|  |
| --- |
| 1. **OH&S (occupational Health &safety) relevant plant and machinery / manufacturing processes / activities at the location**   What OH&S-relevant plant and machinery / manufacturing processes / activities are present at the location? |
|  |

|  |
| --- |
| **Contractor activities at the location**   1. **Are internal/external building sites / workshops operated by contractors at the location which are generally operated under the contractor’s control and with the contractor responsible for coordination? Can impact on the performance of your OH&S system be excluded? (e.g. service activities with low health and safety risk, separate sites)** |

|  |  |  |
| --- | --- | --- |
| Please place a cross in the box if not applicable | | 🞏 |
| Contractors/  Activities |  | |

|  |
| --- |
| 2.b. **Is work carried out in your organization by contractor personnel who are subject to the shared control or the influence of your organization, or who are subject to the influence of your organization and who can have an impact on the performance of your OH&S system? (e.g. workshops, maintenance, standstill) (e.g. workshops, maintenance, downtimes)** |

|  |  |  |
| --- | --- | --- |
| Please place a cross in the box if not applicable | | 🞏 |
| What activities? |  | |
| Number of personnel of the suppliers/contractors who are subject to the control of your organization and work at your company site. (Full-time equivalents) | |  |

|  |
| --- |
| 1. **Is temporary work within the framework of services, work on building sites, project work, maintenance or work during downtimes carried out by your personnel at your customers’ premises?** |

|  |  |  |
| --- | --- | --- |
| not applicable | | 🞏 |
| What activities? |  | |
| Number of personnel undertaking temporary work at the customers**’** premises (full-time equivalents). | |  |

|  |
| --- |
| 1. **Do you have seasonal processes in your organization, such as harvesting, which are carried out with**   **additional temporary personnel?** |

|  |  |
| --- | --- |
| Please place a cross in the box if not applicable | 🞏 |
| Number of additional personnel (full-time equivalents) |  |
| Average duration of seasonal work |  |

|  |
| --- |
| 1. **Accident figures for the last three years:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 20\_\_ | 20\_\_ | 20\_\_ | 3 years period |
| No. of employees1) |  |  |  |  |
| No. of accidents2) |  |  |  | **Σ** |
| accident rate3) |  |  |  | **∅** |

1. *All employees, including part-time employees, must be taken into consideration:*  workers employed by the organization, workers of external providers, contractors, individuals, agency workers, and other persons to the extent the organization shares control over their work or work-related activities, according to the context of the organization*; part-time employees count proportionally.*
2. *The following accidents with an absence time of at least three days* and accidents caused by fatal injuries. T*he commuting accident - the accident on the way from home to work - is not to be included*
3. *accident rate= number of accidents / annual number of workers.*

|  |
| --- |
| 1. **Hazards at the location** What major hazards - mechanical hazards, electrical hazards, hazardous substances (e.g. gases, vapours, aerosols, liquids), fire and explosion hazards, thermal hazards, biological hazards (e.g. infection by means of microorganisms, virus or biological manufacturing substances) hazards from special physical effects (e.g. noise, radiation, electromagnetic fields) hazards from working conditions (e.g. climate, lighting), physical strain (e.g. through movement or remaining in the same position), and also psychological hazards (e.g. from work tasks, work organization, social factors/conditions, workplace conditions, working environment, flexible working hours) and other risk factors - are present at the location, taking internal / external construction sites and workshops particularly into consideration. |
|  |

|  |  |
| --- | --- |
| **7. Have you received any of the following services from TUV India,**  **if yes (TICK AS APPLICABLE)** | |
| **SERVICE** | **LAST AUDIT CONDUCTED ON** |
| **Social Responsibility Assessment** |  |
| **ISO 31000** |  |
| **ISO 28000** |  |
| **Steam System Audit** |  |
| **Electrical Safety Audit** |  |
| **Any 2nd Party Audits** |  |
| N.A |  |

We herewith confirm the completeness and accuracy of the information given above and in any annexes which may be attached. We agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Place/Date |  | Name, Function |  | Signature\*) |

\*) If sending by email, the sender's address will be accepted