongly agreed that security cameras are installed and 17% of the respondents are neutrally that security cameras are installed and 3% of the respondents are strongly disagreed that security cameras are installed and 1% of the respondents are disagreed that security cameras are installed.

INFERENCE:

It is inferred that majority (47%) of the respondents are agreed that security cameras are installed.

4.2.10 CHART SHOWING THE OPINION ABOUT THE SECURITY CAMERAS INSTALLED



4.1.11 TABLE SHOWING WHETHER THE FIRE EQUIPMENT SERVICE IS REGISTERED

S.No	Service Registered	No. of Respondents	% of Respondents
a)	Yes	114	95%
b)	No	6	5%
Total		120	100%

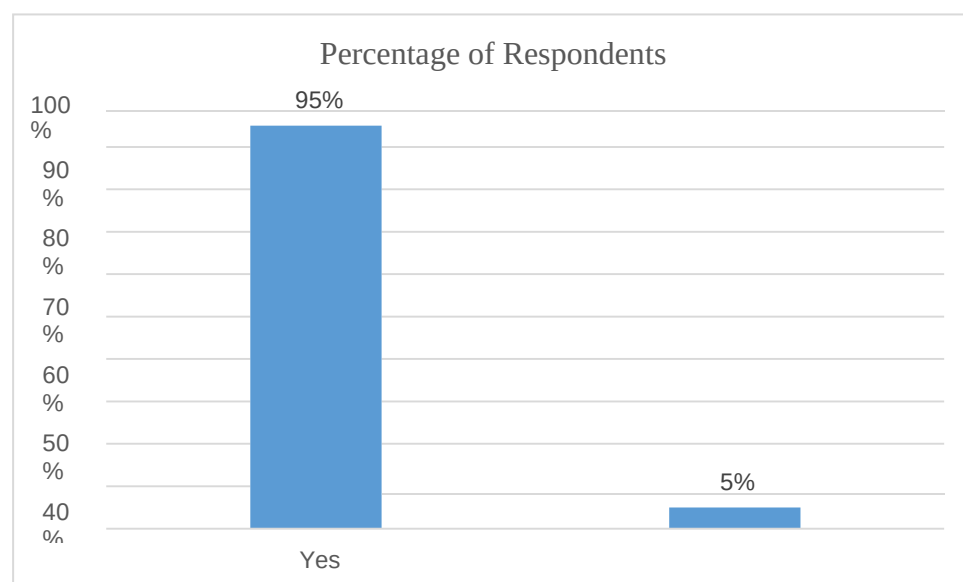
INTERPRETATION:

From the above table it is observed that 95% of the respondents felt that the fire equipment service is registered and 5% of the respondents felt that the fire equipment service is not registered.

INFERENCE:

It is inferred that majority (95%) of the respondents felt that the fire equipment service is registered.

4.2.11 CHART SHOWING WHETHER THE FIRE EQUIPMENT SERVICE IS REGISTERED



4.1.12 TABLE SHOWING THE OPINION ABOUT THE QUALIFIED AND EXPERIENCE ELECTRICIAN

S.No	Opinion	No. of Respondents	% of Respondents
a)	Yes	110	92%
b)	No	10	8%
Total		120	100%

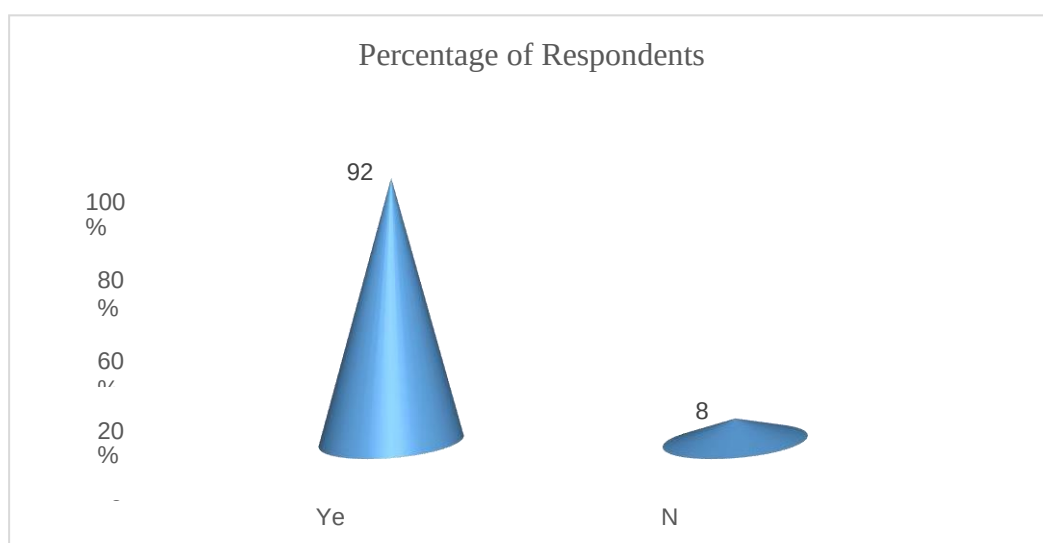
INTERPRETATION:

From the above table it is observed that 92% of the respondents felt that they have the qualified and experience electrician and 8% of the respondents felt that they don't have the qualified and experience electrician.

INFERENCE:

It is inferred that majority (92%) of the respondents felt that they have the qualified and experience electrician.

4.2.12 CHART SHOWING THE OPINION ABOUT THE QUALIFIED AND EXPERIENCE ELECTRICIAN



4.1.13 TABLE SHOWING THE AVAILABILITY OF SAFETY MEASURES

Attributes	1	2	3	4	Total
Fire alarm	27	18	32	43	120
Sanitation cleaning	24	25	34	37	120
Food	29	16	34	41	120
Cameras	20	22	36	42	120
Emergency power	26	21	32	41	120
Drinking water	25	21	27	47	120
Total	151	123	195	251	720

CALCULATING WEIGHTED AVERAGE:

$$\text{Weighted Average} = \frac{x_1w_1 + x_2w_2 + \dots + x_nw_n}{(w_1 + w_2 + \dots + w_n)}$$

Total Weight = 1 + 2 + 3 + 4 = 10

Attributes	W.A	RANK
Fire alarm	33.1	3
Sanitation cleaning	32.4	6
Food	32.7	5
Cameras	34	1
Emergency power	32.8	4
Drinking water	33.6	2

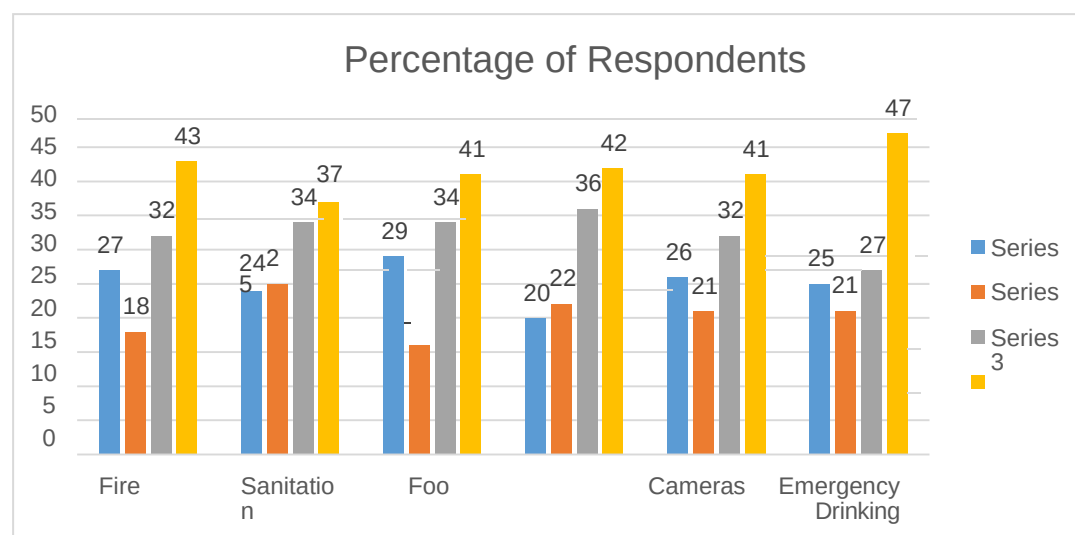
INTERPRETATION:

