MLSSS/DOSH 21A (Revised 2014)
(fill in duplicate)
OFFICIAL USEONLY
Reg. Fee/ Levy: KSh
MR No
Signature
Date20



## OFFICIALUSEONLY

Recommended for Registration on/20
Name of County OSH Officer
Signature

## THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007

Section 44 of the Occupational Safety and Health Act, 2007 requires that before any person occupies or uses any premises as a workplace he shall apply for the registration of such premises by sending to the Director of Occupational Safety and Health Services a written notice containing the particulars set out in the Fourth Schedule of the Act. When completed, it should be sent to the Director of Occupational Safety and Health Services.

## APPLICATION FOR REGISTRATION OF A WORKPLACE

I HEREBY APPLY for the registration of the premises of which particulars are given below, which premises I intend to occupy as a workplace.

1.	Name of the workplace		Co	ounty
2. (a	a) Situation: Plot No	Street	Town	District
(k	р) Р.О. Вох (	Code	Town	
(0	c) Tel	Mobile	Email	
(d	) Registered office (if any)			
	Name of intending occupier (In case of a firm, names of each director/pa with the required details) (Please state FULL n	rtner should be entered If n		
4.	Name of owner of the premises or bu	ilding. (If different from s	3 above)	
	Name		.Address	
5. 1	Nature of the work to be carried on			
6. 1	Name of manager			
	Are chemical substances to be us chemical, trade name and chemical		-	n a list of
	Are machines/equipment to be used? fyes, state the source of energy to be use			

## 9. Are power presses to be used? Yes No.

If yes, attach separate piece of paper giving the particulars of each power press in the format given below:-

Type of Power Press	Description	Distinctive number	Country of manufacture	Year of manufacture

10. Are passenger or goods lifts to be used? Yes No. No. If yes, attach a separate piece of paper giving the particulars in respect of each such lift in the format given below:-

Туре	Description	Distinctive Number	Country and year of manufacture	Date of the last thorough examination	Name of Approved Person by whom the examination was made	*M.P.W. L

**11.** Are steam boilers to be used? Yes No.

If yes, attach a separate piece of paper giving the particulars in respect of each such boiler in the format given below:--

Туре	Description	Distinctive Number	Country and year of manufacture	Date of the last thorough examination	Name of Approved Person by whom the examination was made	*M.P.W.P in psi or Kg/cm <sup>2</sup>

12. (a) Number of persons to be employed in the workplace. Male ...... Female....... Total ......

(b) Are persons to be employed in shifts? Yes \_\_\_\_ No. \_\_\_\_

If yes, state the maximum number to be employed at any one shift. .....

13. Have the premises previously been used as a workplace? Yes

If yes, state name of the workplace .....

14. Name of Director/Partner/Proprietor .....

Date20	Signature of Director/Partner/Proprietor
Note:-	Full Name

1. This form should be accompanied with DOSH 23, (Self-Assessment Form) together with OSH Levy and registration fee payment (KShs. 5000) banking slip in the name of workplace.

2. It is an offence for any person to occupy or use any premises as a workplace without first having been issued with a certificate of registration. Where the Director of Occupational Health and Safety Services refuses to issue a certificate of registration, he must, if so required by the applicant, state in writing the grounds of such refusal. Appeal against the Director of Occupational Health and Safety Services' refusal to register is provided for under section 44(6) of the Act.

\* M.P.W.P: Maximum Permissible Working Pressure, \* M.P.W. L: Maximum Permissible Working Load.