



THE UNITED REPUBLIC OF TANZANIA PRIME MINISTER'S OFFICE



LABOUR, YOUTH, EMPLOYMENT AND THE PERSONS WITH DISABILITY OCCUPATIONAL SAFETY AND HEALTH AUTHORITY (OSHA)

Awards for Occupational Safety and Health (AOSH) 2021

Theme of the year: **Anticipate, prepare and respond to the crisis:
Invest Now in Resilient Occupational safety and Health (OSH) system**

Introduction

In commemorating World day for Safety and Health at Work and as a part of National OSH promotion and awareness creation activities, Occupational Safety and Health Authority (OSHA) is inviting all owners of workplaces or employers to compete for the Awards for Occupational Safety and Health (AOSH).

Aim

To encourage private and public workplaces throughout Tanzania to develop, implement and evaluate strategies that help achieve a healthier and safer work environment.

Entry Eligibility

Applications are open only for workplace registered with OSHA and operates in Tanzania Mainland regardless to their affiliation to government or economic sector financial size are encouraged to participate. More details are shown on the Application form.

If your workplace has planned or implemented any innovative idea or

program which contributes in the promotion of safety and health at workplace please share with other stakeholders through this award .All applicants selected for the awards will be visited for verifications. Safety and health information to be verified are shown in the Application Form.

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 in Permanent Ink or Electronically. 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 **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 **23rd April 2021, 15:30 HRS**. 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** or, **zakaria.sumuni@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 2021** in Mwanza 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.





OCCUPATIONAL SAFETY AND HEALTH AUTHORITY (OSHA)

Awards for Occupational Safety and Health (AOSH)

Application Form for AOSH Award2021

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

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

<input type="checkbox"/> Manufacturing (Chemicals)	<input type="checkbox"/> Public Services
<input type="checkbox"/> Manufacturing (Plastic products)	<input type="checkbox"/> Information & Communication
<input type="checkbox"/> Manufacturing (Metals)	<input type="checkbox"/> Transportation & Logistics
<input type="checkbox"/> Manufacturing (Food & Beverages)	<input type="checkbox"/> Oil and Gas
<input type="checkbox"/> Manufacturing (Others)	<input type="checkbox"/> Accommodation & Food service
<input type="checkbox"/> Mining	<input type="checkbox"/> Safety and Health Services
<input type="checkbox"/> Agriculture	<input type="checkbox"/> *Innovation in OHS
<input type="checkbox"/> Construction	<input type="checkbox"/> *Cooperate Social Responsibility Related to OHS
<input type="checkbox"/> Insurance Services	<input type="checkbox"/> *Caring Workers with Special Needs
<input type="checkbox"/> Financial Services	

**Activities to be verified at the workplace and during exhibition*

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:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Required
Is there any hazards prevention and control programme?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Not Required
Name the top 3 hazards in your workplace:	1. 2.		

	3.		
A written OSH policy prepared and well implemented:	<input type="checkbox"/> YES NO <input type="checkbox"/> Prepared but not implemented <input type="checkbox"/>		
List any available programmes for OSH at the workplace:			
List any OSH trainings provided to workers:			
Number of accidents occurred in the workplace between 2018-2020 (recorded or reported for investigation):	No. of Fatal injuries: <input type="text"/>	No. of Hospitalized: <input type="text"/>	
	First Aid Cases: <input type="text"/>	Near miss accidents: <input type="text"/>	
Work related disease cases reported in the workplace from 2018-2020:	No. of Deaths: <input type="text"/>	No. of Hospitalized: <input type="text"/>	
Is there any written accident investigation procedure?	<input type="checkbox"/> YES NO <input type="checkbox"/>		
Is there any accident investigation report(s)?	<input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> accident(s) not happened		
Fitness to work:	Pre-employment medical examination done	Periodic medical examination done	Exit medical examination done
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety and health committee:	Presence of safety and health committee	Committee is active	No. of committee members and their composition
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Management <input type="checkbox"/> Workers <input type="checkbox"/> None
Please list any OSH related facilities made available at the workplace:			

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 authorized person:

Designation:

Signature:

Mobile phone:

Date:

Company Stamp: