THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007 WORKPLACE SELF-ASSESSMENT REPORT

				Pe	rmanent	manent		Casuals		Sub - Total	
1				Male	Fem	ale	Male	Femal	e		
	igement/S ral worker	upervisors	S								
	Total	. 5				+					
				Grana	l Total			<u> </u>			
PREMI	SES										
a) Ty	pe of Bui	lding									
b) De	escription	of work p	lace(s)								
NUMBE	ER OF SA	NITARY	AND WA	SHING FAC	CILITIES						
			MALE				FEMA	ALES			
	Floor	Toilets	Urinals	Showers/	Hand	Floor	Toilets	Showers/	Hand		
				bathrooms	Washing			bathrooms	Washing		
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PRODU	HE HAZ	SUMMA ARDS IN TIONS F	RY OF NA YOUR W HAVE YO	ORKPLACE U TAKEN TO	ORK BEIN	L THE I	E IN THE	WORKPLA	CE		
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PRODU	HE HAZ	SUMMA ARDS IN TIONS H TECTIV ON (e.g. Type	RY OF NA YOUR W HAVE YO E APPLIA	ORKPLACE U TAKEN TO	CLOTHING	L THE F	E IN THE	WORKPLAGE	(if any)		

13. WE	LFARE FACILITIES
a)	First Aid Box/First aid rooms
b)	Drinking Water
14. OC	CUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEMS.
a)	Is there a documented Occupational Safety & Health Policy in place? YES/NO
b)	Is there a functional Occupational Safety and Health committee? YES/NO
c)	Has the committee received the prescribed basic training in OSH? YES/NO
d)	Date of last Safety Audit
15. HA	VE MEDICAL EXAMINATIONS AND TESTS ON WORKERS BEEN DONE AND WHEN
i.	e. give dates and names of DHP
16. DE	CLARATION.
I de	clare that the information given herein is true to the best of my knowledge and belief.
Nam	ne of Person filling Assessment Report: Signature:
Des	signation Assessment Report Date