



### 12<sup>th</sup> MOSHPA National Award Application Form

Please provide the following information for the year 2015

<b>Date:</b>				<b>Your reference No.:</b>			
<b>Organization (Name &amp; Address)</b>							<b>Business Regt. No.</b>
<b>Business Sector</b>					<b>Website Address</b>		
<b>Audit Location</b>					<b>Focal Person</b>		
					<b>Contact No.</b>		
<b>Person In-charge</b>							
<b>Name:</b>				<b>Position:</b>			
<b>Mobile No.</b>	<b>Telephone No.</b>	<b>Fax. No.</b>	<b>E-mail add.</b>				
<b>1. Total Nos. of Work Force</b>		<b>2. Total Man Hours Achieved</b>			<b>3. Nos of LTI</b>		
<b>4. Nos. of Near Misses</b>		<b>5. Lost Time Accident Cases</b>			<b>6. Fatality (if any)</b>		
<b>7. LTI Frequency Rate</b>		<b>8. LTI Severity Rate</b>			<b>9. Nos. of days away from work</b>		



Please provide additional information and attachments to support your application

Signature:

Name:

Date:

**Organization Stamp**

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