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| **COMPANY PROFILE** | | | | | | | | | | | | |
| Company Name: | |  | | | | | | | | | | |
| Company Address:  (incl. City, St, Zip) | |  | | | | | | | | | | |
| Primary Contact: | |  | | | | Title: | |  | | | | |
| Phone: | |  | | | | Email: | |  | | | | |
| Billing Address: | Same As Above | | | Other: | | | | | | | | |
| Invoices Sent to: | Accounts Payable  Primary Contact  Other: | | | | | | | | | | | |
| Accts Payable Contact: | | |  | | | | Title: | |  | | | |
| Phone: | | |  | | | | Email: | |  | | | |
| Web page URL: | | |  | | | | | | | | | |
| Description of Products or Services Provided ***(please be specific)***: | | | | | | | | | | | | |
| Identify the boundaries of the Management System and proposed Scope of Certification  ***(please be specific & provide justification****)*: | | | | | | | | | | | | |
| Total Effective # of Personnel: | | | | | | | | | | | | |
| Number of Shifts: | | | | | | | | | | | | |
| Number of Employees in production: | | | | | Shift # | | 1st: | | | 2nd: | | 3rd: |
| Number of employees in service: | | | | | Shift # | | 1st: | | | 2nd: | | 3rd: |
| Number of employees in administration: | | | | | Shift # | | 1st: | | | 2nd: | | 3rd: |
| Number of employees in engineering: | | | | | Shift # | | 1st: | | | 2nd: | | 3rd: |
| Number of employees in quality: | | | | | Shift # | | 1st: | | | 2nd: | | 3rd: |
| If multiple shifts, are there identical activities performed on all shifts:  Yes  No  If yes, please specify the activities: | | | | | | | | | | | | |
| Primary language spoken: | | | | | | | | | | | | |
| Identify any other third party certification(s) held (e.g., ASME, Baldrige Perf Excellence Prog., LEEDS, Voluntary Protection Program): | | | | | | | | | | | | |
| Learned about HSB RS from: | | | | | | | | | | | | |
| Currently certified:  Yes  No. **If yes, please provide the information below.** | | | | | | | | | | | | |
| Initial certification date: | | | | | | | | | | | | |
| Type & date of last audit:  Initial  Surveillance  Recertification | | | | | | | | | | | Date: | |
| Reason seeking Transfer of certification: | | | | | | | | | | | | |
| **For Transfer: submit a copy of the current certificate of registration with the completed Application.** | | | | | | | | | | | | |

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| **TYPE OF CERTIFICATION** | | | | | | | | | |
| Desired certification: | ISO 9001  ISO 14001  ISO 45001  OHS 18001 | | | | | | | | |
| Surveillance scheme: | Annual  Semi-Annual | | | | | | | | |
| Industrial Classification Code (SIC or EA Code Required): | | | | | | | | | |
| Single Site:  A site could include all land on which processes/activities under the control of an organization at a given location are carried out, including any connected or associated storage or raw materials, by products, intermediate products, end products and waste material, and any equipment or infrastructure involved in the processes/activities, whether or not fixed. Alternatively, where required by law, definitions laid down in national or local licensing regimes shall apply.  Where it is not practicable to define a location (e.g. for services), the coverage of the certification should take into account the organization’s headquarters processes/activities as well as delivery of its services. Where relevant, HSB RS may decide that the certification audit will be carried out only where the organization delivers its services. In such cases all the interfaces with its central function shall be identified and audited. | | | | | | | | | |
| Multiple Site Organization (Complete the Multiple Site Information section):  A multi-Site organization need not be a unique legal entity, but all sites shall have a legal or contractual link with the central function of the organization and be subject to a single management system, which is laid down, established and subject to continuous surveillance and internal audits by the central function. This means that the central function has rights to require that the sites implement corrective actions when needed in any site. Where applicable this should be set out in the formal agreement between the central function and the sites. | | | | | | | | | |
| Temporary Site(s):  When an organization provides product(s) or service(s) at temporary sites, such sites shall be incorporated into the audit program. Temporary sites could range from major project management sites to minor service/installation sites.  **From IAF MD 1:2018:** Temporary sites that are covered by the organization’s management system shall be subject to audit on a sample basis to provide evidence of the operation and effectiveness of the management system. They may, however be included within the scope of a multi-site certification and included on the certification document, subject to agreement between HSB RS and the client organization. When temporary sites are shown on the certification documents, such sites shall be identified as temporary. | | | | | | | | | |
| **Approximate Target Dates**  **NOTE:** The Management System must be fully implemented prior to the Initial Audit | | | | | | | | | |
| Optional Pre-Assessment Audit: | | | | | No Pre-Assessment | | | | |
| Stage 1 Audit (Documentation Review and Stage 2 Planning): | | | | | | | | | |
| Stage 2 Audit: | | | | | | | | | |
| **MANAGEMENT SYSTEM INFORMATION** | | | | | | | | | |
| Has the system been implemented?  Yes  No. If Yes, how long in place?: | | | | | | | | | |
| Date of last Internal Audit:  If none, when expected?: | | | | | Date of last Management Review:  If none, when expected?: | | | | |
| If seeking multiple certifications, are the systems: | | | | | N/A  Integrated  Stand Alone | | | | |
| If integrated, what clauses of the standards are integrated? | | | | | | | | | |
| Is there a high percentage of employees doing the same processes?  If yes, list the processes and the # of employees performing each process: | | | | | | | | | Yes  No |
| What is the level of difficulty relative to the processes or skills? | | | Requires high complexity skill and capacity  Requires general skill and capacity  Requires simple/easy skill and capacity | | | | | | |
| What is the Risk of Product or Process? | | | High  Medium  Low | | | | | | |
| List or describe the processes.  (e.g., welding, heat treating, dispatching, warehousing, etc.) | | |  | | | | | | |
| For **ISO 45001:2018 or BSI 18001:2007** please list your processes. Please list the key hazards and risks, and any hazardous materials associated with each process. If the scope of your OHS management system includes personnel working at a customer site, a temporary site, and or a field site, please list the known processes, hazards / risks, and hazardous materials used at these sites. | | | | | | | | | |
| Process | | Hazard / Risk | | | | | | Hazardous Material | |
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| Provide information on all outsourced processes used by your organization. | | | | | | Not Applicable | | | |
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| Has HSB RS or any part of HSB provided internal audits for your Organization? If so, when? | | | | | |  | | | |
| **CONSULTANT INFORMATION** | | | | | | | | | |
| Was/is a consultant used to write/oversee the Management system? | | | | Yes  No | | | | | |
| If yes, what is the name of the consultant or consulting firm? And when? | | | |  | | | | | |
| **LEGAL INFORMATION** | | | | | | | | | |
| Does your company have any relevant legal obligations and/or regulatory/statutory requirements? If yes, please list (e.g, FAR, GMP, FAA, ITAR, EAR, CWA, OSHA, etc.):  Is your company currently engaged with these bodies in respect to legal compliance? If yes, please explain: | | | | | | | N/A  List:  Explanation: | | |
| Is your company part of a larger organization?  If yes, please state the corporate structure: | | | | | | | N/A  Structure: | | |

