

OSHA COMPLIANCE LICENCE

CLIENT SELF ASSESSMENT SHEET

NO	OSHA (Requirement)	STATUS
1.0	DOES YOUR WORK PLACE REGISTERED BY OSHA? YES/NO	
2.0	HYGIENE INSPECTION DONE? YES/NO	
3.0	MEDICAL SURVEILLANCE DONE? YES/NO	
4.0	ELECTRICAL INSPECTION DONE? YES/NO	
5.0	PLANT INSPECTION (<i>If applicable</i>) DONE? YES/NO	
6.0	OHS POLICY AVAILABLE? YES/NO	
7.0	RISK ASSESSEMENT REPORT AVAILABLE? YES/NO	
8.0	SHE REPRESENTATIVE FORMULATED TRAINED BY OSHA? (COPY OF CERTIFICATES NEEDED)	
9.0	SHE COMMITTEE(MEETING MINUTES)	
10	FIRST AID AND TRAINED FIRST AIDERS DONE YES/NO (<i>copies of certificate</i>)	
11	ACTION PLAN FROM OCCUPIER(RESPOND TO INSPECTORS COMMENTS/RECOMMENDATIONS	