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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: | | | | | |
| Does the Organization carry out activities (e.g. services) outside the headquarters of the Organization/branches of the Organization | | | | | | |
|  | **NO.** | | | | | |
|  | **YES,** please briefly describe the type of activities and place of implementation (country): …………….. | | | | | |
| 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 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 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"*

***Table will be removed by a Specialist when the ISO 45001 is not included in the certification process***

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| **SYSTEM INFORMATION ISO 45001** | | | |
| Please list **the key hazards and health and safety risks** associated with the processes, indicating the location they relate to: | | |  |
| Please list the **most important hazardous materials** used in these processes, indicating where they relate: | | |  |
| Please list **relevant legal obligations** under applicable health and safety regulations, indicating where they apply: | | |  |
| Has there been a serious incident or breach of regulations in your Organization since the last audit / completion of the system implementation necessitating the involvement of the competent regulatory authority? | | | |
|  | No | | |
|  | Yes, please list the incidents: | | |
| Please indicate the differences in the activities of each site (e.g. differences in technology, equipment, amounts of hazardous materials used and stored, working environment, premises, etc.). *(applies to Organizations with more than one location)* | | | |
|  | | | |
| Will a large number of (sub-) contractors and their employees be present during the audit, causing increased complexity or OH&S risks (e.g. periodic shutdowns or technological shutdowns of refineries, chemical plants, steel mills and other large industrial complexes)? *(if so, please provide the number of these companies with the number of their employees and specify what activities they carry out)* | | | |
|  | No | | |
|  | Yes, please list the following companies: | | |
| Information about the Organization (please mark "x" if applicable) | | | |
|  | The accident rate and incidence of occupational diseases in your Organization is higher than the average for a given sector of economic activity | | |
|  | The presence of bystanders on the Organization area (e.g. hospitals, schools, airports, ports, railway stations, public transport) | | |
|  | Legal proceedings against the Organization in a matter concerning health and safety | | |
|  | The presence of hazardous substances in amount that expose the Organization to the risk of major industrial accidents | | |
| Person completing the questionnaire: | | Signature and date: | |

*Date and signature of the application approver:*