|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPANY INFORMATION | | | | | | | | | | | | | | | | | | |
| COMPANY NAME | | |  | | | | | | | | | | | | | | | |
| DISTINCTIVE TITLE | | |  | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | ZIP - CITY | | | | |  | | | | |
| phone | | |  | | | | | | TELEFAX | | | | |  | | | | |
| at_symbol | | |  | | | | | | WEBSITE: | | | | |  | | | | |
| VAT Nr. | | |  | | | | | | | | | | | | | | | |
| SITE WHERE THE AUDIT WILL TAKE PLACE : | | | | | | | | |  | | | | | | | | | |
| INVOICING ADDRESS (IF DIFFERENT): | | | | | | | | |  | | | | | | | | | |
| OTHER FACILITIES / SUBSIDIARIES : | | | | | | | | |  | | | | | | | | | |
| DO YOU WISH THOSE SITES TO BE AUDITED AS WELL? | | | | | | | | | YES  NO | | | | | | | | | |
| COMPANY REPRESENTATIVE : | | | | | | | | |  | | | | | | | | | |
| MANAGEMENT SYSTEM  REPRESENTATIVE : | | | | |  | | | | phone |  | | | | | at_symbol |  | | |
| CONSULTANT | | | | |  | | | | phone |  | | | | | at_symbol |  | | |
| SCOPE OF ACTIVITY : | | | | |  | | | | | | | | | | | | | |
| CRITICAL PROCESSES, PROCESSES CARRIED OUT BY SUBCONTRACTORS AND THEIR INTERACTION: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| LEGISLATION RELATIVE TO THE PRODUCTS OR THE SERVICES OF THE COMPANY: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| PERMANENT PERSONNEL : | |  | Nr. OF SHIFTS (if any) | | | | |  | NUMBER OF HACCP STUDIES (IF ANY): | | | | | |  | | | |
| TEMPORARY PERSONNEL : | |  | NUMBER OF PERSONEL ON SHIFTS | | | | |  | EXISTANCE OF OTHER CERTIFIED MANAGEMENT SYSTEM | | | | | | YES | | NO | |
| OPERATION LICENSE / ENVIRONMENTAL LICENSE / CORPORATION CHARTER *(please attach)* : | | | | | | | | | | | | | | | | | | |
| INFORMATION FOR THE CERTIFICATION | | | | | | | | | | | | | | | | | | |
| **STANDARD** | ISO 9001:2015 | | | | | HACCP | | | | | | [ISO 13485:2016](https://www.iso.org/standard/59752.html) | | | | | | |
|  | ISO 14001:2015 | | | | | ISO 22000:2018 | | | | | | ISO 20400:2017 | | | | | | |
|  | ISO 45001 :2018 | | | | | ISO 50001:2018 | | | | | | OTHER: | | | | | | |
| DO YOU WISH A PRE-ASSESMENT AUDIT TO TAKE PLACE? | | | | | | | | | | | | YES | | | | | | NO |
| ARE YOUR SYSTEMS INTEGRATED? | | | | | | | NO  FULLY  PARTIALLY | | | | | | | | | | | |
| IMPLEMENTATION DATE OF THE SYSTEM? | | | | | | | Xx / xx / xxxx | | | | | | | | | | | |
| HAVE YOU COMPLETED A MANAGEMENT REVIEW? | | | | | | | YES  NO | | | | | | | | | | | |
| HAVE YOU COMMENCED INTERNAL AUDITING? | | | | | | | YES  NO | | | | | | | | | | | |
| DESIRABLE AUDIT DATE (MONTH / DATE) : | | | | | | |  | | | | | | | | | | | |
| CONSULTANCY SERVICES/INDIVIDUAL INVOLVED FOR DESIGN OF MANAGEMNT CERT. SYSTEMS: | | | | | | | NAME: | | | | | | | | | | | |
| IF THE ORGANIZATION HAS BRANCH OFFICE PLEASE ATTACH THE FOLLOWING: | | | | | | | 1)TOTAL NUMBER OF BRANCH OFFICES  2) ACTIVITIES  3) ADDRESSES | | | | | | | | | | | |
| IF THE ORGANIZATION HAS TEMPORARY SITES OR CONSTRUCTION WORK SITES ATTACH THE FOLLOWING: | | | | | | | 1) TOTAL NUMBER OF TEMPORARY SITES OR CONSTRUCTION WORK SITES.  2) ACTIVITIES PER SITE.  3) ADDRESS OF EACH SITE.  4) NUMBER OF EMPLOYEES IN EACH ΤEMPORARY SITE OR CONSTRUCTION WORK SITE | | | | | | | | | | | |
