

Royal Assessments Pvt. Ltd.

Application Form for Management Systems Certification

Client Reference Number:
Organization Name:
Legal Status:
Authorized Representative:
Contact Information (Mobile: / Phone No: / Email: / Website Address):
Proposed Scope of Certification:
Complete Correspondence Address with Pin Code:
Total No. of Sites (If more than 1 site then all addresses of all sites to be covered by this certification):
No. of Shifts at each site:
No. of Employees – Full Time - / Part Time / Temporary at each site in each shift:
For ISO 45001:2018, kindly provide name and contact details of personnel legally responsible for occupational health and safety and for monitoring employees' health and the employees:
Significant Business Processes & Products / Services (For ISO 45001:2018, also mention key hazards and OH&S risks associated with processes, the main hazardous materials used in the processes):
Legal / Statutory Requirements (For ISO 45001:2018, also mention any relevant legal obligations coming from the applicable OH&S legislation):
Language Spoken:
Outsourced Processes:
Standard Required:
Type of audit (single or integrated):
Is your organization design responsible?
Do you have an internal environmental audit programme and a register of significant environmental aspects?
Does your organization require noc from state pollution control board? If yes, status of registration?
Have you designated an assembly point in case of any emergency & first aid post?
Have you hired Services of Consultant? Give Details.
Details of Registration already held:
Signed By (with Company Stamp / Seal):
Date:

For Office Use	Remarks	Initials of receiving authority
Application received and forwarded for review		