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| Factory Converted Dormitory OFWAS Registration Form |

Please fill in **all the details** and save this document in **PDF format** for the application.

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| --- | --- |
| Name/Company Name |  |
| Identity/Company Registration No |  |
| Contact No & Email |  |

**1. Landlord (Lessor/ Building Main tenant or owner)**

|  |  |
| --- | --- |
| Name/Company Name |  |
| Identity/Company Registration No |  |
| Dormitory Address |  |
| Contact No & Email |  |

**2. Operator (Company that will be running the dormitory)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Contact No | Email Address |
|  |  |  |  |
|  |  |  |  |

**3. Details of Person in Charge of Dormitory**

**4. Declaration of Facilities (Available to workers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facilities (Total)** | **Number (a)** | **Total No. of current occupants (b)** | **Ratio per worker (b/a) Current occupants / Facilities** |
| Shower Points |  |  |  |
| Urinals |  |  |
| Water Closets (toilet bowls) |  |  |
| Sinks |  |  |
| Electrical Points |  |  |
| Bed Frames |  |  |
| Lockers |  |  |
| Cooking area for workers (Yes/No) |  | | |

**5. Declaration of delineation between dormitory and workspace (Please tick the option)**

|  |  |
| --- | --- |
| Residents are able to access their rest areas and all dormitory facilities without the need to enter their workplace(s) . |  |
| Residents are **not** able to access their rest areas and dormitory facilities without the need to enter their workplace(s) .  Please specify reason(s) and which are the areas in the FCD that the workers need to enter the workplace(s) : |  |

**5. DOTS Access (Application for DOTS Authorised Users)**

|  |  |
| --- | --- |
| **Name (Staff 1)** |  |
| Singpass User ID (eg. NRIC, FIN) |  |
| Email Address |  |
| Mobile Number |  |
| **Name (Staff 2)** |  |
| Singpass User ID (eg. NRIC, FIN) |  |
| Email Address |  |
| Mobile Number |  |

Please also note that the authorised users for DOTS will require a Corppass Account to log in.

|  |  |
| --- | --- |
| **Undertaking** | |
| I declare that the information provided above is true and correct to the best of my knowledge and beliefs. I understand that it is an offence **under** Section 22(1)(d) of the Employment of Foreign Manpower Act (EFMA), to provide false information to the Ministry of Manpower. I also understand that offenders will be subjected to a fine of up to $20,000, and/or 24 months’ jail. | |
| Name of Director NRIC / FIN |  |
| Company Name |  |

Please ensure that all submitted photos must be taken no less than 1 week before date of submission

1. Picture of Workers Room (Overall View)
2. Picture of Workers Room (Overall View)
3. Picture of personal lockers
4. Picture of washing machines if any (Please submit PDF contract of laundry services if no washing machines on premises.)
5. Picture of proper area for workers to dry laundry if not using laundry service.
6. Picture of sanitary facilities overall view
7. Picture of shower area.
8. Picture of water closets (WCs)
9. Picture of urinals.
10. Picture of proper waste disposal area (Main disposal bin)
11. Picture of sickbays that also shows how it is ventilated. (If there is no sickbay at the FCD, please complete part 6 on page 2)

\*Please consult with a Qualified Person (QP) or Professional Engineer (PE) if you need approval for the addition of a sick bay to the dormitory.

1. Pictures showing overall cooking area.
2. Pictures of cooking area (Zoom in on stoves)
3. Pictures of cooking area (Focus on exhaust hood or fans that draw out fumes.)
4. Pictures of the cooking area (Focus on storage area for uncooked food)

Rectifications

Subsequent pages to be used only if you are asked to perform rectifications works.