SALT LAMP COMPLIANCE APPLICATION FORM

Issued under the Work Health & Sensuality (WHS) Act of 2025

Applicant Details

Full Name: _____

Position/Title: _____

Organisation Name: _____

Address: _____

Email: _____

Phone (optional): _____

Workplace Environment Assessment

Does your workplace currently contain any of the following?

[ ] Fluorescent lights that hurt everyone's soul

[ ] Repressed rage in middle management

[ ] HR posters featuring dolphins

[ ] Unverified crystals already in use

[ ] No salt lamp at all (*emergency level non-compliance*)

Salt Lamp Placement Plan

Where will your USB Salt Lamp be positioned?

[ ] Reception desk - for early spiritual screening

[ ] Manager's desk - to deflect disciplinary energy

[ ] Break room - to absorb microwaved trauma

[ ] Dungeon/Storage Area - because why not

Staff Salt Level Questionnaire

How would you rate the saltiness of your workplace team?

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[ ] Low - We meditate before meetings

[ ] Moderate - Passive aggressive emails only

[ ] High - Several people have 'left to find themselves'

[ ] Extreme - We've unionised... against each other

Declaration of Intent

I, the undersigned, commit to honouring the glow. I understand that failure to comply with the Salt Lamp Standards may result in:

- Sudden introspection

- Unplanned domination

- Surprise podcast audits

Signed: _____

Date: _____

FOR OFFICE USE ONLY

[ ] Approved - Full Compliance Issued

[ ] Conditional - Pending aura realignment

[ ] Rejected - Needs more salt

**Return completed forms to Mistress Jessie via the Cane & Collar portal, or simply place near a lit salt lamp and whisper your intent.*