	Date 04/06/2018	Collection of Procedures, Regulations and Instructions	Doc. N° MOD:001/2b	Rev. 0	Page.1/2
	<b>ANNEX TO REQUEST FOR THE APPLICATION OF OH&amp;S CERTIFICATION</b>				

**Certification scope:**


Company name:	
Address:	
Sites <sup>1</sup> :	
Certification scope:	

1. in case of having several sites, please, fill in this form for each site separately.

Number of personnel out of total number, working on company's premises:  Number of personnel out of total number, working away from company's premises:
---

<p><b>Key hazards and OH&amp;S risks</b></p> <p> <input type="checkbox"/> Noise, vibrations  <input type="checkbox"/> Lighting  <input type="checkbox"/> Confined workspace  <input type="checkbox"/> Work with loads  <input type="checkbox"/> Work with (hazardous) chemical agents  <input type="checkbox"/> Work with vehicles and mechanisms  <input type="checkbox"/> Work at height / in depth  <input type="checkbox"/> Work with radiation sources  <input type="checkbox"/> Work with imaging units  <input type="checkbox"/> Work with forklifts  <input type="checkbox"/> Stress load  <input type="checkbox"/> Monotonous work  <input type="checkbox"/> Ergonomics  <input type="checkbox"/> Biological hazards  <input type="checkbox"/> Work with personal protective equipment: specify:  <input type="checkbox"/> Specify other significant hazards at company:         </p>
--

<p><b>Hazardous materials</b></p>
-----------------------------------

	Date 04/06/2018	Collection of Procedures, Regulations and Instructions	Doc. N° MOD:001/2b	Rev. 0	Page.2/2
	<b>ANNEX TO REQUEST FOR THE APPLICATION OF OH&amp;S CERTIFICATION</b>				

Specify main hazardous materials used in the processes:
---

<b>Obligations coming from the applicable legislation</b>
Specify legal obligations coming from the applicable OH&S legislation related to the company:

**Is your company in administrative proceedings with state supervisory authorities or other third party?**

NO  YES

If yes, please, describe the proceeding:

**Has your company been fined?**

NO  YES

If yes, please, specify the amount:

**Was there any recorded occupational disease for the last 5 years?**

NO  YES

If yes, please, specify:

**Were there any work accidents followed by inability to work, amputations, or any fatal work accidents?**

NO  YES

If yes, please, specify:

**Have there been recorded any official complaints on the working environment from stakeholders?**

NO  YES

If yes, please, specify:

**On behalf of the company: (Name and signature\*)**

*\*not needed in case of electronic sending*

Date: