

MLSS/DOSHS/OSH/AWARD 01: APPLICATION FOR PARTICIPATION IN OSH AWARDS 2021

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:	
For official use only	
Awards committee recommendations	
Date	
Comments by the Director of Occupational Safety and Health Services	
Date	