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| **For ISO 14001 Only: Check which Aspects apply and list the associated Impact for each.** | | | | | | | | | | |
| **Aspect** | | | | | **Category** | | | | **Impact** | |
| Chemical storage | | |  | | Water/Air | | | | If contaminated is breached | |
| Industrial water effluent treatment | | |  | | Water | | | | Non-Hazardous landfill water | |
| Air emissions | | |  | | Air | | | | Greenhouse gases | |
| Hazardous waste | | |  | | Waste | | | | VOC’s, GHC’s,  landfill volume, air emissions, heavy  metals to landfill | |
| Energy usage | | |  | | Natural resource cons | | | | GHG’s, other pollutants from electric  generation | |
| Designated industrial waste storage  area | | |  | | Waste | | | | Groundwater pollution if containment  is breached | |
| Solid waste | | |  | | Waste | | | | Landfill volume | |
| Sanitary effluent | | |  | | Waste, water | | | | POTW load, water pollutants | |
| Noise pollution | | |  | | Water | | | | Water pollution if containment is  breached | |
| Bulk oil storage | | |  | | Water, soil | | | | Pollution if containment is breached | |
| **MULTIPLE SITE INFORMATION (ONLY)** | | | | | | | | | | |
| Each site to have its own certificate | | | | | | Single Certificate covering all Sites | | | | |
| Number of Sites: |  | | | | | | | | | |
| Central function address: | |  | | | | | | | | |
| Is there a single management system covering all sites? | | | | | | | | | | Yes  No |
| Is the central function part of the Organization and does not subcontract to an external Organization? | | | | | | | | | | Yes  No |
| Does the central function have the authority to define, establish and maintain the single management system? | | | | | | | | | | Yes  No |
| Is the single management system subject to a centralized Management Review? | | | | | | | | | | Yes  No |
| Are all sites subject to the Organization’s Internal Audit program? | | | | | | | | | | Yes  No |
| Is the central function responsible for ensuring that data is collected and analyzed from all sites and is able to demonstrate its authority and ability to initiate organizational change as required in regard, but not limited to:  - system documentation and system changes;  - management review;  - complaints;  - evaluation of corrective actions;  - internal audit planning and evaluation of the results; and  - statutory and regulatory requirements pertaining to the applicable  standard(s).  Note: The central function is where operational control and authority from the top management of the organization is exerted over every site. There is no requirements for the central function to be located in a single site. | | | | | | | | | | Yes  No |
| Does each site perform very similar processes/activities?  If no, please explain: | | | | | | | | | | Yes  No |
| **Site Information** | | | | | | | | | | |
| Address | | | | Effective # of Personnel | | | Shifts | Products/Services Provided | | |
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(Use additional site information sheets as needed)

Does your organization agree to follow the requirements for certification as required by a Management System audit and to supply the necessary information for the audit?  Yes  No

Please sign and date the Application below to indicate that all this information is correct and true to your Management System.

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| Signed: |  | **Please send completed Application to:**  **Janet Kowalski, Operations Manager**  **janet\_kowalski@hsb.com**  **phone: 484-582-1419** |
| Title: |  |
| Date: |  |