

THE OCCUPATIONAL SAFETY AND HEALTH ACT, 2007

BUILDING OPERATIONS OR WORKS OF ENGINEERING CONSTRUCTION SELF-ASSESSMENT REPORT

1. NAME OF CONTRACTOR.....

2. PERSONNEL

	<i>Permanent</i>		<i>Casuals</i>		<i>Sub - Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Management/Supervisors					
General workers					
Sub - Total					
<i>Grand Total</i>					

3. NUMBER OF SANITARY AND WASHING FACILITIES

<i>MALE</i>				<i>FEMALES</i>		
<i>Toilets</i>	<i>Urinals</i>	<i>Showers/ bathrooms</i>	<i>Hand Washing</i>	<i>Toilets</i>	<i>Showers/ bathrooms</i>	<i>Hand Washing</i>

4. WELFARE FACILITIES

- a) First Aid Box/First aid rooms
- b) Drinking Water.....

5. SHARED FACILITIES

If facilities mentioned in paragraphs 3. and 4. are shared or are provided by client or main contractor or any other person please indicate the Name of person/Company providing the facilities

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6. GIVE A BRIEF SUMMARY OF NATURE OF WORK BEING DONE IN THE SITE

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7. MACHINERY, EQUIPMENT AND PLANT IN USE (machines, Lifting equipment, pressure vessels etc)

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8. LIST THE EXPECTED HAZARDS.....

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9. WHAT PRECAUTIONS HAVE YOU TAKEN OR INTEND TO TAKE TO CONTROL THE HAZARDS?

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10. LIST THE PROTECTIVE APPLIANCES AND CLOTHING PROVIDED TO WORKERS

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11. VENTILLATION

- a) Mechanical (e.g. Type)
- b) Local exhaust ventilation (if any):

12. FIRE PRECAUTION

- a) Appliances (Indicate types, number and distribution of fire extinguishers):
- b) Means of escape from workplace in case of fire: (specify).....

13. DECLARATION.

I declare that the information given herein is true to the best of my knowledge and belief.

Signature: **Designation**

Assessment Report Date **Name of Person filling Assessment Report:**