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| *Dear Sir or Madam,*  *In connection with the upcoming date of the next audit in your Organization, please update the following data. Obtained update data is needed to thoroughly prepare for the upcoming audit. The information is treated as confidential. Please send the completed and signed form to ISOCERT sp.z o.o. on e-mail adress:* [*milica@gqsert.com*](mailto:milica@gqsert.com) | | | | | | |
| **CURRENT ORGANIZATION CONTACT DETAILS** | | | | | | |
| Full name of the Organization: | | | |  | | |
| Registered office and address of the organization: | | | |  | | |
| Current addresses of certified locations:  (please indicate the type of location: central function, permanent branch, temporary branches) | | | |  | | |
| Please enter the e-mail address to which the electronic invoice should be sent: | | | |  | | |
| **CURRENT DATA NEEDED FOR AUDIT PLANNING**  (in the case of any change in the scope of certification before completing the update, please contact the ISOCERT Certification Body, with a significant change in the scope of certification, instead of updating the data, complete the application for certification (available at www.isocert.org.pl and in the office) | | | | | | |
| Number of employees employed in the area of certification under an employment contract and based on other forms of employment (e.g. contracts, assignments, on-call time) in full-time equivalents (full-time means a 40-hour working week, e.g. an employee working 8 hours a week is 1/5 of a full-time job). | | | | | | |
| Type of location | | Number of employees | Number of shifts | | | Are similar processes carried out in temporary departments? If not, please describe the processes occurring in each interim site. |
| Central function | |  |  | | |
| Permanent branch 1 | |  |  | | |
| Permanent branch 2 | |  |  | | |
| Temporary branch 1 | |  |  | | |  |
| Temporary branch 2 | |  |  | | |  |
| Are the staff members staffed outside the Organization (e.g. traders, drivers, security staff on customer premises, construction workers, assembly workers, etc.)? | | | | | | |
|  | **NO** | | | | | |
|  | **YES**, please list the positions and the number of such people converted into full-time jobs and provide the type of services provided outside the headquarters of the Organization: | | | | | |
| Do you use subcontractors?  (If so, please indicate in what part of the certification scope and the number of subcontractors - employees of the subcontractor providing the service to you.) | | | | |  | |
| Has the person responsible for the management system changed?  *(If so, provide your name, surname, telephone number and e-mail address)* | | | | |  | |
| Has the organizational structure changed significantly?  *(If so, please send the current schedule)* | | | | |  | |
| Have there been any significant changes to the system documentation?  *(If yes, please indicate which ones)* | | | | |  | |
| Has the declaration of use changed? Applies to PN-EN ISO / IEC 27001  *(If yes, please indicate the issue and the date of the current declaration, in the case of exemptions from Annex A, indicate the changes)* | | | | |  | |
| Locations with significant risk. It concerns PN-EN ISO / IEC 27001 | | | | |  | |
| Have significant environmental aspects changed? Refers to ISO 14001 | | | | |  | |
| Should the next audit concern the transition to the new edition of the standard(s)? | | | | |  | |
| Other \*  *(e.g. minor changes in the scope of certification, resignation from a given management system, changes in points not applicable to the standard (previously exemptions), etc.)* | | | | |  | |
| Person completing the questionnaire: | | | | | Signature and date: | |

*\* Significant changes may result in the need to complete the "Certification Application"*

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| **INFORMATION ON ISO 45001:2018** | | | |
| Please list **key hazards and OH&S risks** related to processes, with an indication of their location: | | |  |
| Please list **the most important hazardous materials** used in these processes, with an indication of their location: | | |  |
| Please list any **relevant legal obligations** arising from applicable health and safety regulations, with an indication of their location: | | |  |
| Has there been a serious incident or breach of regulations in the period since the last audit / completion of the system implementation in your Organization requiring the involvement of a competent regulatory body? | | | |
|  | No | | |
|  | Yes, please list: | | |
| Please indicate the differences in the activities of each department (e.g. differences in technology, equipment, quantity of hazardous materials used and stored, work environment, rooms, etc.).  *(applies to Organizations with more than one location)* | | | |
|  | | | |
| Will a large number of companies (sub) contractors and their employees be present during the audit, resulting in increased complexity or health and safety risks (e.g. periodic shutdowns or technological downtime of refineries, chemical plants, steel mills and other large industrial complexes)? *(if yes, please provide the number of these companies together with the number of their employees and specify what activities they carry out)* | | | |
|  | No | | |
|  | Yes, please list: | | |
| Organization Information (please tick 'x' if applicable) | | | |
|  | Incidence and incidence of occupational diseases in your Organization is higher than the average for a given sector of economic activity | | |
|  | The presence of bystanders in the Organization (e.g. hospitals, schools, airports, ports, train stations, public transport) | | |
|  | Legal proceedings against the Organization in a matter concerning OHS | | |
|  | The presence of hazardous substances in quantities that expose the plant to the risk of major industrial accident | | |
| Person completing the questionnaire: | | Signature and date: | |