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, Ministry of Labour, Social Security and 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 .............................................................. County ..............

2. (a) Situation: Plot No. ......................... Street .................... Town .............. District ..............

   (b) P.O. Box .............................. Code .............................. Town ..............................

   (c) Tel. .............................. Mobile .............................. Email ..............................

   (d) Registered office (if any) ..............................................................

3. Name of intending occupier ..........................................................................
   (In case of a firm, names of each director/partner should be entered. If more than two attach a separate piece of paper with the required details) (Please state FULL names)

4. Name of owner of the premises or building. (If different from 3 above)

   Name ................................................ Address ........................................

5. Nature of the work to be carried on. ..................................................................

6. Name of manager .........................................................................................

7. Are chemical substances to be used? Yes ☐ No. ☐ If yes, attach a list of chemical, trade name and chemical safety data sheets for each chemical.

8. Are machines/equipment to be used? Yes ☐ No. ☐
   If yes, state the source of energy to be used (e.g. electric, steam, gas or oil)

........................................................................................................................................

REGISTRATION OF WORKPLACE

REPUBLIC OF KENYA

MLSSS/DOSH 21A (Revised 2014)

(fill in duplicate)

OFFICIAL USE ONLY

Reg. Fee/ Levy: KSh..................

MR No..........................................

Signature....................................... Date.........................................
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:-

<table>
<thead>
<tr>
<th>Type of Power Press</th>
<th>Description</th>
<th>Distinctive number</th>
<th>Country of manufacture</th>
<th>Year of manufacture</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Distinctive Number</th>
<th>Country and year of manufacture</th>
<th>Date of the last thorough examination</th>
<th>Name of Approved Person by whom the examination was made</th>
<th>*M.P.W. L</th>
</tr>
</thead>
</table>

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:-

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Distinctive Number</th>
<th>Country and year of manufacture</th>
<th>Date of the last thorough examination</th>
<th>Name of Approved Person by whom the examination was made</th>
<th>*M.P.W.P in psi or Kg/cm²</th>
</tr>
</thead>
</table>

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 ☐ No. ☐
    If yes, state name of the workplace ………………………………………………………………………

14. Name of Director/Partner/Proprietor ………………………………………………………………………
    Date …………………………………20……….. …………………………………………………
    Signature of Director/Partner/Proprietor …………………………………………………………………
    Full Name ………………………………………………………………………………………………………

Note:-
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.