Please fill this part of the annex for the headquarter 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:** |  |
| **Phone:** |  |
| **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** |  |

|  |  |
| --- | --- |
| **2. 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:** | **Shift** |
| Office workers: |  | YES  NO |
| Assembly line: |  | YES  NO |
| Packaging: |  | YES  NO |
| Logistics/Warehousing: |  | YES  NO |
| Sales (field, not included in office): |  | YES  NO |
| Other Processes (please describe):  1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | YES  NO  YES  NO  YES  NO |

|  |  |
| --- | --- |
| **3. Supervision** | |
| Are you subject to periodical audits by the National Authority for a mandatory governmental OH&SMS scheme? |  |
| Are you subject to voluntary OHS audits (for ex. by insurance)? |  |
| 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.: Additional sites if applicable** |

Additional site no.:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |  |
| 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: |  |

Additional site no.:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |  |
| 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: |  |

Additional site no:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |  |
| 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: |  |

\*For additional sites; copy/paste. Create the required number of tables first and then fill out.