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**THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007**

**BUILDING OPERATIONS OR WORKS OF ENGINEERING CONSTRUCTION SELF-ASSESSMENT REPORT**

1a. NAME OF CONTRACTOR .....

b. NAME OF SITE: .....

**2. PERSONNEL**

	<i>Permanent</i>		<i>Casuals</i>		<i>Sub - Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Management/Supervisors					
General workers					
Sub - Total					
<i>Grand Total</i>					

**3. NUMBER OF SANITARY AND WASHING FACILITIES**

<i>MALE</i>				<i>FEMALES</i>		
<i>Toilets</i>	<i>Urinals</i>	<i>Showers/ bathrooms</i>	<i>Hand Washing</i>	<i>Toilets</i>	<i>Showers/ bathrooms</i>	<i>Hand Washing</i>

**4. WELFARE FACILITIES**

a) First Aid Box/First aid rooms .....

b) Drinking Water.....

**5. SHARED FACILITIES**

If facilities mentioned in paragraphs 3. and 4. are shared or are provided by client or main contractor or any other person please indicate the Name of person/Company providing the facilities

.....

**6. GIVE A BRIEF SUMMARY OF NATURE OF WORK BEING DONE IN THE SITE**

.....  
 .....

**7. MACHINERY, EQUIPMENT AND PLANT IN USE (machines, Lifting equipment, pressure vessels etc) .....**

**8. LIST THE EXPECTED HAZARDS.....**

**9. WHAT PRECAUTIONS HAVE YOU TAKEN OR INTEND TO TAKE TO CONTROL THE HAZARDS?**

.....

**10. LIST THE PROTECTIVE APPLIANCES AND CLOTHING PROVIDED TO WORKERS**

**11. VENTILLATION**

a) Mechanical (e.g. Type) .....

b) Local exhaust ventilation (if any): .....

**12. FIRE PRECAUTION**

a) Appliances (Indicate types, number and distribution of fire extinguishers): .....

b) Means of escape from workplace in case of fire: (specify).....

**13. DECLARATION.**

I declare that the information given herein is true to the best of my knowledge and belief.

Signature: ..... Designation .....

Assessment Report Date ..... Name of Person filling Assessment Report: .....