

# OHSMS AND SSIP CERTIFICATION QUESTIONNAIRE



PLEASE COMPLETE THIS QUESTIONNAIRE AND ATTACH ANY RELEVANT SUPPORTING INFORMATION DESCRIBING THE COMPANY'S OHSAS AND ACTIVITIES, (e.g. COMPANY PUBLICITY MATERIAL). ON RECEIPT OF THE COMPLETED QUESTIONNAIRE GITCHIA WILL PREPARE AND SUBMIT FOR YOUR APPROVAL A PROPOSAL DETAILING AUDIT OR TRANSFER COSTS AND TIMESCALES.

## SECTION 1 – ENQUIRY DETAILS

How did you learn of GITCHIA?

REFERRAL FROM CONSULTANTS?	YES/NO
GITCHIA WEB SITE?	YES/NO
DIRECT CONTACT FROM GITCHIA PERSONNEL?	YES/NO
ADVERTISING?	YES/NO
ACCREDITATION BODY WEB SITE	YES/NO

## SECTION 2 – HEAD OFFICE/MAIN SITE DETAILS

STANDARD	ISO 45001:2018		OHSAS 18001:2007	
TYPE OF APPLICATION	New/Re Assessment/Transfer <i>(if this is a transfer please provide the valid certificate and previous 3 year reports)</i>			
LEGALLY REGISTERED COMPANY NAME				
COMPANY ADDRESS (including post or Zip code)				
IS THIS ENQUIRY FOR MORE THAN ONE PHYSICAL SITE/LOCATION.	YES/NO	IF "YES" PLEASE ALSO COMPLETE SECTION 8 OF THIS QUESTIONNAIRE.		
PLEASE DESCRIBE THE COMPANY'S BUSINESS ACTIVITY (SCOPE)				
APPLICATION FOR SSIP ACCREDITATION <i>(if applicable)</i> <i>Note: For details of SSIP benefits and an explanation of Groups please access the SSIP website <a href="http://www.ssip.org.uk">www.ssip.org.uk</a></i>		Contractor		Principal Contractor
		Designer		Principal Designer
		Non-Construction		

## SECTION 3: EMPLOYEES/WORK FORCE

TOTAL NUMBER OF STAFF	NUMBER OF PART TIME STAFF	TOTAL NUMBER OF OFFICE STAFF	TOTAL NUMBER OF PRODUCTION/SERVICE STAFF	NUMBER OF EMPLOYEES WORKING OFF SITE	NUMBER OF EMPLOYEES SEASONAL WORK (IF ANY)

## SHIFT WORK

IS SHIFT WORK OPERATED ON THE SITE OR SITES INVOLVED IN THIS ENQUIRY?	YES/NO		
IF "YES" – PLEASE PROVIDE DETAILS			
NUMBER OF THE SHIFT	START TIME	END TIME	TOTAL NUMBER OF THE STAFFS
1			
2			
ARE THE ACTIVITIES OF EACH SHIFT IDENTICAL?	YES/NO		
IF "NO" PLEASE DETAIL THE DIFFERENT ACTIVITIES BETWEEN EACH SHIFT			

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## SECTION 4 – PROCESS DETAILS

Based on the declared scope of Business and number of employees, please complete below

PROCESSES INVOLVED	
PLEASE PROVIDE DETAIL OF ANY OUTSOURCED/SUBCONTRACTED PROCESSES OR MONITORING	
PLEASE DESCRIBE ANY TEMPORARY OFF SITE INSTALLATION/SERVICE ACTIVITIES (IF APPLICABLE)	
HOW MANY INSTALLATION/SERVICE SITES ARE IN OPERATION AT ANY ONE TIME	

## SECTION 5 – MANAGEMENT SYSTEM DETAILS

WAS THE OHSMS DEVELOPED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? <i>(If by a consultant please provide the Consultant's OR Consultant company name)</i>											
PLEASE DETAIL THE SIGNIFICANT OCCUPATIONAL HEALTH & SAFETY HAZARDS YOU HAVE IDENTIFIED											
PLEASE PROVIDE DETAILS OF THE LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES											
DETAIL ANY HEALTH AND SAFETY PROSECUTIONS OR WARNING NOTICES OR SERIOUS INCIDENT IN THE LAST 3 YEARS											
IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3 <sup>RD</sup> PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW?											
9001		14001		18001		22000		27001		13485	
IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY INVOLVED											

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## SECTION 6 – CONTACT INFORMATION

### PRIVACY

By signing this form, we declare that the data shown here are correct and complete. We also declare to have read the GITCHIA information published on the Certification Body's website. The data provided will be processed for the purpose of technical / economic offer formulation.

I authorize GITCHIA to process personal data for marketing, direct sales and market research purposes.

I give Consent

I do not give consent

NAME		SIGNATURE	
POSITION		DATE OF COMPLETION	
EMAIL ADDRESS		PHONE NUMBER	

PLEASE RETURN COMPLETED QUESTIONNAIRE TO YOUR LOCAL GITCHIA OFFICE

## SECTION 7 – AUDITOR CONFIRMATION (GITCHIA use only)

**TO BE COMPLETED BY THE APPOINTED GITCHIA LEAD AUDITOR AT TIME OF THE STAGE 1 OR RECERTIFICATION/EXTENSION AUDIT ARISING FROM ENQUIRY AND PRESENTED WITHIN THE RELEVANT PACKAGE**

I CONFIRM THAT THE INFORMATION AND DATA SHOWN ON THE COMPLETED QUESTIONNAIRE IS VALID AND ACCURATE TO THE COMPANY CIRCUMSTANCES SEEN AT THE TIME OF THE STAGE 1 AUDIT/RECERTIFICATION - (Note – if any significant discrepancies between the information and data shown on the Questionnaire and those observed during the Stage 1 audit/ recertification are identified these must be brought to the attention of the company and to the attention of the GITCHIA office Compliance & System Certification Manager immediately as these may impact the validity of the original proposal and contract as well as the adequacy of audit planning)

Name		Signature		Date	
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## Section 8 - MULTISITES ONLY

SITE ADDRESS	ACTIVITIES INVOLVED (SCOPE)	TOTAL EMPLOYEE	SHIFT WORK YES/NO	START AND END TIME OF EACH SHIFT