



OCCUPATIONAL SAFETY AND HEALTH AUTHORITY (OSHA)

Awards for Occupational Safety and Health (AOSH)

Application Form for AOSH Award 2019

Name of Organization:	
OSHA Registration No:	

1. Eligibility Criteria

Applications are open only for workplaces which are registered and operated in Tanzania Mainland, and having OSHA Registration Certificate.

2. Rules for Participation

- i) Download the Application Form from the website **www.osha.go.tz**, or collect it from the nearest OSHA office.
- ii) Complete the Form Field Electronically or in Permanent Ink. Note that incomplete Forms may not be considered.
- iii) Applicant should pay entry fee of TZS 50,000/= non-refundable, Payments will be done electronically through GePG. Please visit the nearest OSHA office or contact through email or phone to get your Control Number; (zakaria.sumunijohn@osha.go.tz, 0754789752, 0715914628).
- iv) Print Application Form and have it signed by the authorized person, complete with Company Stamp. The completed Application Form must be submitted by **15th April 2019**. Do not attach any document during submission except for proof of payment.
- v) The Form may be submitted in any of the following ways:-
 - (a) To the **Chief Executive**, OSHA, P.O Box 519 **Dar es Salaam**; or submit the hard copy to the nearest OSHA Offices located in Dar es Salaam, Mwanza, Dodoma, Arusha, Mbeya, Mtwara, Tanga, Njombe, Morogoro and Bukoba;
 - (b) Email to: **info@osha.go.tz**
- vi) Competitors for AOSH must participate on the Exhibition to show their competency.
- vii) All participants and winners of Awards are invited to attend the award giving ceremony to be held on the **28th April 2019** in Mbeya Region, and they may be asked to be available for media interviews or other publicity.
- viii) All written information will be verified by the Award Team. Participants are subject to OSH audits including site audit.

3. Award Category (Please tick the Category Applied for)

Manufacturing (Chemicals)	Insurance Services
Manufacturing (Plastic Products)	Financial Services
Manufacturing (Metals)	Public Services
Manufacturing (Food & Beverages)	Information & Communication
Manufacturing (Others)	Transportation & Logistics
Mining	Oil and Gas
Agriculture	Accommodation & Food Services
Construction	Safety and Health Services

4. Particulars of the Workplace to be Audited

Name of the Workplace(s):			
Nature of work:			
Contact:	Postal Address:	Email:	Tel/ Mob. No:
Physical Address:			

5. OSH Information (Please tick where Necessary)

Number of employees:	Full time:	Part time:	Contract:
Workplace OSH risk assessment conducted:	YES	NO	Not Required
Is there any hazards prevention and control programme?	YES	NO	Not Required
Name the top 3 hazards in your workplace:	1. 2. 3.		

A written OSH policy prepared and well implemented:	YES	NO	Prepared but not implemented			
List any available programmes for OSH at the workplace:						
List any OSH trainings provided to workers:						
Number of accidents occurred in the workplace between 2016-2018 (recorded or reported for investigation):	No. of Fatal injuries:		No. of Hospitalized:			
	First Aid Cases:		Near miss:			
Work related disease cases reported in the workplace from 2016-2018:	No. of Deaths:		No. of Hospitalized:			
Is there any written workplace accident investigation procedure?	YES	NO				
Is there any workplace accident investigation report(s)?	YES	NO	Accident(s) never occurred			
Fitness to work between the year 2017 and 2018:	Pre-employment medical examination done		Periodic medical examination done		Exit medical examination done	
	YES	NO	YES	NO	YES	NO
Safety and health committee:	Presence of safety and health committee		Committee is active		No. of committee members and their composition	
	YES	NO	YES	NO	-Management -Workers None	
Please list any OSH related facilities made available at the workplace:						
OSHA compliance licence validity:	Valid	Expired (<i>Indicate the expiry date</i>)		Never complied		

6. Declaration

I declare that the information provided in this application form is correct, accurate and relates to our business and therefore, I agree to abide by the rules of participation.

Name of authorised person:

Designation:

Signature:

Mobile phone:

Date:

Company Stamp: