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| 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 SYSTEMREPRESENTATIVE : |       | 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**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 |

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| **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 / MEDIUMVOLTAGE SUBSTATIONS |  |
| INSUFFICIENT VENTILATION |  | ELECTRICAL NETWORKMAINTENANCE WORKS |  |
| HIGH/LOW TEMPERATURE |  | OTHER (Describe) |  |
| HIGH HUMIDITY |  | **6. PSYCHOLOGICAL FACTORS (Choose)** |
| FIRE |  | DIFFICULT / VARIABLE WORKINGHOURS |  |
| 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** |
|  |