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| 2018_horizontal_dual_brand |
| COMPANY PROFILE APPLICATION  |
| COMPANY INFORMATION |  |
| COMPANY NAME      |
| COMPANY ADDRESS *(No., Street)*       | CITY      | STATESelect  | ZIP CODE      |
| PRIMARY CONTACT      | TITLE      | TELEPHONE NUMBER**(     )     -** | FAX NUMBER(     )     -      |
| EMAIL ADDRESS      |
| BILLING ADDRESS *(No., Street)*[ ]  Same as above        | CITY      | STATESelect  | ZIP CODE      |
| INVOICES SENT TO[ ]  Accounts Payable [ ]  Primary Contact [ ]  Other:       |
| ACCOUNTS PAYABLE CONTACT      | TITLE      | TELEPHONE NUMBER**(     )     -** | FAX NUMBER(     )     -      |
| EMAIL ADDRESS      | 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 and provide justification.)*      |
|  |
| PERSONNEL INFORMATION |  |
| TOTAL EFFECTIVE NUMBER OF PERSONNEL      | TOTAL SALARY      | TOTAL HOURLY      | PRIMARY LANGUAGE SPOKEN      | NUMBER OF SHIFTS      |
|  |
|  | SHIFT |
|  | 1ST  | 2ND  | 3RD  |
| Number of employees in production. |  |  |  |
| Number of employees in service. |  |  |  |
| Number of employees in administration. |  |  |  |
| Number of employees in engineering. |  |  |  |
| Number of employees in quality. |  |  |  |
|  |
| IF MULTIPLE SHIFTS, ARE THERE IDENTICAL ACTIVITIES ON ALL SHIFTS?[ ]  Yes [ ]  No *(If “Yes”, provide evidence (e.g. internal and/or certification body audit reports.)*  |
|       |
| 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”,*** *complete the following)* | TYPE OF CERTIFICATION[ ]  Initial [ ]  Surveillance [ ]  Recertification  | DATE OF LAST AUDIT      | INITIAL CERTIFICATION DATE      |
| REASON SEEKING TRANSFER OF CERTIFICATE      |
| *- - For Transfer, submit a copy of the current certificate of registration with the completed Application.* |
| TYPE OF CERTIFICATION |  |
| DEISRED CERTIFICATION**[ ]  ISO 9001 [ ]  ISO 14001 [ ]  BS 18001**  **[ ]  ISO 45001** | SURVEILLANCE SCHEME[ ]  Annual [ ]  Semi-annual | INDUSTRY 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. |
| [ ]  | MULTI-SITE ORGANIZATION*(Must also complete Multiple Site section* *on last page)* | 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)*(Number of active* *temp sites at the time* *of Application.)* | 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 |  |
| OPTIONAL PRE ASSESSMENT AUDIT [ ]  Yes [ ]  No | Click to enter a date. | STAGE 1 – AUDIT *(Documentation Review and Stage 2 Planning)*Click to enter a date. | STAGE 2 - AUDITClick to enter a date. |
|  |
| MANAGEMENT SYSTEM INFORMATION |  |
| HAS THE SYSTEM BEEN IMPLEMENTED[ ]  Yes [ ]  No *(If “Yes”, how long in place)* Click to enter a date. |
| DATE OF LAST INTERNAL AUDIT *(If none, when expected)*Click to enter a date.  | DATE OF LAST MANAGEMENT REVIEW *(If none, when expected)*Click to enter a date.  |
| IF SEEKING MULTIPLE CERTIFICATION, ARE THE SYSTEMS**[ ]  N/A [ ]  Integrated [ ]  Stand alone** | IF INTEGRATED, WHAT CLAUSES OF THE STANDARDS ARE INTEGRATED? |
| REV DATEClick to enter a date. | PROCEDURES | WORK INSTRUCT |
| IS THERE A HIGH PERCENTAGE OF EMPLOYEES PERFORMING THE SAME, SIMPLE TASK?[ ]  Yes [ ]  No *(If “Yes”, please list the tasks)* |
|       |
| 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 AND PROCESS?[ ]  High [ ]  Medium [ ]  Low | PLEASE LIST OR DESCRIBE THE PROCESS *(i.e., Welding, Heat Treating, Dispatching, Warehousing, etc.)* |
| PLEASE PROVIDE INFORMATION ON ALL OUTSOURCED PROCESSES USED BY YOUR ORGANIZATION.[ ]  Not applicable |
|       |
| HAS HSB RS ON ANY PART OF HSB PROVIDED INTERNAL AUDITS TO YOUR ORGANIZATION?[ ]  Yes [ ]  No *(If “Yes”, when)* Click to enter a date. |
|  |
| CONSULTANT INFORMATION |  |
| WAS/IS A CONSULTANT USED TO WRITE/OVERSEE THE MANAGEMENT SYSTEM?[ ]  Yes [ ]  No *(If “Yes”, what is the name of the consulting firm and/or the consultant?) And when?* |
|       |
|  |
| LEGAL INFORMATION |  |
| DOES YOUR COMPANY HAVE ANY RELEVANT LEGAL OBLIGATIONS AND/OR REGULATORY/STATUTORY REQUIREMENTS?[ ]  Yes [ ]  No *(If “Yes”, please list, i.e., FAR, GMP, FAA, ITAR, EAR, CWA, OSHA, etc.)* |
|       |
| IS YOUR COMPANY PART OF A LARGER ORGANIZATION?[ ]  Yes [ ]  No *(If “Yes”, please state the corporate structure)* |
|       |
|  |
| FOR ISO 14001 – ONLY |  |
| Check which Aspects apply to your organization and list the associated Impact for each. |
|  | ASPECTS | CATEGORY | IMPACT |
| [ ]  | Chemical storage | Water/air | If containment is breached. |
| [ ]  | Industrial water effluent treatment | Water | Non-hazard 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 | GHC’s other pollutants from elec. generation. |
| [ ]  | Designated ind. Waste storage area | Waste | Groundwater pollution if containment is breached. |
| [ ]  | Solid waste | Waste | Landfill volume. |
| [ ]  | Sanitary effluent | Waste, water | POTV load, water pollutants. |
| [ ]  | Noise pollution | Water | Water pollution if containment is breached. |
| [ ]  | Bulk oil storage | Water, soil | Pollution if containment is breached. |
| List any other Aspects not shown above. |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |
| FOR BS 18001 or ISO 45001 – ONLY |  |
| Check which Hazards apply to your organization. |
|  | HAZARD | IMPACT |
| [ ]  | Chemicals | Irritations, burns, illness, death. |
| [ ]  | Machines, presses, lathes, etc. | Abrasions, cuts, loss of body part, death. |
| [ ]  | Walking/Working surfaces | Sprains and breaks. |
| [ ]  | Working at heights | Falls resulting in breaks, paralysis or death. |
| [ ]  | Ventilation | Irritations, illness, death. |
| [ ]  | Hearing conservation | Irritations, burns, illness, death. |
| [ ]  | Respiratory Protection | Irritations, illness, death. |
| [ ]  | Radiation | Burns, illness, death. |
| [ ]  | Hazardous Materials | Irritations, burns, illness, death. |
| [ ]  | Confined Spaces | Irritations, burns, illness, death. |
| [ ]  | Hazardous Energy Control | Burns, illness, death. |
| [ ]  | Compressed Gases | Irritations, burns, illness, death. |
| [ ]  | Cranes and Lifting/Housing | Breaks, paralysis or death. |
| [ ]  | Industrial Power Truck | Abrasions, cuts, sprains, breaks, loss of body part, death. |
| [ ]  | Welding and Cutting | Irritations, burns, illness, death. |
| [ ]  | Electrical Safety | Irritations, burns, illness, death. |
| List any other Hazards not shown above. |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |
| MULTIPLE SITE INFORMATION - ONLY |  |
| EACH SITE TO HAVE ITS OWN CERTIFICATE**[ ]**  **Yes**  **[ ]**  **No** | SINGLE CERTIFICATE COVERING ALL SITES[ ]  Yes [ ]  No | NUMBER OF SITES      |
| CENTRAL OFFICE ADDRESS *(No., Street)*       | CITY      | STATESelect  | ZIP CODE      |
| WHAT FUNCTIONS ARE PREFORMED BY THE CENTRAL OFFICE?[ ]  Quality Manual /Procedures [ ]  Design/Development [ ]  Training [ ]  Internal Auditing [ ]  Purchasing [ ]  Management Review |
| [ ]  Other:       |
|  |  | YES | NO |  |
| Are products/ services provided by sites substantially that same? |  | **[ ]**  | **[ ]**  |  |
| Are products/services produced essentially to the same procedures and methods? |  | **[ ]**  | **[ ]**  |  |
| Does the same documented management system apply to all sites? |  | **[ ]**  | **[ ]**  |  |
| Are all sites subject to internal audit and management review performed by the central office? |  | **[ ]**  | **[ ]**  |  |
|  |
| SITE INFORMATION |  |
| ADDRESS | NUMBER OF EFFECTIVE PERSONNEL | SHIFTS | PRODUCTS/SERVICES PROVIDED |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |
|  |  | YES | NO |  |
| Does your organization agree to follow the requirements for certification as requied by a Management System audit and to supply the necessary information for the audit? |  | **[ ]**  | **[ ]**  |  |
|  |
| ACKNOWLEDGMENT |  |  | SEND TO |  |
| Please sign and date this application below indicating that all this information is correct and true to your Management System. |  | Janet KowalskiOperations ManagerT: (484) 582-1419F: (484) 582-1802E: Janet\_Kowalski@hsb.com |
| For and on behalf of the Applicant. |  |

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| --- |
| SIGNEDName |
| TITLE |
| DATE SIGNEDClick to enter a date. |

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| 6959 NEW 8/19 (RS) |
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