

APPLICATION FOR APPROVAL TO SERVE AS FIRE SAFETY AUDITOR

1. Name in full.....ID No.....
(BLOCK LETTERS)
2. Date of birth.....Occupation.....
3. Address to which mail can be sent: P.O. Box
- E-mail..... Telephone No..... Cell phone No.....
4. Name and Address of present employer.....

5. Outline of Education

From	To	School / College etc	Examinations Passed	Year Passed
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6. Relevant Professional Qualifications and dates obtained (attach copies)

Qualification	Awarding Authority	Year of award
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7. Membership of professional bodies/associations and dates obtained (*attach copies*)

Membership	Awarding Authority	Year of award
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8. Employment (Present & Previous)

From	To	Company / Organisation	Capacity in which employed
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9. Have you read and understood the requirements of the Act and the relevant subsidiary legislation?

10. Have you ever undertaken fire safety audits? Yes / No

If yes, state name and address of the premises and date of the audit

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11. Name and address of TWO personal referees:

- 1)
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- 2)
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12. Signature of Applicant Date

Note: This form should be sent to the: -

- a) Directorate of Occupational Safety and Health Services, Safety House, Commercial Street; P.O. Box 34120-00100; Nairobi, KENYA. Tel. 0202667722, Email: doshdept@yahoo.com; doshdept@labour.go.ke;
- b) Applicants will be required to appear before an Interviewing Board to answer questions designed to test their technical knowledge and their knowledge of the Act and relevant subsidiary legislation.

PART 2 FOR OFFICIAL USE ONLY

Date and number of Committee's meeting.....

Committee's Decision: Recommended () Not recommended () Deferred ()

Reasons:.....
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Signature.....

Chairman Secretary

Director's comment

Signature..... Date.....