



# Workplace Safety & Health (WSH) Award

Pte Ltd (a subsidiary of SCAL)  
RCB: 199307097Z

## WSH Award Audit Request Form (No Obligation)

Attn : \_\_\_\_\_  
From : \_\_\_\_\_

Date: \_\_\_\_\_  
Fax : \_\_\_\_\_

Kindly fax the completed request form and fax it back to us at **6270 6692**, so that we can provide you with a quotation for consideration.

Company Name: \_\_\_\_\_ Tel (HQ): \_\_\_\_\_ Fax(HQ): \_\_\_\_\_

Contact Person : \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please choose √ the category:  WSHPA  SHARP  bizSAFE Award for SMEs

No. of Current Project: \_\_\_\_\_

Please tick √ if you are:  SCAL member \*(Associate/Ordinary/SLOTS) \*delete where applicable  
 Non-member

### If you are enquiring on SHARP Audit, please fill up the following blanks:

Project Title: \_\_\_\_\_

Location : \_\_\_\_\_

CIF Reg. No. (Factory Permit): \_\_\_\_\_

Project Manager: \_\_\_\_\_ Hp: \_\_\_\_\_ Email: \_\_\_\_\_

WSH Officer: \_\_\_\_\_ Hp: \_\_\_\_\_ Email: \_\_\_\_\_

Site Contact No: (Tel) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email): \_\_\_\_\_

### **To be signed by person submitting the request form**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

\_\_\_\_\_  
Signature / Date