

# R20.28OHS Registration Survey for Occupational Health and Safety Management Systems



This survey is to be used to obtain a cost proposal for management system registration services by PRI. When completing this information survey, please include each facility involved in the OHSAS/OHSMS System.

## A. Company Information

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Issue Proposal to (OH&S Contact): \_\_\_\_\_  
Same address as above?  Yes  No If No, please provide mailing address.  
\_\_\_\_\_
- E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Designated Audit Contact: \_\_\_\_\_ Same as OH&S Contact above?  Yes  No  
If No, please provide all necessary contact information. \_\_\_\_\_
5. List the organization's primary IAF Code: \_\_\_\_\_
6. Primary language(s) spoken other than English \_\_\_\_\_
7. Is your company a subsidiary or division of another organization?  Yes  No
  - a) If yes, what organization? \_\_\_\_\_
  - b) Relationship? \_\_\_\_\_
  - c) Is PRI the registrar for the related organization? \_\_\_\_\_
8. Which standard(s) (most current edition) are you interested in being certified to (check all that apply)
 

ISO 45001:2018
9. Registration Approach – Which of the following audit approaches would you like proposed?
  - “Site”** (a stand alone location **OR** multiple locations in close proximity to one another, operating and addressing all requirements of the standard collectively, and issued one certificate)
  - “Multi-site”** (an organization with multiple sites conducting similar operations, similar scopes, operating “under the same management manual and centrally managed. Issued one certificate listing all locations.)
  - “Corporate\*”** (all sites, regardless of proximity, are audited collectively and are under one certificate. If the scope/product/processes differ, separate scopes will be required.)
  - “Progressive\*”** (each site audited separately then added to the corporate certificate, when registered. If the scope/product/processes differ, separate scopes will be required. )

Please complete the following table identifying the site(s) to be registered and provide the requested information for each. Note: If the site has different addresses for buildings (located on property) indicate such below:\*

| Location and Organization (Sites)<br>including addresses for all buildings, etc. | No. Shifts and<br>Shift Times | No. Of<br>Employees,<br>(incl.<br>temps*1) | Products and/or Services |
|--|-------------------------------|--|--------------------------|
|  |                               |  |                          |
|  |                               |  |                          |

| Location and Organization (Sites) including addresses for all buildings, etc. | No. Shifts and Shift Times | No. Of Employees, (incl. temps*1) | Products and/or Services |
|---|----------------------------|-----------------------------------|--------------------------|
|   |                            |                                   |                          |
|   |                            |                                   |                          |

\*Attach additional page(s) if more space is necessary

\*1 Count those performing work related to value added production / service activities

10. If more than one location is identified above, identify any differences between sites (e.g. technology, equipment, quantities of hazardous materials used / stored, work environment) \_\_\_\_\_
11. Over a typical 6-month period, what is the average daily number of contractors (e.g. Infrastructure repair or installation such as electrical, plumbing, building construction, equipment repair/rebuild) on site? \_\_\_\_\_
12. Are members of the public present on your site (Y/N). If yes, describe: \_\_\_\_\_
13. Are you facing any legal proceedings related to safety (Y/N). If yes, describe: \_\_\_\_\_
14. Is your safety performance better, the same as, or worse than your industries' average? \_\_\_\_\_
15. Do you have dedicated shifts? (Y/N) \_\_\_\_\_ Describe: \_\_\_\_\_
16. Are there any exclusions from the scope of certification (i.e., location, product, service)? \_\_\_\_\_

**B. Time Frame**

1. When are you planning to be ready for the first site's Stage 1 audit? \_\_\_\_\_
2. When are you planning to be ready for the first site's Stage 2 audit? \_\_\_\_\_

We typically recommend a Pre-Assessment Audit by PRI. Do your plans include one? \_\_\_\_\_

(Y/N) \_\_\_\_\_ When? \_\_\_\_\_

**C. Audit Related Questions** - (Please attach an organizational chart of your company and the reporting hierarchy of your ISO 45001 organization and a copy of the site(s) map. Additionally, for line items 7, 8, 10 and 12 below, attachments are acceptable.

