



Contract No:

APPLICATION FOR OHSAS 18001:2007 CERTIFICATION

This application does not establish any contractual relationship.

ORGANISATION TO BE CERTIFIED

Name

Location

Company No. VAT No.

Contact for communication

Name Position

Phone Fax

E-mail Web

Statutory representative

Name

AUDIT, REPORT AND CERTIFICATE (Please, mark)

Certification Amendment of the certification - specify

Recertification Change in the system

Certification take-over

Language of the audit

Language of the report

Required date of audit

Description of Activities to Be Certified

.....
.....
.....
.....
.....

At this stage, the above text is in the form of proposal of the text for certificate. The final text will be agreed after the management system audit.

Required form of certificate

Paper Electronic

INFORMATION ABOUT THE MANAGEMENT SYSTEM

Please, attach documentation that is requested in the end of the application.

Valid CVI certifications of other systems

.....

OHSAS 18001:2007 certifications from other certification bodies – attach certificate

.....

System established with effect from (Date) :

Consultant / Consultancy company utilized, if any :

YES NO

Name & Address of Consultant / consulting co.:

.....

.....

Do you have design responsibility in product related aspects?

YES NO



Contract No: _____

PLEASE, SUBMIT FOLLOWING INFORMATION FOR EACH STABLE LOCATION SEPARATELY

Location *Sídlo* :

.....

Give number of employees below *Nižšie uved'te počet zamestnancov*

Full time empl. working in 1 shift N1:

Full time empl. working in 2 shifts N2:

Full time empl. working in 3 shifts N3:

Part time empl. working in 1 shift N4:

Part time empl. working in 2 shifts N5:

Part time empl. working in 3 shifts N6:

Number of temporary sites :

Are there other activities on night shift than on day shifts? YES NO

Do you have OH&S hazards unusual for your sector? YES NO

Do you have OH&S license/regulator conditions unusual for you sector? YES NO

Do you apply corporate head office OH&S requirements or special OH&S requirements of local authorities? YES NO

Specify if YES :

.....
.....
.....

APPLICATION

I, signed below, apply for the management system audit according to this application. I am bound by this application to meet the certification requirements and to provide the auditors with personal safety means, enable them access to persons, documents, data, records, information and places necessary for the management system audit and to ensure permission of the audited organisation to perform the audit, and with access to the above mentioned. Before the audit of the organisation, I shall provide, on the request of the auditor, the necessary information about human and technological resources of the audited organisation, management system manual/document describing the elements of the management system and the interactions of thereof, and the management system documentation for the purpose of preparation of the audit on the premises. I agree with the engagement of CVI suppliers and persons of accreditation bodies in the certification process. I declare that I received and understand Certification Agreement and other contractual documents.

Please, attach to the application

- Management system certification agreement approved by the statutory representative of the applicant
- Organisational chart
- Manual/documentation describing the management system elements and their interactions
- Copies of valid system certificates
- Advertisement materials
- Sheets for other locations of the organisation

Date

Signature of the statutory representative
(Affix your rubber stamp / company seal)

DO NOT FILL IN – FOR CVI ONLY		Delivered on (date):
IAF codes : Corrected No of employees (N1+ N2/2+ N3/3+ N4/2+N5/4+N6/6 =)		
RISK LEVEL:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium <input type="checkbox"/> High
DECISION:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected REASON / COMMENT:	
.....		
Date of Decision	Signature	