Please fill in this part of the annex for the headquarters of the management system. All additional sites shall be filled in the respective following tables to be found below.

|  |  |
| --- | --- |
| **Company name** |  |
| **Address** |  |
| **Zip Code, City** |  |
| **Site size in m2** |  |
| **Contact person:** | Name Tel. eMail |

|  |
| --- |
| **1. Accident frequency rates of the last three years** |
| AF= | [Number of accidents (unfit to work> one day)x1,000,000]/Effected working hours at site |
| **Last year** |  | **Two years ago** |  | **Three years ago** |  |

|  |
| --- |
| **Number of workers** |
| 1. **Internal workers on-site**
 |  |
| 1. **External workers on-site**
 |  |
| 1. **Internal workers off-site**
 |  |
| 1. **External workers off-site**
 |  |
| **Total workers (sum 1-4):** |  |

|  |  |
| --- | --- |
| **Groups of workers by process/work place type (only if significant in number, i.e. above 10% of total):** | **Number of workers:** |
| **Office workers:** |  |
| **Assembly line:** |  Shift y/n: |
| **Packaging:** |  Shift y/n: |
| **Logistics/Warehousing:** |  Shift y/n: |
| **Salesforece (field, not included in office):** |  Shift y/n: |
| **Other Processes (please describe):****1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  Shift y/n: Shift y/n: Shift y/n: |

|  |
| --- |
| **3. Supervision**  |
| **Are you subject to periodical audits by the National Authority for a mandatory governmental OH&SMS scheme?** |  |
| **Are you already certified in another voluntary OH&S scheme?**  |  |
| **Are you facing legal proceedings related to OH&S?** |  |

|  |
| --- |
| **4. Risks/Occupational health and safety-related issues** |
| **Which processes are particularly dangerous and which effects do they have?** |
| 1. On site:
2. Off site (temporary sites, work at other organization´s premises, etc.)
 |
| **Are dangerous substances present in quantities exposing the plant to the risk of major industrial accidents, in accordance with the applicable national regulations, and/or risk assessment documentation?** |
|  |
| **Specific issues related to occupational health and safety at site** |
| **□ Risk of falling** | **□ Work in explosion hazardous environments** |
| **□ Working in narrow spaces or containers** | **□ Machinery** |
| **□ Handling of hazardous materials****Which ones:** | **□ Other dangerous work****Description:** |
| **Principal legal obligations related to OH&S** |
|  |

|  |
| --- |
| **5. Additional question in case of Recertification only**  |
| **Number of nonconformities in the past cycle:** | **Year 1:****Year 2:****Year 3:** |

|  |
| --- |
| **6. Next page: only in case of additional sites**  |

Sampling site no.: Click here to enter the location number.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Company name, Address, ZIP Code, City** |  | **Number of workers** | **Significant groups of workers/workplaces** | **Number - Shifts y/n** | **Additional hazards with regard to those of the first site** |
| Company name: |  | 1 Internal on-site |  | Office incl.sales force |  |  |
| Address: |  | 2 External on-site |  | Assembly |  |
| ZIP Code: |  | 3 Internal off-site |  | Packaging |  |
| City: |  | 4 External off site |  | Logistics/Warehouse |  |
| Country: |  |  Total 1-4 |  | Other: |  |

Sampling site no.: Click here to enter the location number.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Company name, Address, ZIP Code, City** |  | **Number of workers** | **Significant groups of workers/workplaces** | **Number - Shifts y/n** | **Additional hazards with regard to those of the first site** |
| Company name: |  | 1 Internal on-site |  | Office incl.sales force |  |  |
| Address: |  | 2 External on-site |  | Assembly |  |
| ZIP Code: |  | 3 Internal off-site |  | Packaging |  |
| City: |  | 4 External off site |  | Logistics/Warehouse |  |
| Country: |  |  Total 1-4 |  | Other: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Company name, Address, ZIP Code, City** |  | **Number of workers** | **Significant groups of workers/workplaces** | **Number - Shifts y/n** | **Additional hazards with regard to those of the first site** |
| Company name: |  | 1 Internal on-site |  | Office incl.sales force |  |  |
| Address: |  | 2 External on-site |  | Assembly |  |
| ZIP Code: |  | 3 Internal off-site |  | Packaging |  |
| City: |  | 4 External off site |  | Logistics/Warehouse |  |
| Country: |  |  Total 1-4 |  | Other: |  |

\*Please create the required number of tables first and then fill out.