From the above table it is observed that 34% of the respondents felt that there is a availability of cameras and 33.6% of the respondents felt that there is a availability of drinking water and 33.1% of the respondents felt that there is a availability of fire alarm and 32.8% of the respondents felt that there is a availability of emergency power and 32.7% of the respondents felt that there is a availability of food and 32.4% of the respondents felt that there is a availability of sanitation cleaning.

INFERENCE:

It is inferred that majority (34%) of the respondents felt that there is a availability of cameras.

4.2.13 CHART SHOWING THE AVAILABILITY OF SAFETY MEASURES



4.1.14 TABLE SHOWING THE FREQUENCY OF CUSTOMER ARE FEEDING EACH DAY BY THE RESPONDENTS

S.No	Factors	No. of Respondents	% of Respondents
a)	100	23	19%
b)	150	35	29%
c)	200	42	35%
d)	250	20	17%
Total		120	100%

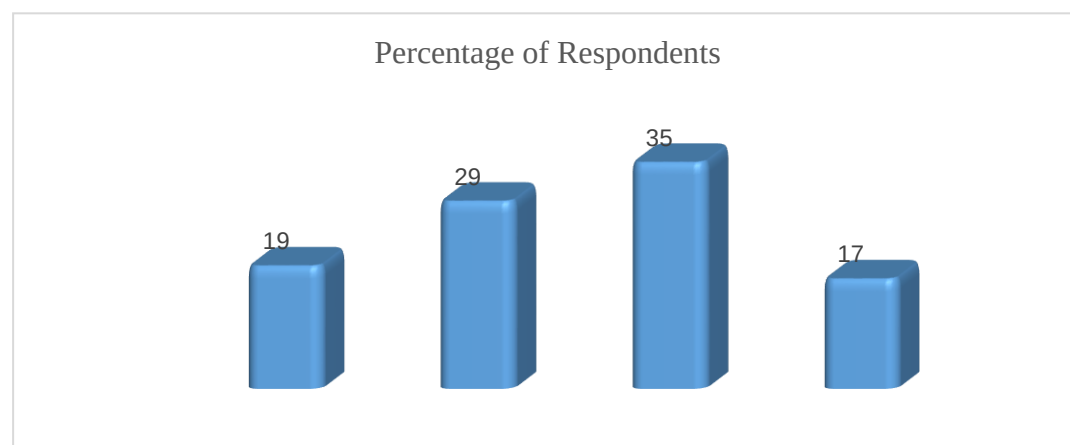
INTERPRETATION:

From the above table it is observed that 35% of the respondents felt that they are feeding 200 customers per day and 29% of the respondents felt that they are feeding 150 customers per day and 19% of the respondents felt that they are feeding 100 customers per day and 17% of the respondents felt that they are feeding 250 customers per day.

INFERENCE:

It is inferred that majority (35%) of the respondents felt that they are feeding 200 customers per day.

4.2.14 CHART SHOWING THE FREQUENCY OF CUSTOMER ARE FEEDING EACH DAY BY THE RESPONDENTS



4.1.15 TABLE SHOWING THE OPINION ABOUT THE MANAGEMENT PROVIDE YOU A SANITATION FACILITY

S.No	Opinion	No. of Respondents	% of Respondents
a)	Highly satisfied	45	38%
b)	Satisfied	39	32%
c)	Neutral	32	27%
d)	Dissatisfied	3	2%
e)	Highly dissatisfied	1	1%
Total		120	100%

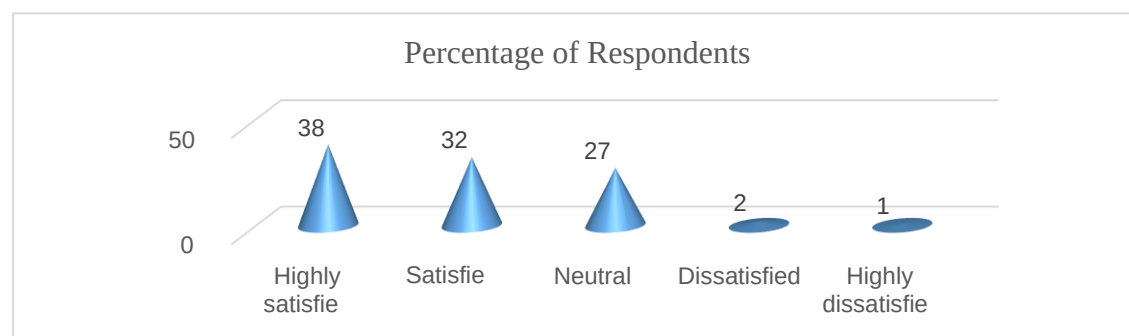
INTERPRETATION:

It is observed from the above table that 38% of the respondents are highly satisfied in providing a sanitation facility and 32% of the respondents are satisfied in providing a sanitation facility and 27% of the respondents are neutrally satisfied in providing a sanitation facility and 2% of the respondents are dissatisfied in providing a sanitation facility and 1% of the respondents are highly dissatisfied in providing a sanitation facility.

INFERENCE:

It is inferred that majority (38%) of the respondents are highly satisfied in providing a sanitation facility.

4.2.15 CHART SHOWING THE OPINION ABOUT THE MANAGEMENT PROVIDE YOU A SANITATION FACILITY



4.1.16 TABLE SHOWING THE LEVEL OF SATISFACTION

(HS-Highly Satisfied, S-Satisfied, N-Neutral, DS-Dissatisfied, HDS-Highly Dissatisfied)

Attributes	HS	S	N	DS	HDS	Total
Job satisfaction	41	56	16	6	1	120
Working time satisfied	29	52	31	6	2	120
Insurance service facility	32	59	23	4	2	120
providing incentive	32	47	30	8	3	120
Total	134	214	100	24	8	480

CALCULATING WEIGHTED AVERAGE:

$$\text{Weighted Average} = \frac{x_1w_1 + x_2w_2 + \dots + x_nw_n}{(w_1 + w_2 + \dots + w_n)}$$

Total Weight = 5 + 4 + 3 + 2 + 1 = 15

Attributes	W.A	RANK
Job satisfaction	32.66	1
Working time satisfied	30.66	3
Insurance service facility	31.66	2
providing incentive	30.46	4

