

THE OCCUPATIONAL SAFETY AND HEALTH ACT 2007
APPLICATION FOR APPROVAL TO EXAMINE AND TEST PLANT UNDER THE ACT

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. For the purpose of which section of OSHA Approval being sought? (Choose one only)
Section 63, 64, 65, 67, 68, 69, 70, 71*

10. Have you read and understood the requirements of these sections? (See notes overleaf.) .

11. Have you ever worked with or under the direction of an Approved person?

Yes /No. If yes, state name, address and dates

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12. State your experience in relation to the section of Occupational safety and health act for which approval is being sought:

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13. Counties in which you are prepared to work. Whole country /state counties

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Name and address of **TWO** personal referees.

1).....

2).....

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 for the purpose of which Approval is sought.

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

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Secretary

Director's comment

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