



**OCCUPATIONAL HEALTH & SAFETY MANAGEMENT SYSTEM
QUESTIONNAIRE (OHSAS 18001/SS 506 PART 1/ SS 506 PART 3)**

Please complete this questionnaire and attach any relevant supporting information describing the Company's scope of operation, e.g. Company brochures or publicity material.

1) Company Name

Address

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Telephone Fax E-Mail

Contact

Management Representative

2) What is the total number of employees:

Directors / Partners

Managers

Staff

Total Workforce

Trainees

Contractors

Relationship with larger corporation if any

Note: Please advise any shift arrangements

(Please attach company organization chart)

3) The desired scope of the certification and standard seeking certification:

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4) Use of consultancy to set up the management system? YES / NO

If yes, please specify name of the consultant:



5) Are there any activities covered by your scope carried out away from the registration address(es), e.g. depots, warehouses, temporary sites or offices, which is covered in the system? YES / NO

If there are, please give a list of permanent/ temporary sites describe activities, address(es) as appropriate and staff numbers.

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6) Please give a list of key processes on site including plant & equipment typically used, and any outsourced processes/activities that affect the management system

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7) Please give a list of significant hazards typically present on site.

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8) Please give a list of applicable OHS legislation and other requirements to comply with.

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9) Use/Storage of Hazardous Substances. Whether storage is above-ground (A), underground (B) or on-ground (O) for storage tanks with a capacity in excess of 1 m³.

S/N	Substance	Type of storage	Hazard class (e.g. corrosive)	Capacity (specify units)	A, B or O



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- 10) Have you completed a management review? YES / NO
- 11) Have you completed an Internal Audit? YES / NO
- 12) Is your OHS integrated with:
- (a) QMS YES / NO
 - (b) EMS YES / NO
- Other
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- 13) Effective implementation date of the OHSMS
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- 14) Please list any attachments, i.e. Policy, Company Brochures, and Manual etc.
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Position in Company Date

Signed Print Name