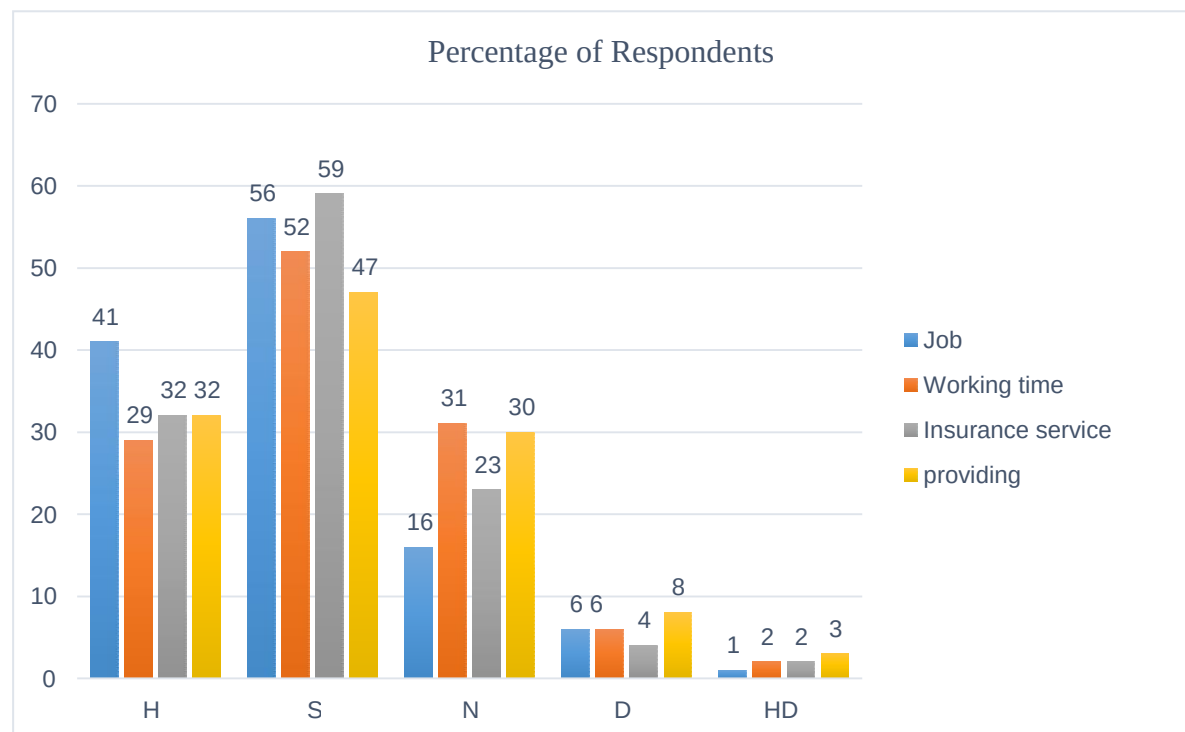
INTERPRETATION:

From the above table it is observed that 32.66% of the respondents felt that they satisfied in job and 31.66% of the respondents felt that they satisfied in insurance service facility and 30.66% of the respondents felt that they satisfied in working time and 30.46% of the respondents felt that they satisfied in providing incentive.

INFERENCE:

It is inferred that majority (32.66%) of the respondents felt that they satisfied in job.

4.2.16 CHART SHOWING THE LEVEL OF SATISFACTION



4.1.17 TABLE SHOWING OPINION ABOUT THE PROVIDING YOU A HEALTH INSURANCE BY THE RESPONDENTS

S.No	Opinion	No. of Respondents	% of Respondents
a)	Yes	102	85%
b)	No	18	15%
Total		120	100%

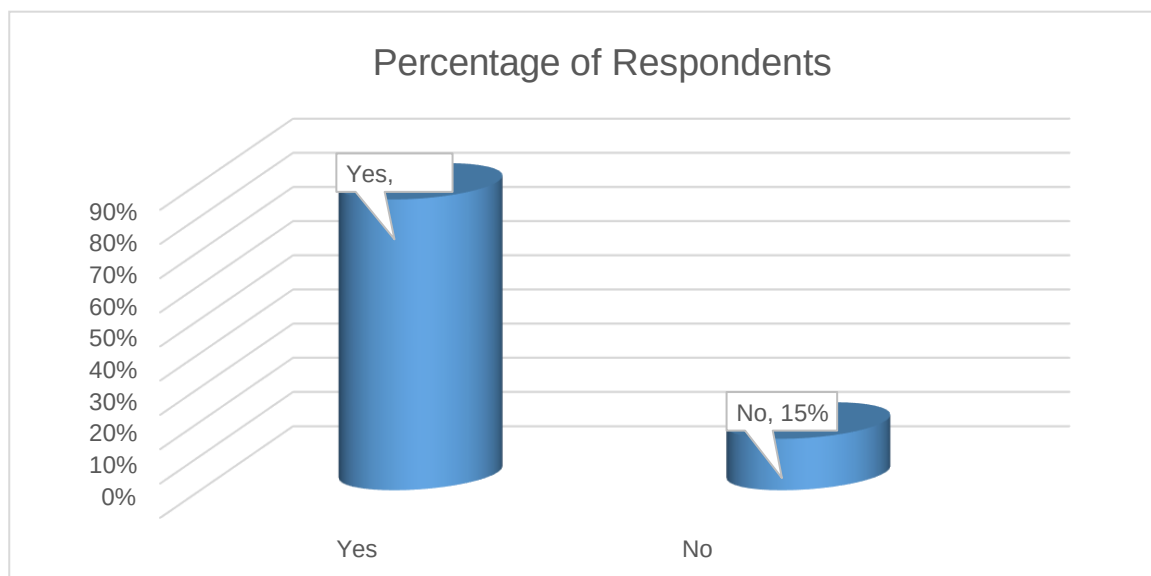
INTERPRETATION:

From the above table it is observed that 85% of the respondents felt that they have provided the health insurance and 15% of the respondents felt that they have not provided the health insurance.

INFERENCE:

It is inferred that majority (85%) of the respondents felt that they have provided the health insurance.

4.2.17 CHART SHOWING THE OPINION ABOUT PROVIDING YOU A HEALTH INSURANCE BY THE RESPONDENTS



4.1.18 TABLE SHOWING OPINION ABOUT THE PROVIDING YOU A FIRST AID EQUIPMENT BY THE RESPONDENTS

S.No	Opinion	No. of Respondents	% of Respondents
a)	Yes	110	92%
b)	No	10	8%
Total		120	100%

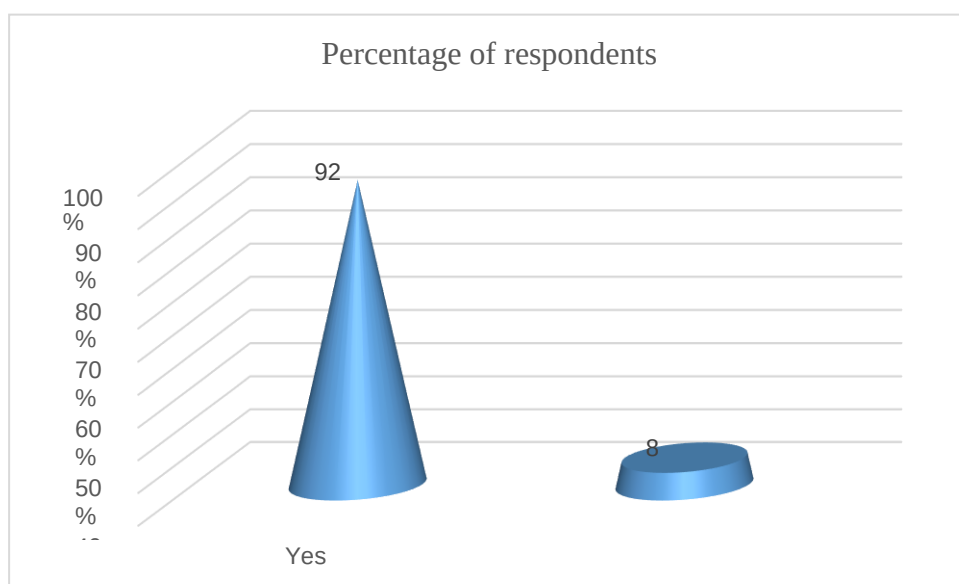
INTERPRETATION:

From the above table it is observed that 92% of the respondents felt that they have provided the first aid equipment and 8% of the respondents felt that they have not provided the first aid equipment.

