

General Information			
Name of Entity:			
Registration Number:			
Number of Sites/Locations (including Head Office)			
Audit Start Date:		Audit End Date:	
Audit Report Submission Date:		Resubmission Date:	

Audit Details			
Scope of Audit:			
	Number of Sites / Locations Visited:		
Reporting Period:	From: To:	Audit Man Days Performed:	
OSH 3 <sup>rd</sup> Party Auditing Company:		Qudorat Registration No.:	
OSH 3 <sup>rd</sup> Party Lead Auditor:		Qudorat Registration No.:	

Mandatory Documents to be attached	
<input type="checkbox"/>	3 <sup>rd</sup> Party Audit Report attached
<input type="checkbox"/>	Corrective Action Plan attached

OSHAD SF Elements		Number of Major Non-Conformities	Number of Minor Non-Conformities
1.	OSH Policy		
2.	Roles and Responsibilities		
3.	Targets and Objectives		
4.	Legal Compliance		
5.	Risk Management		
6.	Contractor Management		
7.	Emergency Response and Management		
8.	Operational Procedures		
9.	Management of Change		

OSHAD SF Elements		Number of Major Non-Conformities	Number of Minor Non-Conformities
10.	Training, Awareness & Competency		
11.	Hazard, Near Miss, Incident Investigation & Reporting		
12.	Communication and Consultation		
13.	Audit and Inspection (Non-Conformance)		
14.	OSH Performance Monitoring		
15.	Document Control and Record Retention		
16.	Management Review		
<b>Total:</b>			

Corrective Action Plan for Major Non Compliances (NC):			
NC No.	Corrective Action	Target Date	Completed Date

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

Official Use		
Remarks:		
Relevant Authority Stamp	Entered into Database by:	
	Name:	
	Signature:	
	Date: (DD/MM/YYYY)	___ / ___ / ___
	Reviewed by:	
	Name:	
	Signature:	
	Date: (DD/MM/YYYY)	___ / ___ / ___