

## Scope of Certification:

Name of the company:	
Address:	
Sites1 :	
Temporary sites:	
Scope of Certification:	

1. in the case of multiple sites, fill in an attachment for each site.

Number of employees, out of the total number, working on company premises:

Number of employees, out of the total number, working off company premises:

Main OH&S hazards and risks				
Noise, vibrations				
Lighting				
Confined workspace				
I work with loads				
Work with (hazardous) chemicals				
I work with vehicles and mechanisms				
Working at height/depth				
I work with radiation sources				
I work with imaging units				
I work with forklifts				
Load of stress				
Monotonous work				
Ergonomics				
Biological risks				
Work with personal protective equipment: specify:				
Specify other significant business hazards:				

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	ANNEX TO THE OH&S CERTIFICATION REQUEST				
SDIVICERT S.F.O.	8				

## Hazardous materials

Specify the main hazardous materials used in the processes:

## Obligations deriving from the applicable legislation

Specify the legal obligations arising from the legislation applicable to OH&S relating to the company:

Is the company involved in administrative proceedings with state regulators or other third parties?



if YES, please specify the procedure:

Was the company previously fined?

NO YES

If yes, specify the amount of the fine applied:

Has there been any occupational disease recorded in the last 5 years?

NO YES

If yes, please specify:

Have there been work accidents followed by incapacity for work, amputations or work fatalities?



If yes, please specify:

Have there been official complaints about the working environment from interested parties?



If yes, please specify:

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

\*not necessary in case of electronic submission

DATE:



