APPLICATION FOR ISO 45001 CERTIFICATION SERVICES

Please take a moment and complete the table below to the best of your ability. Contact your representative at ***American Center for Sustainable Certifications*** **(ACSC)** if you have any questions. The more information you can provide on this application, the more likely ACSC will be able to accurately quote your certification services. All quotations are subject to revision upon initial site visit, where, if it is determined the information provided to ACSC on this application was inaccurate or unclear, the quote may be revised.

At a minimum, items with an "*" must be answered to receive a quote.

1. ORGANIZATION CONTACT INFORMATION

a)* Organization Legal Name: _____

b)* Main Address: _____ (Street) _____ (City/State/ Province) _____ (Postal/ Zip Code) _____ (Country)

c) Mailing Address: *(If different from Main)* _____ (Street) _____ (City/State/ Province) _____ (Postal/ Zip Code) _____ (Country)

d) Billing Address: *(If different from Main)* _____ (Street) _____ (City/State/ Province) _____ (Postal/ Zip Code) _____ (Country)

e)* Primary Contact Certification Services: _____ (*Mr./Mrs./Ms.* Name) _____ (Title)

_____ (Phone) _____ (Email)

f) Primary Contact Billing (Accounts Payable): _____ (*Mr./Mrs./Ms.* Name) _____ (Title)

_____ (Phone) _____ (Email)

2. CERTIFICATION HISTORY

a) Is this location already certified to any of the following Standards?

☐ ISO 9001:2015 ☐ ISO 14001:2015 ☐ ISO 45001:2018
☐ IATF 16949:2016 ☐ RCMS ☐ OHSAS 18001:2007
☐ AS 9100:2016 ☐ RC 14001 ☐ ISO 50001:2018

b) If your Facility is already certified to any of the Standards listed in 2.a) above, please indicate the name(s) of the Certification Body (Registrar) that you currently use:

c) If your location is currently certified to ISO 45001:2018 or OHSAS 18001:2007; how long have you been certified to ISO 45001?

☐1-3 years ☐3-6 years ☐>6 years ☐N/A

How many OHSMS major non-conformities have you been issued in the past 6 years? _____

3. COMPANY INFORMATION

a) Does your organization have any "sister-locations" that perform the same or similar operations? ☐Yes ☐No

b)* **Please complete an ACSC Table 1. EMPLOYEE COUNT TABLE for each location you wish to have ACSC provide you a quote.**

c)* Are there any "requirements" that would necessitate more than 30-minutes per audit day of non-audit related time at any of the facilities you would like certified by ACSC? Factors can include travel between buildings, security entry requirements, site specific health & safety training, etc. ☐Yes ☐No

If "Yes," please explain:

d)* Was a Management System consultant utilized to implement your system? ☐Yes ☐No

If "Yes," the consultant was: _____
Company Name

e)* Did you use a consultant to perform internal management system audits and/or compliance evaluation assessments in the past 2-years? ☐Yes ☐No

If "Yes," the consultant was: _____
Company Name

f)* Did you use a consultant to assist you in meeting regulatory obligations such as preparation of an HAZCOM plan, Emergency Response Plan, Emergency Management Plan, etc., in the past 2-years? ☐Yes ☐No

If "Yes," the consultant was: _____
Company Name

g) Are there any "open/active" occupational health & safety regulatory violations (Notice of Violation, Serious Violation, Willful Violation, Repeat Violation, etc.) that are currently under review and/or penalty by a regulatory agency at any of your locations? ☐Yes ☐No

If "Yes," please describe the situation and steps taken to resolve the violation:

NOTE: Company locations with an existing regulatory violation may require additional audit time at each audit visit, until the violation is addressed and closed.

h) Are there any other tenants/occupants sharing a building(s) at any of the company locations? ☐Yes ☐No

If "Yes," please describe the situation(s):

i) What is the primary (>51% of staff) language spoken on-site? ☐ English ☐ Spanish ☐ French ☐ Other

j) Do any of your locations outsource any production related functions (i.e., paint, heat treat, etc.)? ☐Yes ☐No

If "Yes," please describe the outsourced process(es) and how you control them:

k) **Special or Safety Equipment/Considerations:**

☐Safety Glasses ☐Steel-toe Shoes ☐Hard Hat ☐Reflective Clothing ☐Hearing Protection

☐Respirator ☐Ankle-high Boots ☐Steel Shank Shoes ☐FRC ☐Gloves

☐Other _____

l) **How many OH&S recordable injuries have you had in the last 12 months?** ☐0 ☐1-2 ☐3-5 ☐6-10 ☐More than 10

m) **Do all shifts have similar employee exposure(s) to occupational risks?** ☐Yes ☐No

If "No," please describe:

NOTE: Note if there shift(s) or specific job functions where employee exposure(s) to occupational risks are limited or non-existent. This may reduce the audit duration requirement.

n) **At your location, do you have any of the following?**

- ☐ Hearing Conservation Program
- ☐ Hazard Communication (HAZCOM) Plan
- ☐ Confined Space Entry Plan
- ☐ Machine Guarding
- ☐ Emergency Action Plan
- ☐ Biological Hazard Plan
- ☐ Ergonomics Program
- ☐ Fall Prevention Plan
- ☐ Workplace Violence Plan
- ☐ Routine Safety Inspections
- ☐ Emergency Management Plan
- ☐ _____
- ☐ Respiratory Protection Program
- ☐ Lockout/Tagout Program
- ☐ Bomb Threat Plan
- ☐ Wastewater Treatment at POTW
- ☐ Indoor Air Quality Plan
- ☐ _____

Thank you for the opportunity to provide certification services.

Please remember to complete a Table 1. EMPLOYEE COUNT TABLE for each location.