INFERENCE:

It is inferred that majority (92%) of the respondents felt that they have provided the first aid equipment.

4.2.18 CHART SHOWING OPINION ABOUT THE PROVIDING YOU A FIRST AID EQUIPMENT BY THE RESPONDENTS



4.1.19 TABLE SHOWING SOURCE OF KNOWING HIGHEST PERCENTAGE HEALTH RELAED ACCIDENT

S.No	Source	No. of Respondents	% of Respondents
a)	Electric shock	16	13%
b)	Fire accident	35	29%
c)	Slip	32	27%
d)	Cooking accident	37	31%
Total		120	100%

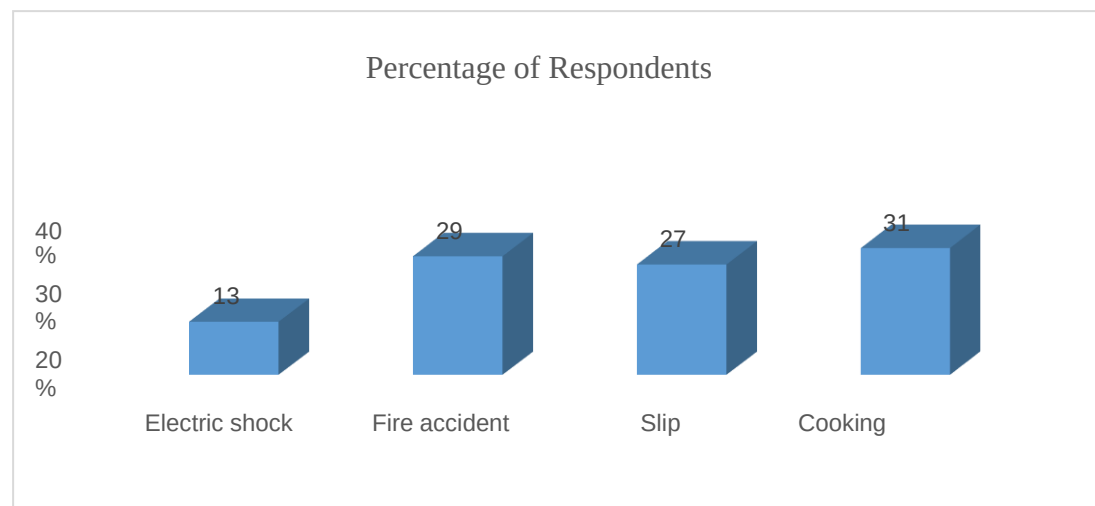
INTERPRETATION:

From the above table it is observed that 31% of the respondents have come to know that accident happened due to cooking accident and 29% of the respondents have come to know that accident happened due to fire accident and 27% of the respondents have come to know that accident happened due to slip and 13% of the respondents have come to know that accident happened due to electric shock.

INFERENCE:

It is inferred that majority (31%) of the respondents have come to know that accident happened due to cooking accident.

4.2.19 CHART SHOWING THE SOURCE OF KNOWING HIGHEST PERCENTAGE HEALTH RELAED ACCIDENT



4.1.20 TABLE SHOWING FREQUENCY OF EXPECTING TO GET A HEALTH CHECK UP

S.No	Factor	No. of Respondents	% of Respondents
a)	Once in 3 month	37	31%
b)	Once in 6 month	26	22%
c)	Once in a year	33	28%
d)	Only when needed	21	17%
e)	Never	3	2%
Total		120	100%

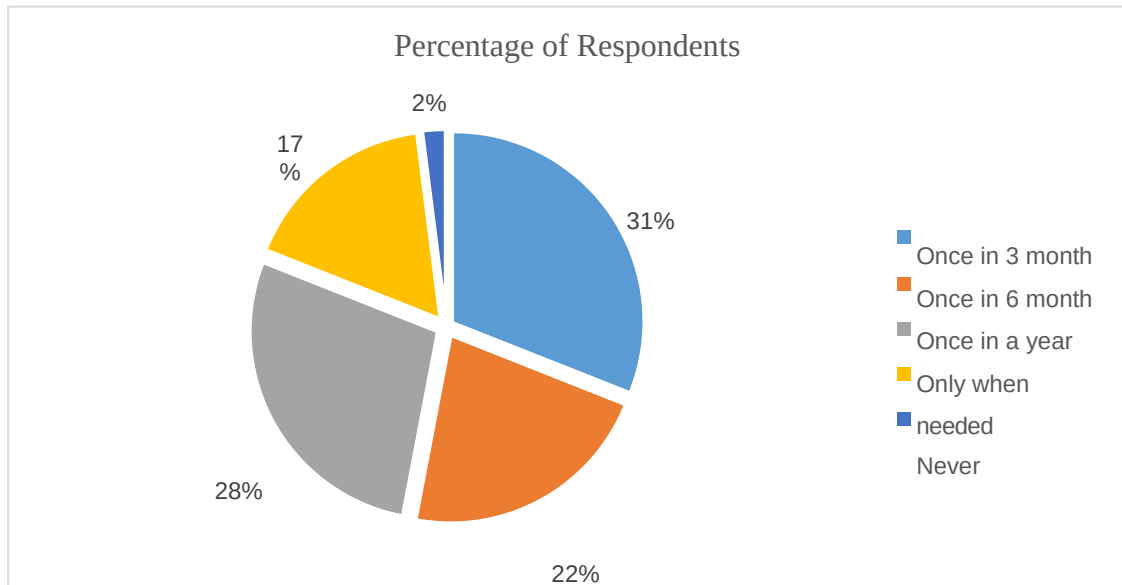
INTERPRETATION:

From the above table it is observed that 31% of the respondents are expect to get health check up within 3 month and 28% of the respondents are expect to get health check up within year and 22% of the respondents are expect to get health check up within 6 month and 17% of the respondents are expect to get health check up only when needed and 2% of the respondents are don't want to get health check up.

INFERENCE:

It is inferred that majority (31%) of the respondents are expect to get health check up within 3 month.

