

To: Occupational Safety & Health Council  
 HASAS Management Office  
 OSH Academy  
 62 Chung Mei Road  
 Tsing Yi, New Territories  
 Hong Kong

(By Fax: 3106 0022)

**HASAS / HALENSAS\* - Actual Auditing Hours on Site for the \_\_\_\_\_ Safety Audit**

**Main Contractor** :  
**Lift & Escalator NSC/** :  
**Lift and Escalator Specialist**  
**Sub-contractor\***  
**Contract Title** :  
**Contract No.** :

This is to confirm that the actual auditing hours spent by ASA (name) \_\_\_\_\_ on the captioned site are:

Auditing Date <i>(date/month/year)</i>	Auditing Time <i>(including lunch hour e.g. 0830 to 1800)</i>	Auditing Hours <i>(A)</i> <i>(hours)</i>	Lunch Hours <i>(B)</i> <i>(hours)</i>	Actual Auditing Hours <i>(excluding lunch hour)</i> <i>(A) - (B) = (C)</i> <i>(hours)</i>
	to			
	to			
<i>Total Actual Auditing Hours</i>				

*For Design and Build (D&B) contracts*

PSP Site Supervisory Team

PSP Professional

HD Site Surveillance Team

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Position \_\_\_\_\_

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Position \_\_\_\_\_

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Position \_\_\_\_\_

Company Chop \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Date \_\_\_\_\_

Company Chop \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Date \_\_\_\_\_

Company Chop \_\_\_\_\_  
 Department Name \_\_\_\_\_  
 Date \_\_\_\_\_

For Contracts other than D&B Contracts / Sub-contracts

HD Site Staff

HD Professional

Signature \_\_\_\_\_

Name \_\_\_\_\_

Post \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Post \_\_\_\_\_

**Note :**

- 1. To be accepted only with Company chop.***
- 2. Return the original within one week after the safety audit.***
- 3. Approved auditing hours : 16 hours for HASAS and 8 hours for HALENSAS.***