
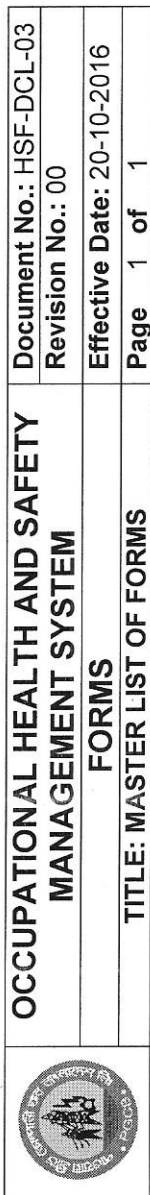


Approved by (MD): 


Approved by (MD):

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Approved by (MD):

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Approved by (MD):

	OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM	Document No.: HSF-DCL-05	
		Revision No.: 00	
	FORMS		Effective Date: 20-10-2016
	TITLE: INITIATING CHANGES IN OHSMS		Page 1 of 1

INITIATING CHANGES IN OHSMS

Initiated by :
Name :
Designation :
Department :
Signature :
Date :

Suggested Changes:

Rationale for Changes:

Proposed by: -----

Date: -----

Comments of the Department/Function Head (required if the initiator is not the Department/Functional Head)

Signature: -----

Date: -----

Recommendation of the Management Representative

Signature: -----

Date: -----

Approval by Management Review Committee:

Approved on:

Approved with comments:

Signature of Management Representative: -----

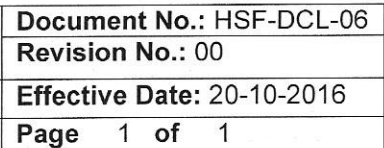
Date: -----

Note: The Management Representative shall send back a copy of this Form with his comments to the initiating department/function.

Reviewed by (MR):

Approved by (MD):




[illegible]

Approved by (MD):

u - Don