

**MLSS/DOSHS/OSH/AWARD 01: APPLICATION FOR PARTICIPATION IN OSH AWARDS 2020**

Name of the Workplace	
Workplace Registration Number as per OSHA, 2007	
Date of Expiry of the Certificate of Registration of the Workplace	
Plot Number	
Road/Street	
P.O. Box	
Telephone No.	
Email address:	
County	
Sub County	
Nature of Work	
Total number of Employees	
Name of Person in charge of safety	
Telephone No.	
Name of Manager/Director:	
Designation:	
Signature:	
Date:	
<b>For official use only</b>	
Awards committee recommendations	
Date	
Comments by the Director of Occupational Safety and Health Services	
Date	