

General Information			
Name of Entity:		Classification Code:	
Type of Business Activities:			
Address:	Telephone No.:	E-mail Address:	
	Fax No.:	P.O. Box:	
Authorized Contact Person:			
Authorized Contact Person Position / Title:			
Contact Details of Authorized Person:	Telephone No.:	E-mail Address:	
	Fax No. :	P.O. Box :	
Annual Budget allocated for OSHMS implementation (AED):		Year:	
Details of Actual Expenditure <i>(during the same year)</i>			
1. OSH Management Costs (AED)			
Manpower:	<b>OSH Manpower Direct Costs</b> <i>(Salaries of full time OSH staff, Part time OSH staff, internal OSH consultant and related financial costs)</i>	<b>OSH Manpower Indirect Costs</b> <i>(Man hours lost for non-OSH staff who have spent time managing OSH issues, through supervision, inspection, internal audit, etc)</i>	
Training:	<b>OSH Training Direct Costs</b> <i>(Internal and external OSH training)</i>	<b>OSH Training Indirect Costs</b> <i>(Man hours lost during internal and external training)</i>	
Events/Campaigns:	<b>OSH Awareness Events/Campaigns Direct Costs</b> <i>(Costs of OSH special events/campaigns)</i>	<b>OSH Awareness Events/Campaigns Indirect Costs</b> <i>(Man hours lost during OSH special events/campaigns)</i>	
Consultancy/Audits:	<b>OSH Consultancy Costs</b> <i>(Cost of consultancy services for gap analysis, risk assessment, system development, etc)</i>	<b>Third Party Audit</b> <i>(Cost of third party annual audits)</i>	
Equipment:	<b>OSH Equipment Capital Costs</b> <i>(Purchase of OSH equipment, such as fire extinguishers, first aid kits, etc. and cost of safety system purchases or upgrades such as alarm systems)</i>	<b>OSH Equipment Maintenance Costs</b> <i>(Maintenance of OSH equipment)</i>	
Other Costs related to/associated with OSH Management:			

2. OSH Incidents Costs (AED)			
Assets:	<b>Repair &amp; Maintenance Costs</b> (Property, Machinery, Structure, Vehicle, etc.)	<b>Replacement Costs</b> (Property, Machinery, Structure, Material, Vehicle, etc)	
Restoration/Productivity:	<b>OSH Incident Scene / Area Restoration Costs</b> (Cost of cleanups, arrangement to make the area safe)	<b>Productivity Loss</b> (Based on monthly average wage per Grade, total work hours lost per month and total work hours per month)	
Legal:	<b>Legal Cost</b> (lawyers, Judicial prosecutions, etc)	<b>Compensation Claims</b>	
Injury:	<b>Injury Cost</b> (Treatment, Hospital, Transport, Insurance, etc.)	<b>Other Costs</b> (relevant to / associated with the Incident)	
<b>Total Expenditure for OSH Implementation:</b>	<b>OSH Management Costs (AED)</b>	<b>OSH Incidents Costs (AED)</b>	<b>Grand Total (AED)</b>

Comments (Please add any additional comment if needed)

Declaration			
I declare that all information provided in this document is true, correct and complete.			
Signature of the Authorized Contact Person:		Official Stamp :	
Date : (DD/MM/YYYY)	____/____/____		