**Self-evaluation questionnaire**

**for health and safety management systems certification**

 (Annex to the Official Application for certification)

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| GENERAL INFORMATION |
| Organization:  |
| Contact person for the audit | Name: |
| Telephone: |
| Management representative for the Health and Safety Management System | Name: |
| Telephone: |
| Does the organization have equipment/ installation that require special protection measures? | Yes |  | No |  |
| If Yes please describe: |
| Does the organization use hazardous chemical substances? | Yes |  | No |  |
| If Yes please describe: |
| Does the organization use special health and safety protection equipment? | Yes |  | No |  |
| If Yes please describe? |
| Does the organization use work on height?  | Yes |  | No |  |
| Does your organization (sub)contracts activities to external suppliers? | Yes |  | No |  |
| If Yes, please name these activities and the no. of personnel/ activity: |
| Was the occupational health and safety risk assessment performed? | Yes |  | No |  |
| In the last 3 years were there recorded work accidents or professional illnesses? | Yes |  | No |  |
| If Yes please describe:  |
| Technological and legal context of the organization: | Advanced technology | Yes |  | No |  |
| High degree of regulation | Yes |  | No |  |
| High no. of unique activities | Yes |  | No |  |
| Do the processes differ from shift to shift? | Yes |  | No |  |
| If Yes, please mention the processes on each shift: |
| Types of main processes: | Repetitive processes | Unique processes |
|  |  |
| Please mention the location and no. of personnel of contractors: .......... |
| Please mention the location and no. of personnel of subcontractors: .............. |
| What is the structure of the employees/ jobs? (*fill in for head office and each location, either permanent or temporary, addresses where you perform support activities for the certification scope – warehouse, laboratory, repair shop, offices, etc)* |
| Address | Job (locksmith, turner, etc) | No. of employees |
|  |  |  |

In case it is considered necessary CERTIND can request for supplementary information regarding the management system.

CERTIND is bound to confidentiality over the information provided by the organization.

 **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Authorized representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature**

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