

REGISTER OF CHEMICALS HAZARDOUS TO HEALTH

SECTION A: COMPANY INFORMATION

Name : <input type="text"/>	DOSH Registration No : <input type="text"/>
	Refer to Appendix 4 for Code of Sector and Appendix 5 for Class of Industry
Address : <input type="text"/>	Code of Industry : <input type="text"/>
	Class of Industry : <input type="text"/>
City : <input type="text"/>	Postcode : <input type="text"/>
Telephone No : <input type="text"/>	Company Activity (Please enter (/) in the appropriate box :
Email : <input type="text"/>	Manufacturer : <input type="checkbox"/>
	Distributor : <input type="checkbox"/>
	Formulator : <input type="checkbox"/>
	Importer : <input type="checkbox"/>
	End-User : <input type="checkbox"/>

SECTION B : LIST OF CHEMICALS HAZARDOUS CHEMICAL TO HEALTH

Location : <input style="width:100%; height: 15px;" type="text"/> Process Operation : <input style="width:100%; height: 15px;" type="text"/>	Process Operation : <input style="width:100%; height: 15px;" type="text"/>	No. of Workers: Male : <input style="width: 40px; height: 15px;" type="text"/> Female : <input style="width: 40px; height: 15px;" type="text"/>
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Product Name	Name of Chemical	Physical Form of Chemical	No. of Worker Exposed	Type of Control Measures		Usage of Chemical		CAS No.	Name of Active Ingredients	Comply with Classification Packaging and Labelling Regulation, 1977			Name, Address of Supplier and contact Number (Tel.No/email)
				Engineering Control	PPE	Type #	Quantity #			CSDS	Class	Label (Y/N)	

SECTION : NAME OF PERSON WHO PREPARED OF REVIEWED

PREPARED BY : Name : <input style="width:100%; height: 15px;" type="text"/> Title : <input style="width:100%; height: 15px;" type="text"/> Date : <input style="width: 40px; height: 15px;" type="text"/> _____ <div style="text-align: right;">(Signature)</div>	REVIEWED BY : Name : <input style="width:100%; height: 15px;" type="text"/> Title : <input style="width:100%; height: 15px;" type="text"/> Date : <input style="width: 40px; height: 15px;" type="text"/> _____ <div style="text-align: right;">(Signature)</div>
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