



SAFETY, HEALTH AND ENVIRONMENT NATIONAL AUTHORITY		
WORKPLACE SAFETY & HEALTH OFFICER	Date 12 th December 2018	Rev. 1

Note: This form is to be used as a notification of Workplace Safety & Health Officer to the Safety, Health and Environment National Authority

Part 1: PERSONAL DETAILS

First name			Passport size photo
Last name			
IC no.	Colour		
Passport no	Date of birth		
Nationality	Gender		
Home Tel.			Work Tel.
Email			Mobile No.
Home address			

Part 2: WORKPLACE DETAILS

Current title / position		No. of years in current position	
Task and responsibilities			
Name of company		Work activity	
Company's address			
List of WSH qualifications acquired	WSH Qualifications		Issue Date
List of Previous title / position	Title / Position/Company		Duration (from – until)