THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF LABOUR AND EMPLOYMENT
OCCUPATIONAL SAFETY AND HEALTH AUTHORITY

| FOR OFFICIAL USE ONLY | | | |
|---|---|---|---|
| Appl.Form verified by. | | Registration no. | |
| Registration fee to be paid | | File | |
| Certificate prepared by | | S.B register | |
| Certificate approved by | | C. Index | |

Section 16 of the OHS Act 2003 requires that, before any person occupies or uses as workplace or premises which were not occupied or used by him at the commencement of this Act he shall apply for the registration such premises by sending to the Chief Inspector a written notice containing the particulars set out in the First Schedule to the Act. This form may be used for the purpose. When completed, it should be sent to the Chief Inspector. When necessary the completed application form may be submitted to the Chief Inspector through OSHA Zonal office or Area labour office.

**APPLICATION FOR REGISTRATION OF BUILDING OPERATIONS OR WORKS OF ENGENEERING CONSTRUCTION**

1. Name of the

   1.1 Client ……

   1.2 Contractor……...

   1.3 Consultant ……..

2. Please tick (√) one.

   2.1. State whether the main Contractor ☐ or Subcontractor ☐

   If it's the Subcontractor give the name of the main contractor……...

   2.2. **Type: B☐ C☐ E☐ M☐ SPB☐ SPC☐ SPE☐ SPM☐**

   *(Legend: B=Building, C=Civil Works, E=Electrical, M=Mechanical, SP=Specialist in B, C, E, or M)*

   2.3 Class:……..

   2.4 The Client Building permit number……..

1. The address of the registered office (in case of business)

   P.O Box…… Cell……Tel…….....

   Region…… Email……..Fax…….

   District…… Plot number……..

   Street/village…….... Block number…….....

2. Location where operations/work are carried on

   Region…… Email…….

   District…… Plot number……..

   Street/village…….... Block number…….

3. Total number of persons employed or intended to be employed in the workplace

| | **Number of employees** |
|---|---|
| Men | |
| Women | |
| Under 18 | |
| **TOTAL** | |

4. Appropriate date of commencement of work……

5. Contract period……..……

6. Are the following items used or intended to be used

| **ITEMS** | **YES** | **NO** |
|---|---|---|
| i. Power/energy eg. electricity | | |
| ii. Scaffold | | |
| iii. Crane | | |
| iv. Hoist | | |
| v. Air Receivers or Compressors | | |

7. i. Nature of operations or works carried on. Please put tick (√) where appropriate.

| | Industrial building | Commercial/ public building | Dwelling over 3 storey |
|---|---|---|---|
| Construction | | | |
| Maintenance | | | |
| Demolition | | | |
| State other:……..……...……. …… | | | |

8. Contract sum of the whole project undertaking…….

**9. DECLARATION**

I……(Name of Authorized person) declared that, to the best of my knowledge, all the facts stated in this application for registration of a workplace are true and correct.

**Date……** **……**

**Signature of intending occupier and official stamp**