| Data needed for certification according to ISO 50001 only: | | | | | | | 1) No. of persons directly involved in the implementation of the EnMS: …….  2) Annual energy consumption (TJ): ……….  3) Number of energy sourses: …………….  4) Number of significant energy uses: ……….. | | | | | | | | | | | |
| OTHER INFORMATION – REMARKS : | | | | | | |  | | | | | | | | | | | |
| I hereby declare that the company has in place all the necessary legislative documentation relating to its operations | | | | | | | | | | | | | | | | | | |
| DATE | | | |  | | | | | | | SIGNATURE and STAMP | | | | | | | |
| **Please fill in the application form and FAX it to ----------------- or email it to**  [**Email**](mailto:certification@tuvaustriahellas.gr)  For any further information, please contact ----------------------------- | | | | | | | | | | | | | | | | | | |
| Date | | | | APPLICATION REVIEW  *(to be filled in by the Certification Body)* | | | | | | | | | Signature | | | | | |
| Date | | | | CERTIFICATION MANAGER REVIEW  *(to be filled in by the Certification Body)* | | | | | | | | | Signature | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A P P L I C A T I O N A N N E X** | | | | | | |
| **O C C U P A T I O N A L H E A L T H A N D S A F E T Y M A N A G E M E N T S Y S T E M S** | | | | | | |
| **KEY HAZARDS RELATED TO PROCESSES (Choose)** | | | | | | |
| **1. NATURAL FACTORS (Choose)** | | **2. CHEMICAL FACTORS / MATERIALS / SUBSTANCES**  **(Describe)** |  | | | |
| NOISE |  | **3. BIOLOGICAL FACTORS**  **(Describe)** |  | | | |
| VIBRATION |  | **4. ERGONOMIC FACTORS (Choose)** | | | | |
| DUST |  | OPTICAL DISPLAY SCREENS |  | | | |
| INSUFFICIENT LIGHTING |  | MANUAL HANDLING OF WEIGHTS |  | | | |
| RADIATION |  | REPEATABILITY OF MOVEMENTS |  | | | |
| SLIPPING AREAS |  | OTHER (Describe) |  | | | |
| SUSPENDED WEIGHT |  | **5. ELECTRICAL FACTORS (Choose)** | | | | |
| FALL FROM HEIGHTS |  | USE OF ELECTRICAL APPLIANCES |  | | | |
| LIMITED SPACE |  | WORKING ON HIGH / MEDIUM  VOLTAGE SUBSTATIONS |  | | | |
| INSUFFICIENT VENTILATION |  | ELECTRICAL NETWORK  MAINTENANCE WORKS |  | | | |
| HIGH/LOW TEMPERATURE |  | OTHER (Describe) |  | | | |
| HIGH HUMIDITY |  | **6. PSYCHOLOGICAL FACTORS (Choose)** | | | | |
| FIRE |  | DIFFICULT / VARIABLE WORKING  HOURS |  | | | |
| EXPLOSION |  | INTENSIVE WORK |  | | | |
| OTHER (Describe) |  | DANGEROUS WORK |  | | | |
| OTHER (Describe) |  | | | |
| **KEY LEGAL OBLIGATIONS COMING FROM THE APPLICABLE OH&S LEGISLATION** (Describe) | | | | | | |
|  | | | | | | |
| **OHSMS Consultant (e.g Safety engineer, OHS Services company)** | | |  | | | |
| **PROVISION OF SERVICES ON PREMISES OF ANOTHER ORGANIZATION (eg.**  **Realization of part of the production process or the provision of the service)** | | | YES |  | NO |  |
| **USE OF SUBCONTRACTORS FOR PROCESSES WITHIN THE SCOPE** | | | YES |  | NO |  |
| **NUMBER OF SUBCONTRACTOR’S PERSONNEL** | | **NUMBER OF SHIFTS** |  |  | | |
| **EXISTENCE OF TEMPORARY SITES (eg Construction sites)** | | | YES |  | NO |  |
| **REFER TO ADDRESSES OF TEMPORARY SITES OR ESTABLISHMENTS IN WHICH THE SERVICES ARE PROVIDED, THE NUMBER OF EMPLOYEES AND THE TYPE OF THE SERVICE PROVIDED IN THESE SITES**  **(or attach a separate file):** | | | | | | |
|  | | | | | | |
| **NUMBER OF UNSKILLED PERSONNEL (ALL SITES)** | | |  | | | |
| **OTHER INFORMATION** | | | | | | |
|  | | | | | | |