



# OCCUPATIONAL SAFETY AND HEALTH AUTHORITY (OSHA)

## Awards for Occupational Safety and Health (AOSH)

### Application Form for AOSH Award2020

<b>Name of Organization:</b>	
<b>OSHA Registration No:</b>	

#### 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; (**safetyday@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 **31<sup>th</sup> March 2020**. 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 **safetyday@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 **28<sup>th</sup> April 2020** 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.

**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 <input type="checkbox"/> NO <input type="checkbox"/> prepared but <input type="checkbox"/> 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 2018-2019 (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 2018-2019:	No. of Deaths: <input type="text"/>	No. of Hospitalized: <input type="text"/>	
Is there any written accident investigation procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is there any accident investigation report(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <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 authorised person:

Designation:

Signature:

Mobile phone:

Date:

Company Stamp: