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| Organisation Details |
| Organisation Name: |  |
| Main site address: |       |
|  | Postcode |       |
| Website:  |       | Tel: |       | Fax: |       |
| Contact name:  |       | Job title: |       |
| Email:  |       | Tel: |       | Mobile: |       |

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| 2 Details of main site and other sites/locations (Address & Postcode) | **No. ofShifts** | **Number of staff in shift** | **Total no. employees** |
| **1** | **2** | **3** | **4** |
| Main Site |       |       |       |       |       |       |       |
| Site 1: |       |       |       |       |       |       |       |
| Site 2: |       |       |       |       |       |       |       |
| Site 3: |       |       |       |       |       |       |       |
| Site 4: |       |       |       |       |       |       |       |
| Site 5: |       |       |       |       |       |       |       |
|  (Please continue on separate sheets as necessary) | Total no. of employees\*: |       |
| \*Where part time workers or contracted workers are employed, please provide full time equivalent s |

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| **3 Please provide a brief description of the activities/processes/products/services of your organisation that you wish to be covered by your registration** |
|       |

| **4 Please outline the activities your employees conduct and the number involved in each task. For example: Maintenance, Office functions, Production etc** |
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| Task | Number involved | Task | Number involved |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |  |

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| **5 Please provide details of key OH&S legislation and regulations applicable to the business** |
|       |

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| **6 Are you?**  |
| (a) A new BSI Client | Yes [ ]  | No [ ]  | (b) An existing or transferring client | Yes [ ]  | No [ ]   |
| If an existing or transferring client, please provide details of previous/current registration(s): |
|       |

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| **7 Do you have an assessment date requirement?** | Yes [ ]  | No [ ]  | Date: |       |

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| **8 Have you had any incidents leading to or pending prosecution/insurance claims/enforcement notices in the last 5 years?** | Yes [ ]  | No [ ]   |
| If yes, please provide details:  |
|       |

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| **9 Please provide a brief description of the company’s relationship with regulatory bodies** |
|       |

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| **10 Please state accurately all injuries, diseases and dangerous occurrences reportable under regulatory requirements during the past 24 months** |
|  | **Fatal:** | **Major:** | **Minor:** |
| Number of reportable injuries: |       |       |       |
| Number of reportable diseases: |       |       |       |
| Number of reportable dangerous occurrences: |       |       |       |
| Details of reportable injuries, diseases and/or dangerous occurrences: |
|       |
| **11 Please provide a brief description of subcontract activities (if any)** |
|       |

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| **12 Please provide details of your key occupational health and safety hazards** |
| Please mark which of the following occupational health and safety hazards may be applicable to your organisations activities. |
| **Tick:** | **Hazard:** | **Details:** |
| [ ]  | Asbestos |       |
| [ ]  | Fire and explosion |       |
| [ ]  | Storage and/or use of flammable substances |       |
| [ ]  | Dangerous goods (including transport of) |       |
| [ ]  | Physical hazards (e.g. use of machinery, manual handling etc) |       |
| [ ]  | Working at extreme temperatures |       |
| [ ]  | Working in proximity to water (risk of drowning) |       |
| [ ]  | Psychosocial hazards (stress, excessive workload etc) |       |
| [ ]  | Harmful energy sources, e.g. electricity, radiation, noise ionising and non-ionizing |       |
| [ ]  | Lifting equipment and lifting operations |       |
| [ ]  | Biological hazards |       |
| [ ]  | Working at height |       |
| [ ]  | Working in proximity to moving vehicles |       |
| [ ]  | Food preparation for other parties |       |
| [ ]  | Working with compressed air |       |
| [ ]  | Working in confined spaces |       |
| [ ]  | Working with pressure systems |       |
| [ ]  | Use of lead and heavy materials at work |       |
| [ ]  | Fumes/gasses/dust |       |
| [ ]  | Chemical hazards |       |
| [ ]  | Other (please specify) |       |

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| **13 Is your health and safety management system integrated with other management systems (e.g. ISO 9001, ISO 14001 etc) and do you require an integrated assessment approach?**  | Yes [ ]  | No [ ]  |

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| **14. Confirm any Restricted Areas/Proprietary Information/Confidentiality requirements** |
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| **15 Will you be using a Consultant to help you implement your OH&S Management Systems?** |
| Yes [ ]  | No [ ]  | (If applicable, please complete their details below) |
| Consultant name: |       |
| Address:  |       |
| Email:  |       | Tel: |       | Fax: |       |
| [ ]  | *For the UK only* If you operate within the construction sector or public sector procurement policy affects your activities, do you also require your registration to be recognised under the safety schemes in procurement (SSIP) mutual recognition umbrella? See [www.ssip.org.uk](http://www.ssip.org.uk) for info (Please tick if applicable) |

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| **16 Declaration**  |
| I confirm that all of the information given above is true and accurate to the best of my knowledge and that I have the authority to give such an undertaking on behalf of the organisation.  |
| Date:  |       | Name: |       |

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| **19 Where did you hear about BSI:**  |
| By recommendation from consultant | [ ]  | From an advert (please specify publication if known) | [ ]  |
|  |
| By recommendation from another company | [ ]  | From an advert (please specify publication if known) | [ ]  |
|       |
| Via BSI’s web site  | [ ]  | From some editorial (please specify publication if known) | [ ]  |
|       |
| Via a search engine: e.g. Google | [ ]  | Other (please specify) | [ ]  |
| We are an existing BSI client | [ ]  |       |

**Data Protection Act 1998**

This information is collected, processed and stored to adhere with the UK Data Protection Act 1998. Information will be held and used throughout the BSI Group and may, from time to time be used to send you marketing information relating to products or services we feel you may be interested in.

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| --- | --- | --- | --- | --- | --- | --- |
| Please confirm that you would be happy to receive this information: | By fax: | [ ]  | Email: | [ ]  | Telephone: | [ ]  |
| [ ]  | Please tick here if you would prefer not to receive marketing information from BSI Group |