

# SECTION D - ISO 45001:2018 / OHSAS 18001:2007

Only complete this section if applying for certification against this standard.

1. If you are applying for SSIP (UK only) please identify which role(s) you would like approving against:

Designer  Principal Designer  Contractor  Principal Contractor  Non-construction

2. How long has your health and safety management system been in place?

3. Please provide details of the hazards associated with your activities:

Hazards	Please Tick	Please detail which processes these hazards relate to?
Working with asbestos	<input type="checkbox"/>	<input type="text"/>
Working with explosives	<input type="checkbox"/>	<input type="text"/>
Working with and storage of flammable substances	<input type="checkbox"/>	<input type="text"/>
Transport of dangerous goods	<input type="checkbox"/>	<input type="text"/>
Underwater diving at work	<input type="checkbox"/>	<input type="text"/>
Working with materials at extreme temperatures	<input type="checkbox"/>	<input type="text"/>
Working with dangerous animals	<input type="checkbox"/>	<input type="text"/>
Working in proximity to water (risk of drowning)	<input type="checkbox"/>	<input type="text"/>
Working with gas	<input type="checkbox"/>	<input type="text"/>
Working with ionising radiation	<input type="checkbox"/>	<input type="text"/>
Working with lifting equipment and lifting operations	<input type="checkbox"/>	<input type="text"/>
Working with biological hazards	<input type="checkbox"/>	<input type="text"/>
Working in proximity to moving vehicles	<input type="checkbox"/>	<input type="text"/>
Food preparation for other parties	<input type="checkbox"/>	<input type="text"/>
Working in compressed air (risk of decompression illness)	<input type="checkbox"/>	<input type="text"/>
Working at heights	<input type="checkbox"/>	<input type="text"/>
Working in confined spaces	<input type="checkbox"/>	<input type="text"/>
Working with pressure systems	<input type="checkbox"/>	<input type="text"/>
Use of lead and heavy metals at work	<input type="checkbox"/>	<input type="text"/>
Working with fumes/gasses/dust	<input type="checkbox"/>	<input type="text"/>
Working with chemical hazards	<input type="checkbox"/>	<input type="text"/>
Use of work equipment (PUWER)	<input type="checkbox"/>	<input type="text"/>
Other (please specify)	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

**4. Please identify the main hazardous materials associated with your processes and provide details:**

**5. Radioactive and dangerous substances:**

Do you keep, use, accumulate or dispose of radioactive substances?

Yes  No

Does your business handle, produce, use or store dangerous substances (including toxic, oxidising, explosive, flammable, etc.) in large quantities and could therefore be subjected to COMAH (Control of Major Accident Hazards)?

Yes  No

If you have answered yes to any of the above questions, please provide details, including which location(s) this applies to:

**6. Are there members of the public present at your organization's sites?**

Yes  No

If yes please specify which sites:

**7. Please provide details of legislation, regulations, obligations and guidance notes applicable to the business:**

(e.g. Construction Design and Management Regulations, Control of Major Accident Hazards Regulations, etc.)

**8. Have you had any incidents leading to or pending prosecution/insurance claims/enforcement notices in the last five years?**

Yes  No

If yes, please provide details:

**9. Please provide a description of any formal involvement with a competent regulatory authority (e.g. HSE in the UK):**

**10. Please state accurately all injuries, diseases and dangerous occurrences (RIDDOR) for the past 12 months:**

Number of reportable injuries: Fatal  Major  Over seven days

Number of reportable dangerous occurrences:  Number of reportable accidents involving a member of the public:

Details of reportable diseases:

Details of reportable injuries:

Note: Disclosure of information is a requirement for contractual obligation. The applicant may be contacted before issue of a quotation.

**11. Are there any additional personnel that are not detailed in your employed personnel number (e.g. contractors / subcontractors personnel) performing work or work-related activities under the control or influence of the organization's OHSMS system?**

Yes  No

If yes, please state how many:

**12. Please provide a brief description of subcontract activities (if necessary):**

If you choose to give us any personal information (for example your e-mail address) we will treat this information in line with our privacy notice which can be located here: <https://www.nqa.com/en-gb/privacy> We will only use the information provided to respond to your enquiry and provide you with any information or materials requested. By submitting this information you are requesting a quote for services from NQA and a subsequent quote letter will be issued to you based on the information provided within this form.