4.2.20 CHART SHOWING THE FREQUENCY OF EXPECTING TO GET A HEALTH CHECK UP



4.1.21 TABLE SHOWING THE OPINION ABOUT SAFETY FACILITY THAT NEED TO BE CHANGED

S.No	Opinion	No. of Respondents	% of Respondents
a)	Food quality	47	39%
b)	Working time	50	42%
c)	Time break	46	38%
d)	Changes in safety facility	34	28%

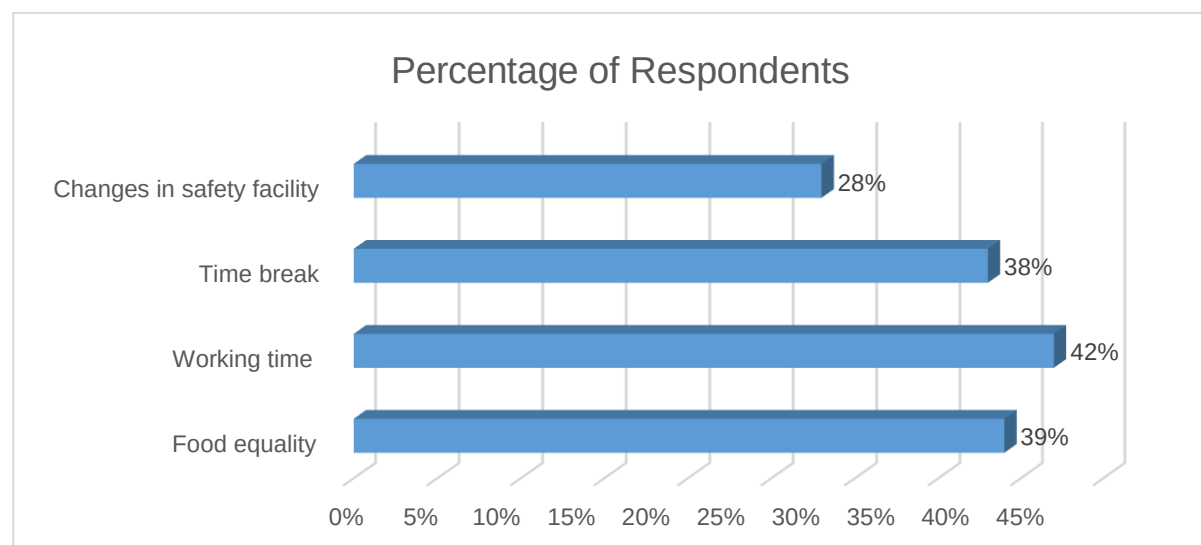
INTERPRETATION:

From the above table it is observed that 42% of the respondents felt that they have opinion to change the working time and 39% of the respondents felt that they have opinion to change the food quality and 38% of the respondents felt that they have opinion to change the time break and 28% of the respondents felt that they have opinion to changes in safety facility

INFERENCE:

It is inferred that majority (42%) of the respondents felt that they have opinion to change the working time.

4.2.21 CHART SHOWING THE OPINION ABOUT SAFETY FACILITY THAT NEED TO BE CHANGED



4.1.22 TABLE SHOWING OPINION ABOUT THE LEVEL OF SATISFACTION ON MANAGING STRESS WHILE WORKING

S.No	Opinion	No. of Respondents	% of Respondents
a)	Strongly agree	23	19%
b)	Agree	54	45%
c)	Neutral	35	29%
d)	Disagree	7	6%
e)	Strongly disagree	1	1%
Total		120	100%

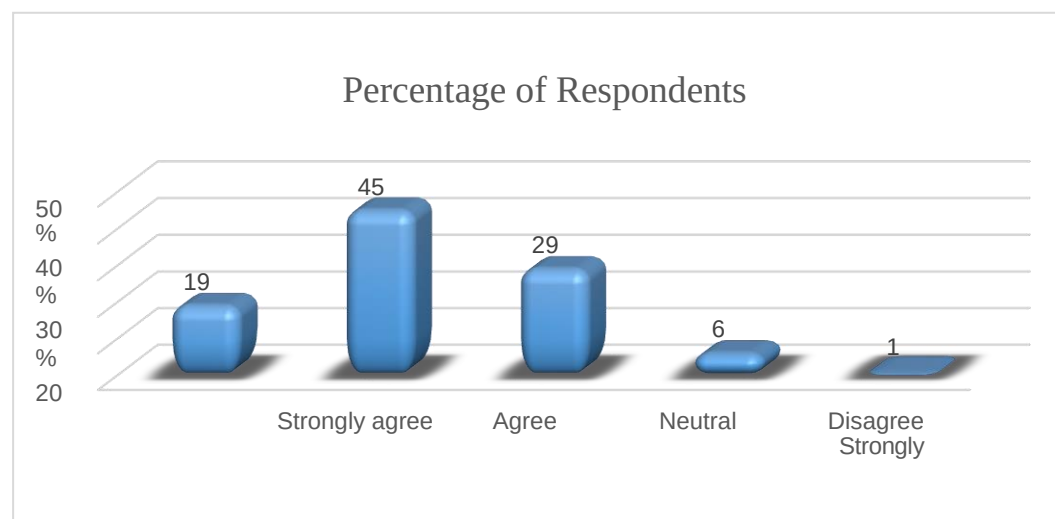
INTERPRETATION:

It is observed from the above table that 45% of the respondents are agreed on managing stress and 29% of the respondents are neutral on managing stress and 19% of the respondents are strongly agree on managing stress and 6% of the respondents are disagreed on managing stress and 1% of the respondents are strongly disagreed on managing stress.

INFERENCE:

It is inferred that majority (45%) of the respondents are agreed on managing stress.

4.2.22 CHART SHOWING OPINION ABOUT THE LEVEL OF SATISFACTION ON MANAGING STRESS WHILE WORKING



4.1.23 TABLE SHOWING OPINION OF THE RESPONDENTS OF ACCIDENT HAPPEN

S.No	Opinion	No. of Respondents	% of Respondents
a)	Always	11	9%
b)	Sometimes	20	17%
c)	Often	14	12%
d)	Occasionally	58	48%
e)	Never	17	14%
Total		120	100%

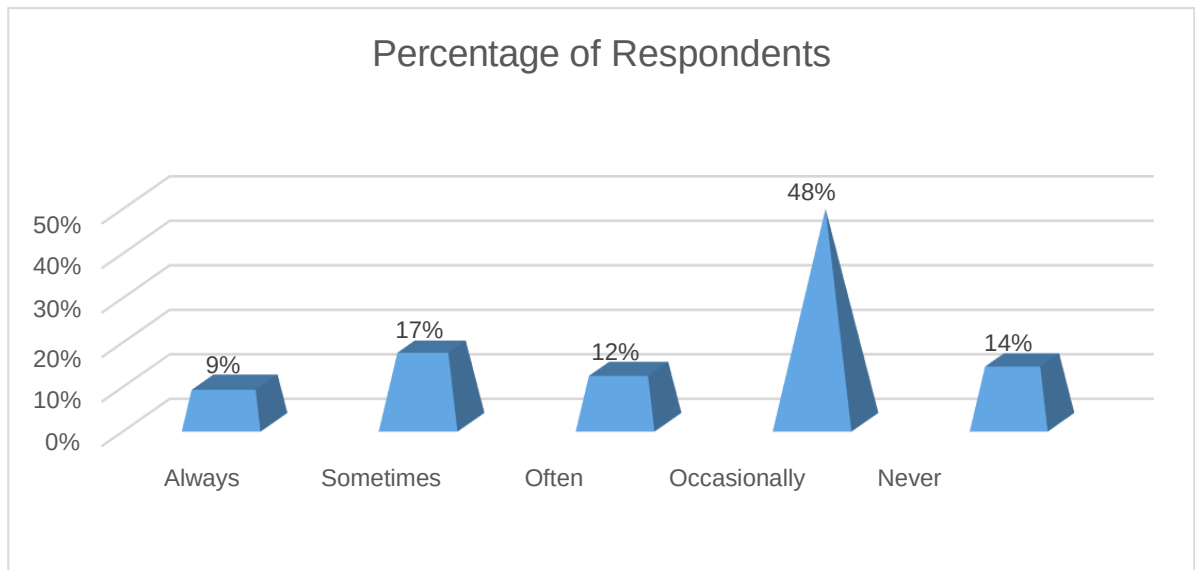
INTERPRETATION:

It is observed from the above table that 48% of the respondents felt that occasionally accident happens and 17% of the respondents felt that sometimes accident happens and 14% of the respondents felt that never accident happens and 12% respondents felt that often accident happens and 9% of the respondents felt that always accident happens.

