

APPROVAL:PSEPIR

PROCEDURE OWNER:DSOHSWC



GENERAL WORKPLACE INSPECTION APPLICATION FORM

Date:

Business Name: Business Name: Business Owner: Business Owner: Business: Postal Address of Business Leone Postal Address of Business Leones (copy) Postal Address of Policy(copy) Postal Address of Policy(copy) Postal Ban(Copy) Postal	I solely confirm that the information provided below is true and accurate and failure to disclose the relevant information may lead to legal proceedings.							
Nature of Business: Nature of Business: Postal Address of Business: Location of Business: Location of Business: Phone/Fax: Email: Building Owner: Building Owners: Full time: Part-time / Casuals : Female: Male: OHS REQUIREMENTS (attach with application) 1. Certificate of Business Registration(copy) 2. 1. Certificate of Business Registration(copy) 2. 2. 3. NFA Report/Certificate(copy) 3. NFA Report/Certificate(copy) 4. OHS Policy(copy) 5. Emergency Evacuation Plan(copy) 6. Emergency Evacuation Plan(copy) 7. 8. 1. Business Licence 2. 1. Business Licence 3. Tender 4. Hotel Licence 3. Tender 4. Hotel Licence 5. Business License (Licence) 5. Emergency Evacuation Plan(Copy) 6. 7. 8. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. <td colspan="8">Business Name:</td>	Business Name:							
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Lacation of Business:	Nature of Business:							
Phone/Fax:	Postal Address of Business:							
Email:	Location o	of Business:						
Building Owner: No. of Workers : Full time :Part-time/Casuals : Female: Male: OHS REQUIREMENTS (attach with application) Certificate of Business Registration(copy) Certificate of Business Registration(copy) Cast Business License (copy) if existing business CHS Policy(copy) Certificate(copy) Certific	Phone/Fax	x:						
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4. Hotel Licence APPLICANT DETAILS: Name: Designation: Signature: Date: For official Use Only	2.	Liquor Licence						
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Name: Designation: Signature: Date: For official Use Only	4.	Hotel Licence						
For official Use Only	APPLICANT DETAILS:							
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	For official Use Only							
Supervising Officer's Name Date Date	Supervisir	ng Officer's Name			Signature	Date		