

To: NIPPON KAIJI KYOKAI

Date: _____

APPLICATION FOR OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM AUDIT

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for Certification of the Management Systems".

Kind of Audit	<input type="checkbox"/> : Initial <input type="checkbox"/> : Annual <input type="checkbox"/> : Renewal <input type="checkbox"/> : Occasional (due to: _____)
Applicable Standards	<input type="checkbox"/> : OHSAS 18001:2007
Name and Address	Certification No.: _____ (No entry for Initial Audit)
	Organization Name: _____
	* Address: _____
	Top Management: Name _____ Position _____
	Management Appointee for Management System: Name _____ Position _____
	Person in Charge: Name _____ Position _____
	Tel. _____ Fax. _____
	E-Mail _____
	(Please fill in an appropriate organization or departmental e-mail address.)
Scope of Certification <small>(Please enter "Remain the same" if nothing is changed since last audit.)</small>	Products: _____
	Services: _____
Number of Personnel <small>(involved in the scope of certification)</small>	* No. of People _____ (including part-time worker, temporary worker, cooperative company worker etc.)
	Application of Shift Work <input type="checkbox"/> : No <input type="checkbox"/> : Yes (Please fill out the attachment 1 with details.)
Expected Audit Date	_____
Contract with Consultant	<input type="checkbox"/> : No <input type="checkbox"/> : Yes - Name of Consultant: _____

* Please fill out the attachment 1 about details of each site. (Name & address of sites, scope, number of people etc.)

Applicant : as stated below : as stated above
 &
 Billing - Organization _____
 address - Tel. No. _____ Fax. No. _____
 - Name & Position _____
 - Signature _____

(Attachment)

Note : Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.

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Sites included in the scope of certification (Please fill out about all sites.)

No.	Details of Each Site (☑ : check the appropriate box.)		
1	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others () *Number of shift worker: () Persons
	Approx. number of cooperative company worker among mentioned above: () Persons		Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
2	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others () *Number of shift worker: () Persons
	Approx. number of cooperative company worker among mentioned above: () Persons		Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
3	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others () *Number of shift worker: () Persons
	Approx. number of cooperative company worker among mentioned above: () Persons		Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
4	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others () *Number of shift worker: () Persons
	Approx. number of cooperative company worker among mentioned above: () Persons		Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different

* Example : In case of 2-shift with 15 persons each, please fill out 30 persons in this column.

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This attachment can be used only for the following cases and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the application form.

- 1) When the organization submits the application for the Initial Audit.
- 2) When the organization requests to amend or change the description of the certification.

Certificate	Request for Certificate with NK Registration Mark <input type="checkbox"/> (English) <input type="checkbox"/> (Japanese)
Description	Organization Name
	Address
	Product and Activities (Scope)
Attached Documents	<input type="checkbox"/> System Documents (Manual) <input type="checkbox"/> List of procedures, instructions and others <input type="checkbox"/> Documents relating to evaluation of risks <input type="checkbox"/> Management programme(s) <input type="checkbox"/> Documents relating to Legal and other requirements applied <input type="checkbox"/> Records of internal audit and management review <input type="checkbox"/> Scope of the management system <input type="checkbox"/> Organization's outline(general features of organization, significant aspects of its process and operations, and any relevant legal obligations;) <input type="checkbox"/> Business and service activities(general information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a large corporation, if any;) <input type="checkbox"/> Other referenced documents (information concerning all outsourced processes used by the organization that will affect conformity to requirements;)
Remarks	

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