INFERENCE:

It is inferred that majority (48%) of the respondents felt that occasionally accident happens.

4.2.23 CHART SHOWING OPINION OF THE RESPONDENTS OF ACCIDENT HAPPEN



4.1.24 TABLE SHOWING THE HEALTH AND SAFETY MEASURES THAT MANAGEMENT OFFERS FOR EMPLOYEES

S.No	Opinion	No. of Respondents	% of Respondents
a)	Training	57	47%
b)	Safety equipment	68	57%
c)	Regular break	28	23%
d)	Food	32	27%

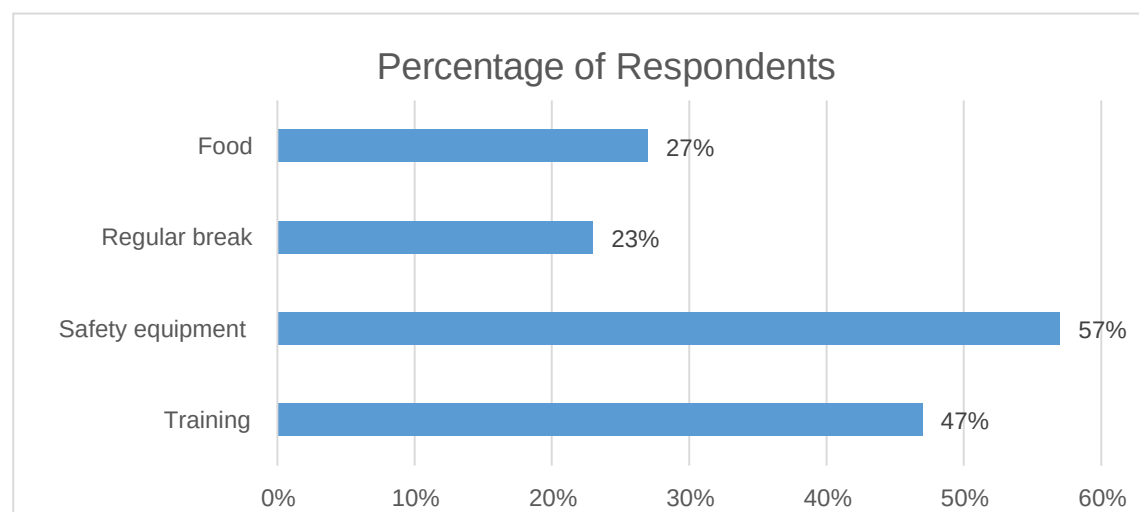
INTERPRETATION:

It is observed from the above table that 57% of the respondents felt that they offers safety equipment and 47% of the respondents felt that they offers training and 27% of the respondents felt that they offers food and 23% of the respondents felt that they offers regular breaks.

INFERENCE:

It is inferred that majority (57%) of the respondents felt that they offers safety equipment.

4.2.24 CHART SHOWING THE HEALTH AND SAFETY MEASURES THAT MANAGEMENT OFFERS FOR EMPLOYEES



4.3 WEIGHTED AVERAGE

4.3.1 TABLE SHOWING THE WEIGHTED AVERAGE BETWEEN THE SATISFACTION LEVEL OF EMPLOYEE SAFETY MEASURES AND MANAGEMENT PROVIDE YOU A SANITATION FACILITY.

Frequencies

Statistics			
		Satisfaction level of the employees on safety measures taken in the restaurant	The management provide you a sanitation facility
N	Valid	120	120
	Missing	0	0
Mean		4.13	3.86

Frequency Table

Satisfaction level of the employees on safety measures taken in the restaurant					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	2	1.7	1.7	1.7
	Highly dissatisfied	1	.8	.8	2.5
	Highly satisfied	39	32.5	32.5	35.0
	Neutral	16	13.3	13.3	48.3
	Satisfied	62	51.7	51.7	100.0
	Total	120	100.0	100.0	

Did you the management provide you a sanitation facility					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	3	2.5	2.5	2.5
	Highly dissatisfied	1	.8	.8	3.3
	Highly satisfied	45	37.5	37.5	40.8
	Neutral	32	26.7	26.7	67.5
	Satisfied	39	32.5	32.5	100.0
	Total	120	100.0	100.0	

4.4 CORRELATION

4.4.1 TABLE SHOWING THE COORELATED BETWEEN THE GENDER AND LEVEL OF SATISFACTION ON MANAGING STRESS

X – Gender

Y – Level of satisfaction on managing stress

Correlations			
		x	y
x	Pearson Correlation	1	-.017
	Sig. (2-tailed)		.853
	N	120	120
Y	Pearson Correlation	-.017	1
	Sig. (2-tailed)	.853	
	N	120	120

Conclusion:

The two variable gender and level of satisfaction on managing stress are strongly correlated.

4.5 CHI SQUARE TEST

4.5.1 TABLE SHOWING THE BETWEEN EXPERIENCE AND SATISFACTION LEVEL OF THE EMPLOYEES IN SAFETY MEASURES.

Crosstabs

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Exp [In Years] * Satisfaction level of the employees on safety measures taken in the restaurant	120	100.0%	0	0.0%	120	100.0%

Exp [In Years] * Satisfaction level of the employees on safety measures taken in the restaurant Cross tabulation							
Count							
		Satisfaction level of the employees on safety measures taken in the restaurant					Total
		Dissatisfied	Neutral	Satisfied	Very dissatisfied	Very satisfied	
Exp [In Years]	11 to 15	1	2	1	0	1	5
	6 to 10	0	4	17	0	10	31
	Above 20	0	1	2	1	2	6
	Below 5	1	9	42	0	26	78
Total		2	16	62	1	39	120

H₀ : There is no dependency between Experience and Satisfaction level of the employees in safety measures.

H₁ : There is dependency between Experience and Satisfaction level of the employees in safety measures.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.430 ^a	12	.001
Likelihood Ratio	14.555	12	.267
Linear-by-Linear Association	.778	1	.378
N of Valid Cases	120		
a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .04.			

Interpretation:

P (0.01)>0.05, hence we reject the null hypothesis (H₁)

There is dependency between Experience and Satisfaction level of the employees in safety measures.

