

PLANT INSPECTION REQUISITION

Occupier:

Office Address:

Phone:

THE COMMISSIONER FOR OCCUPATIONAL SAFETY AND HEALTH
P.O. Box 227,
KAMPALA.

I/We the undersigned hereby request the services of an Inspector (Engineering) to examine and/or certify the following plant in accordance with the requirements of the Occupational Safety and Health Act No.9, 2006 and agree to pay to the Uganda Administration the appropriate fees in accordance with the Occupational Safety and Health (Plant Examination Fees) Rules (S.I. 2009 No. 47).

PLANT TO BE INSPECTED	LOCATION OF PLANT
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For Official Use
P.I.R. No.
Fees Est.
Files F.
F

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Signature of Occupier or Representative

Date: