

DEPARTMENT OF EMPLOYMENT AND LABOUR OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT NO. 85 OF 1993)

APPLICATION FOR APPROVAL AS APPROVED INSPECTION AUTHORITY FOR OCCUPATIONAL HYGIENE

1.	PARTICULARS OF THE APPLICANT:			
Registe	ered Name:			
Trading	Trading Name:			
Name	of Technical Manager(s):			
Busine	ss Registration No.:			
Physica	al Address:			
	Post	al Code:		
Postal	Address:			
	Post	al Code:		
Tel No:	:Cell No			
Fax No	oEmail:			
2. SCOPE OF APPLICATION [Tick appropriate block]				
Applica	ation			
2.1	New application	Yes	No	
	SANAS No.			
2.2	Renewal application	Yes	No	
	Previous CI No.			
2.3	Duplicate or re-issue CI No.	Yes	No	
	CI NO.			
3.	SCOPE OF APPROVAL [Tick appropriate blocks]			
Type of	f Inspection Body			
_ · .	Type A			

3.2

Type B Type C

Regul	ation(s) for approval	
3.4	Asbestos Abatement Regulations, 2020	
	Regulation 4(2)	
	Regulation 5 (7)	
	Regulation 13	
	Regulation 15(2) (c)	
	Regulation 16	
	Regulation 22	
3.5	Lead Regulations, 2001	
	Regulation 7	
	Regulation 14	
3.6	Noise Induced Hearing Loss Regulations, 2003	
	Regulation 7	
3.7	Regulations for Hazardous Chemical Agents, 2021	
	Regulation 6	
	Regulation 12	

4. PAYMENT DETAILS

Account Name: Department of Labour Bank: First National Bank Account No.: 62025135577

Branch Code: 253145

Reference: OHS: OHAIA: "company name"

Amount		
4.1	New application/renewals	R 600
4.2	Duplicate/reissue	R 900

5. IN SUPPORT OF THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

5.1	Copy of SANAS accreditation certificate	Yes	No
5.2	Copy of SANAS scope of accreditation	Yes	No
5.3	Proof of Payment	Yes	No

I declare that the particulars given h	ereunder are, to the best of my knowledge and belief, correct.	
Name of Applicant:	Designation:	
Signature:	Date:	
FOR OFFICE USE ONLY		
Application: APPROVED/NOT APP	ROVED	
Reason/s for refusal:		
	Specialist:	
Date:	Date:	
Pagistration No :		