5. FINDINGS, SUGGESTIONS AND CONCLUSION

CHAPTER 5

5.1 FINDINGS

- Majority (58%) of the respondents are male.
- Majority (64%) of the respondents are the aged between 18-25.
- Majority (30%) of the respondents are Maintenance and cleaning staff.
- Majority (65%) of the respondents are experienced in below 5 years.
- Majority (87%) of the respondents are felt that they have provided medical facility.
- Majority (46%) get training their employees within a year.
- Majority (69%) of the respondents have felt that Always the quality of food is maintained.
- Majority (43%) of the respondents have felt that Safety inspection held monthly.
- Majority (52%) of the respondents are Satisfied in safety measures.
- Majority (47%) of the respondents are agreed that security cameras are installed.
- Majority (95%) of the respondents felt that the fire equipment service is registered.
- Majority (92%) of the respondents felt that they have the qualified and experience electrician.
- Majority (34%) of the respondents felt that there is a availability of cameras.
- Majority (35%) of the respondents felt that they are feeding 200 customers per day.
- Majority (38%) of the respondents are highly satisfied in providing a sanitation facility.
- Majority (32.66%) of the respondents felt that they satisfied in job.
- Majority (85%) of the respondents felt that they have provided the health insurance.
- Majority (92%) of the respondents felt that they have provided the first aid equipment.

- Majority (31%) of the respondents have come to know that accident happened due to cooking accident.
- Majority (31%) of the respondents are expect to get health checkup within 3 month.
- Majority (42%) of the respondents felt that they have opinion to change the working time.
- Majority (45%) of the respondents are agreed on managing stress.

5.2 SUGGESTION

- The company has to create the awareness for the workers regarding health and safety.
- They have to provide effective arrangement to the workers for communicating their health and safety matters.
- It is better to provide frequent health and safety training atleast once in a year.
- The company has to provide enough drinking water facility available at all the time.
- The management has to take necessary step to reduce the stress level of the workers.
- Orientation program can be conducted to make the worker to feel that their environment is safe to work.
- Proper training has to be given to the workers to avoid frequent accidents.
- Meditation practices can be given to avoid electric shock, finger injuries etc., due to lack of concentration.
- Safety committee has to be formed to monitor the health and safety issues.
- The company has to conduct the regular inspections to insure higher level of safety in the work place.
- Cordinal relationship has to be maintained between the management and the workers to implement the health and safety policies and measures in a smooth manner.

5.3 CONCLUSION

It is revealed from the study that, the health and safety measures adopted in restaurant are provided to the workers according to the Food safety and standard Act 2006. To permit effective examination of the relationship between health and safety and work related factors among older workers, It is necessary to create new. By satisfying the individual employee needs through Human Resource Management will move the certain employee performance and also it will be easy to achieve the target in specific period. Human Resource team also plays an major role in an restaurant as guideline to the employee. To achieve a business goal, employees fulfillment is very much needed. So this restaurant must look forward to improve the Human Resource team so that it will move the business even more higher and higher. It reveals that the awareness of the workers about health and safety in the work place is inadequate. Suitable ideas were suggested to avoid accidents and to improve the health and safety measures. The role of management in implementing health and safety in the organization is very effective. Most of the workers were satisfied with the health and safety measures adopted in the company. If the company implements effective disciplinary procedures; it will help the company to go with their policies and also to maintain health and safety in the organization.

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APPENDIX – I (QUESTIONNAIRE)

Questionnaire:

1. Name:
2. Gender : a) Male b) Female
3. Age : a) <25 b) 25-35 c) 35-45 d) >45
4. Select Your occupation in your restaurant?

 a) Manager b) Cashier c) Dishwasher d) maintenance
 and cleaning e) Server f) chef
5. Experience in Years
 a) Below 5 b) 6-10 c) 11-15 d) Above 20
6. Does the company provide medical facility?

 a) Yes b) No
7. How frequent training is offered for employee?

 a) Once in 5 years b) Once in 3 years c) Yearly once
 d) Monthly e) Rarely
8. In Employee view is the quality of food is maintained properly?

 a) Always b) Sometimes c) Often d) Not at all
9. How often the safety inspections are held in restaurant?

 a) Yearly b) Monthly c) Weekly d) Daily
 e) Rarely
10. Satisfaction level of the employee on safety measures taken in the restaurant?

 a) Highly satisfied b) Satisfied c) Neutral
 d) Dissatisfied e) Highly dissatisfied

11. Security cameras installed on the premises?

- a) Strongly agree b) Agree c) Neutral d) Disagree
e) Strongly disagree

12. Do you have a fire Equipment service registered in your restaurant?

- a) Yes b) No

13. Does your restaurant have qualified and experience electrician?

- a) Yes b) No

14. Rank your safety facilities available in restaurant (1-25%, 2-50%, 3-75%, 4-100%)

S.No	Attributes	Rank(1-4)
A	Fire alarms	
B	Sanitation cleaning	
C	Food	
D	Camera	
E	Emergency power	
F	Drinking water	

15. How many customer are feeding each day?

- a) 100 b) 150 c) 200 d) 250

16. Did management provide you a sanitation facility?

- a) Highly satisfied b) Satisfied c) Neutral
d) Dissatisfied e) Highly dissatisfied

17. Indicate your level of satisfaction for the following attribute?

(HS – Highly Satisfied, S – Satisfied, N – Neutral, D – Dissatisfied, HDS – Highly Dissatisfied)

S.NO	Attributes	Level of satisfaction				
		HS	S	N	DS	HDS
1	Job satisfaction					
2	Working time satisfaction					
3	Insurance facility					
4	Providing Incentive					

18. Did management provide you a employee health insurance?

- a) Yes b) No

19. Did management provide you a suitable and sufficient first aid equipment facility?

- a) Yes b) No

20. Which of these is responsible for the highest percentage of health related accident?

- a) Electric shocks b) Fire accident c) Slips d) Cooking accident

21. How often you expect to get a health check up?

- a) Once in 3 month b) Once in 6 month c) Once in a year
d) Only when needed e) Never get it done

22. Your expectation on restaurant safety facility that need to be changed?

- a) Food quality b) Working time c) Time break
d) Changes in safety facility

23. Level of satisfaction on managing stress while working in your restaurant

- a) Strongly agree b) Agree c) Neutral d) Disagree
e) Strongly disagree

24. How often the accident happen?

- a) Always b) Sometimes c) Often d) Rarely e) Not
at all

25. What are the health and safety measures company offers for employees?

- a) Training b) Safety equipment c) Regular breaks d)
Food

26. Your comment on service Quality and safety facility that need to be improved?

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APPENDIX – II (Article)

The Health and Safety Measures Adopted For Employees of Restaurant

Lekhashree A¹, Dr. M. John Britto²

² Assistant professor

^{1, 2} Sathyabama Institution of Science and Technology, Chennai

Abstract- *The health and safety measures of employees that provided by restaurant. In any work place health and safety measures for both the employee and guest to be safe. We should treat our employees in a friendly manner. While requiring a new employees we should atleast have a few experience employees (old employees). All the safety measures are provided by the management and they should aware of it. It is very important that we need to focus on employees satisfaction.*

Keywords- Health and Safety, cleaning, maintenance, Food quality, Working time

I. INTRODUCTION

A restaurant is a business. It is categorized by catering service, fast food, cafeterias and family restaurant that means only to have a dining experience. The health and safety measures are provided by the organization. According to welfare Act 2005 all the employee should have the policy as well as managers also.

All the employees to be motivated and work safety to protect their health. It is mainly to avoid risk and hazards. The management also update their health and safety measure to improve constantly.

Training - It is very important part for every organization to protect employees for accidents. All the employees need to know how to operate the equipment. Only a trained employee allows to access the equipment.

Satisfaction of employee – Satisfying the employee very important to grow business in a higher level. Satisfying the employee like reduce work time, time break, offering food, bonus, place to live.

Aware - All employees should aware of safety measures where it is located and how to use. The company has to conduct the regular inspection to insure the higher level of safety in the work place.

