







Directorate of Occupational Safety and Health Services

User Guides





The first step is to Sign Up if you do not have a account.









Login

DC

EVENTS

Sign up

FILE A COMPLAINT

Employer/Occupier

Individual/Occupier

Goverment

Registered Company

Approved Person & Institution

Individual/Become an Approved Person

Registered Institutions

NIOSH

Student

729801

There are 6 ways to sign up for an account. You can sign up as:

- 1. Individual/Occupier Businesses without **BRS** certificate
- 2. Government MCDAs; Ministries, Counties, **Departments and Agencies**
- 3. Registered Company Businesses with BRS certificate
- 4. Approved Person Applications
- 5. Registered Institution
- 6. Student NIOSH Enrollment











HOME

Employer

Create

and Health Services	pational Safety		Email info@doshs.go.ke	+254 (020) 2729801	
JT US SERVICES NIC	OSH REGISTRATIONS MEE	DIA CENTRE EVENTS	DOWNLOADS	CONTACTS	
ur Individua	al Account				
	Please Fill Below Info	to Sign up			au.
ational ID *		to orgin up			Call Us
National ID					
rst Name *	Middle Name	Last Name *			Send an Email
First Name	Middle Name	Last Name			Feedback
nail *					TEEDBER
Email					
assword	Confirm	n Password			
Password	On Contract of	firm Password	0		

Fill in your details and sign up.

Upon clicking Sign Up button, you will receive an email from us to verify your Email Address









Fig: 1.1

Doshs Email Verification		ig: 1.2	
2 DOSHS <portal@doshmis.go.ke> QWednesday_April 17_2024 12:36:41 PM</portal@doshmis.go.ke>	Controlating change to make a control		Login Sign up FILE A COMPLAINT
Hello Razor jnr		rectorate of Occupational Safety Id Health Services	Imail Info@doshs.go.ke +254 (020) 2729801
Thank you for registering on Doshs. Please click on the link below to confirm your email address.		SERVICES NIOSH REGISTRATIONS MEDIA CENTRE EV	ENTS DOWNLOADS CONTACTS
Click Here If you have any questions, please visit our FAQ page or Contact us. We are happy to help. Best Regards, The Doshs Team			
This is an automatically generated email, please do not reply. ©2023 Doshs. All right reserved.		To get started, please sign in	
		Address or@yopmail.com	
		ord	
			\odot
			Forgot your password?
		Log in to Your Account	
		Do not have an account? Signup	

Verify your Email and Login to your New Account







Markey Workplace/Branch Registration

Fig: 2.1

Dashboard				
O Total WIBA Reports O	O Total Amount Claimed O	O Total Fatal O	O Total Non-Fatal O	Directorate of and Health S
Processed WIBA Reports O Pending Processing WIBA Reports	Total Amount Demanded O Total Amount Paid	Total Male	Totel Male	Workplaces
		Welcome to our New Po Hello! In just a few clicks you will link your alrea workplace(s)/branch or newly register your	ortal ady registered r workplace	
1.0		Get Started		
0.6				
-0.2				_



Once you are successfully logged into the system, There will be a popup that will appear. First Click on the "Get Started" button, then choose whether you want to link an existing workplace or add a new workplace.

NOTE: Select Link Workplace only if you had a registrated workplace with DOSHS previously in the previous system.

Fig: 2.2









Markey Workplace/Branch Registration

Fig: 3.1

Directorate of Occupationa and Health Services	al Safety							
New Registration	G Add Workplace							
	Basic Detall Chemical	Substances Machines/Equipment	Lifting Equipment	Steam Boilers	Gas Cylinders	Refrigeration Plants	Self Assessment Detail	
	Name*		Email*					
	Name		Email					
	Country Code*		Directorate o and Health S	f Occupational Safety ervices				
	Country Code	~	New Registration	G	ive A Brief Summary (Of Nature Of Work Being D	one In The Workplace	
	County*		Workplace Listin	9	Give A Brief Summar	ry Of Nature Of Work Being	g Done in The Workplace	
	Select County	~	Link Workplace					
	P.O. Box*	Code*	ß	Li	ist The Expected H	lazards /unsafe Condit	ions In Your Workplace	
	P.O. Box	Select Postal Code 🗸	1a	+/	Add More Hazard			
	Plot No.*		墙					
	Plot No.		2	Ŵ	/hat Precautions H	lave You Taken Or Inter	nd To Take To Control The Abov	/e Hazards?
	Building Name*		12	+/	Add More Precautio	ons		
	Building			Li	ist The Protective	Appliances And Clothir	ng (ppe) Provided To Workers ((if Any)
	Manager Phone No*			<u>+/</u>	Add More Protectiv	<u>e Appliance</u>		
	Manager Phone No			V	entilation			
	Specify Nature of Work*		4	+/	Add More Ventilatio	n		
				Fi	re Precaution			
				+/	Add More Fire Prec	aution		
					I declare that the	information given here	in is true to the best of my know	wledge and
					Previous Subm	lit		
		Fig: 3.2						

When you click on Add new Workplace. You will be redirected to the page illustrated. Fill all the fields to add a workplace

> You will be required to check the declaration box before submission and payment









*	Directorate of Occupational Safety and Health Services	y					
Ø	New Registration	Branch self assessment	detail updated succ	cessfully			
格	Workplace Listing	-					
ħ	Link Workplace	Workplace					
ħ		3 					
12							
뤔							
ŵ							Payment
ħ		OSHA Reg. no	Name	Email	Phone No	Status	Status
		NRB/0000043/0224	ALK <mark>I</mark> M Supplies	alkim@yopmail.com	254- 6595949494	Pending	Unpaid Make Payment
		NRB/0000039/0224	Alto Investments	alto@yopmail.com	254- 722712673	Approved	Paid
		Showing 1 to 2 of total 2 en	ntries				

After successfully submitting the workplace details, you will prompted to make the payments, or by clicking on the link under the Payment Status Column

			(a
			Add Workplace
	Advan	ced Search Search	
Renewals	License Expiry Date	Close/Reopen Status	Action
0		Request close branch	© [2]
0	26 February 2025	Request close branch	@ C 1 9





