

THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007

WORKPLACE SELF-ASSESSMENT REPORT

1. NAME OF WORKPLACE

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. PREMISES

- a) Type of Building
- b) Description of work place(s).....

4. NUMBER OF SANITARY AND WASHING FACILITIES

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

5. RAW MATERIALS IN USE

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6. PRODUCTS

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7. GIVE A BRIEF SUMMARY OF NATURE OF WORK BEING DONE IN THE WORKPLACE

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8 . LIST THE HAZARDS IN YOUR WORKPLACE

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9. WHAT PRECAUTIONS HAVE YOU TAKEN TO CONTROL THE HAZARDS?

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10. LIST THE PROTECTIVE APPLIANCES AND CLOTHING PROVIDED TO WORKERS (if any)

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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).....
- c) Has a fire risk audit been carried out?

13. WELFARE FACILITIES

- a) First Aid Box/First aid rooms
- b) Drinking Water

14. OCCUPATIONAL 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..... Name of Safety and Health Adviser

15. HAVE MEDICAL EXAMINATIONS AND TESTS ON WORKERS BEEN DONE AND WHEN

i.e. give dates and names of DHP

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16. DECLARATION.

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

Name of Person filling Assessment Report: **Signature:**

Designation **Assessment Report Date**