II. STATEMENT OF THE PROBLEM

Coming up with the unique way in a hotel industry is a main challenging role to a competitor. Food safety is one of the main ethical issues (food service) in restaurant. Losing a trained and experience employee is a problem, turnover can lose you a lot of money while hiring a youngster and the main drawback is they won't stay long. To make a loyal customer we need to give a nice dining experience and feel them happy to be a loyal one.

III. OBJECTIVES OF STUDY

- To know the employee expectation on safety facility.
- To determine the employee perception on health and safety facility.
- To know the employee level of satisfaction towards health and safety facility.
- To identify the role of management in implementing health and safety facility.
- To find out the new area of improvement in health and safety facility.

IV. REVIEW OF LITERATURE

Jee Hye Lee, Azlin Mustapha, Johye Hwang(2019), The purpose of the article is to present the review of risk perception. Food is one of the main ethical issues in (Food service) restaurant. It is mainly focus on reduce risk from food perception. Coming up with the unique way towards ethnic food safety information of risk perception. They explain the critical factor of risk perception to visit restaurant in ethnic way. Finally it evaluate about risk perception of restaurant.

David A Lombardi, Melissa J Perry (2012), The purpose of the article is to study about the commitment of safety to employees. The management should know the awareness of safety measures to employees. This study explains the important of safety climate and how they associate with manager, supervisor, and employees. The management communicate to employees in a friendly manner. It speaks about the future injuries in a particular service restaurant staff.

So, it evaluates the commitment of safety to employees, how to associate and rate the future injuries of particular staff.

Katie Fillion, Douglas A Powell(2009), The purpose of the article is about the restaurant hygiene. According to the world health organization most of the people has been cause on non-hygiene of food and service. It estimates about the 30% of illness cause on food and water and 70% of illness cause on preparation of food and food service. So, it speaks about the hygiene of the restaurant from consumer perception. To make a loyal customer we need to give a nice dining experience and feel them happy to be a loyal one.

Lyn Paleo, Robin Dewey(2009), The purpose of the article is about the training to the employees. While starting a business employee have to be trained by the management or manager. Only the employees have the capability to know about the identifying workplace problem and how to make a change of it and they should aware of safety facilities in physical manner and know how to improve safety facility. It evaluates about the training to the employee to develop the business.

A Baker; H Heiler(2002), The purpose of the article is about impact on employee health and safety of changes on absenteeism. It speaks about the three type of absenteeism of period covered. Period 1. Covered original 8hours / 7days. Period 2. Covered 12-month period 12 hours / 7 days Period 3. Covered 12 month in week days and day off 12 hours / 5 days. These data were collected and analyzed. So, the period 3 covered that absenteeism rates were increased. Protective measures in different work place worldwide.

V. RESEARCH METHODOLOGY

Research design is a conceptual structure of research is conducted. The design used for this research is descriptive research. It carries both primary and secondary research.

DESCRIPTIVE RESEARCH

Descriptive research is well structured. It includes surveys and finding fact in different ways and it answered the question like how, what, when, where, etc.,

SAMPLE DESIGN

The entire population the examine the small part of population called sample. In this study random sample method was used to collect data from the employee.

SAMPLE TECHNIQUE

Convenient sample technique is used in the study based on my convenient. Is is necessary to describe how the sample would differs from an ideal sample that was randomly selected and my sample size is 120.

ANALYTICAL TOOL

Statistical tools are to obtain findings and average information in logical sequence the collected after tabulation of data.

1 WEIGHTED AVERAGE

TABLE SHOWING THE WEIGHTED AVERAGE BETWEEN THE SATISFACTION LEVEL OF EMPLOYEE SAFETY MEASURES AND MANAGEMENT PROVIDE YOU A SANITATION FACILITY.

Frequencies

		Statistics	
		Satisfaction level of the employees on safety measures taken in the restaurant	The management provide you a sanitation facility
N	Valid	120	120
	Missing	0	0
Mean		4.13	3.86

Frequency Table

Satisfaction level of the employees on safety measures taken in the restaurant					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	2	1.7	1.7	1.7
	Highly dissatisfied	1	.8	.8	2.5
	Highly satisfied	39	32.5	32.5	35.0
	Neutral	16	13.3	13.3	48.3
	Satisfied	62	51.7	51.7	100.0
	Total	120	100.0	100.0	

Did you the management provide you a sanitation facility					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	3	2.5	2.5	2.5
	Highly dissatisfied	1	.8	.8	3.3
	Highly satisfied	45	37.5	37.5	40.8
	Neutral	32	26.7	26.7	67.5
	Satisfied	39	32.5	32.5	100.0
	Total	120	100.0	100.0	

2 CORRELATION

TABLE SHOWING THE COORELATED BETWEEN THE GENDER AND LEVEL OF SATISFACTION ON MANAGING STRESS

X – Gender

Y – Level of satisfaction on managing stress

Correlations			
		x	y
x	Pearson Correlation	1	-.017
	Sig. (2-tailed)		.853
	N	120	120
Y	Pearson Correlation	-.017	1
	Sig. (2-tailed)	.853	
	N	120	120

Conclusion:

The two variable gender and level of satisfaction on managing stress are strongly correlated.

3 CHI SQUARE TEST**TABLE SHOWING THE BETWEEN EXPERIENCE AND SATISFACTION LEVEL OF THE EMPLOYEES IN SAFETY MEASURES.****Crosstabs**

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Exp [In Years] * Satisfaction level of the employees on safety measures taken in the restaurant	120	100.0%	0	0.0%	120	100.0%

Exp [In Years] * Satisfaction level of the employees on safety measures taken in the restaurant Cross tabulation							
Count		Satisfaction level of the employees on safety measures taken in the restaurant					Total
Exp [In Years]		Dissatisfied	Neutral	Satisfied	Very dissatisfied	Very satisfied	
Exp [In Years]	11 to 15	1	2	1	0	1	5
	6 to 10	0	4	17	0	10	31
	Above 20	0	1	2	1	2	6
	Below 5	1	9	42	0	26	78
Total		2	16	62	1	39	120

H₀ : There is no dependency between Experience and Satisfaction level of the employees in safety measures.

H₁ : There is dependency between Experience and Satisfaction level of the employees in safety measures.

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.430 ^a	12	.001
Likelihood Ratio	14.555	12	.267
Linear-by-Linear Association	.778	1	.378
N of Valid Cases	120		

a. 15 cells (75.0%) have expected count less than 5. The minimum expected count is .04.

Interpretation:

P (0.01)>0.05, hence we reject the null hypothesis (H₁)

There is dependency between Experience and Satisfaction level of the employees in safety measures.

VI. SUGGESTION

- The company has to create the awareness for the workers regarding health and safety.
- They have to provide effective arrangement to the workers for communicating their health and safety matters.
- It is better to provide frequent health and safety training atleast once in a year.
- The company has to provide enough drinking water facility available at all the time.
- The management has to take necessary step to reduce the stress level of the workers.

VII. CONCLUSION

It is revealed from the study that, the health and safety measures adopted in restaurant are provided to the workers according to the Food safety and standard Act 2006. It reveals that the awareness of the workers about health and safety in the work place is inadequate. Suitable ideas were suggested to avoid accidents and to improve the health and safety measures. The role of management in implementing health and safety in the organization is very effective. Most of the workers were satisfied with the health and safety measures adopted in the company. If the company implements effective disciplinary procedures; it will help the company to go with their policies and also to maintain health and safety in the organization.

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