1. Do you have documentation that complies with the cited standard? (Y/N) \_\_\_\_\_
2. Does your documentation apply to all locations (Corporate)? Or (Y/N) \_\_\_\_\_
3. Does each location have its own documentation (site specific)? (Y/N) \_\_\_\_\_
4. Are there any activities associated with the OH&S system that are conducted outside of the organization or subcontracted activities (on-site or off-site)?  
What Activities and Where? \_\_\_\_\_
5. Is Headquarters part of the scope? (Y/N) \_\_\_\_\_
6. Other business units? \_\_\_\_\_
7. Describe the workplace situations, nature and significance of the identified hazards.  
\_\_\_\_\_
8. Company Property: \_\_\_ Owned \_\_\_ Leased \_\_\_ Sq. Ft. or \_\_\_ Acres
9. If new (no current OH&S system in place), provide a copy of your: initial review, legislative and regulatory requirements; Identification of Hazards; Examination of existing OH&S management practices; evaluation of feedback from previous incidents and emergencies.  
\_\_\_\_\_
10. Describe any worker personal protection required: \_\_\_\_\_
11. Provide a copy of your OH&S objectives: \_\_\_\_\_
12. Are you ITAR Responsible?  Yes  No Classified material or export control requirements related to PRI access, must be disclosed. \_\_\_\_\_

13. PRI auditors may not be U.S. citizens. Does your organization restrict foreign national entry to its site(s)?  
 Yes \_\_\_\_ No \_\_\_\_ Please describe these restrictions. \_\_\_\_\_

**D. Other Management Systems**

1. Are you certified to other Management System Standards, e.g., ISO 9001, ISO/TS 16949, AS9100? (Y/N)  
 Which Standard(s)? \_\_\_\_\_

If not, would you like to discuss other certifications with PRI? Yes \_\_\_\_ No \_\_\_\_

2. Have you developed an integrated system? Yes \_\_\_\_ No \_\_\_\_

Which Standards are integrated? \_\_\_\_\_

- Does the manual include/meet all cited Standards? Yes \_\_\_\_ No \_\_\_\_
- Do internal audits address requirements of all standards/conducted in a combined effort? Yes \_\_\_\_ No \_\_\_\_
- Do management reviews address required inputs & outputs from all Standards? Yes \_\_\_\_ No \_\_\_\_
- Are the required procedures common to all Standards? (doc & record control, training) Yes \_\_\_\_ No \_\_\_\_
- Is the corrective and preventive action system common to all cited Standards? Yes \_\_\_\_ No \_\_\_\_
- Is the Management Rep the same for all Standards? Yes \_\_\_\_ No \_\_\_\_

If the answer to all the above is yes, your system is integrated, and PRI will quote accordingly. Depending on the systems that are integrated, other information may be required. PRI will advise.

**E. Answer the following technical questions.** Are the following a health or safety aspect of your OHSMS? If Yes, please indicate the approximate percentage of employees (of the employee count to be certified) that are affected by the aspect of the system in their daily responsibilities.

| Aspects of the OHSMS   | Yes/No              | Percent (%) |
|--|---------------------|-------------|
| 1. General Safety, including lighting, heating, noise exposure, biological, ventilation, personal protection equipment and safety signs and/or warning systems?  | Yes ____<br>No ____ |             |
| 2. Floor and yard requirements, such as marked walkways, drainage requirements, slip and trip hazards, coverings, or barricades?   | Yes ____<br>No ____ |             |
| 3. Slip hazards needing slip mats, slip footwear, or other concerns requiring slip hazard engineering?   | Yes ____<br>No ____ |             |
| 4. Are site roadways and vehicle safety, including surfaces, ease of access, illumination, weather-affected, spacing, wheel chocks, traffic mirrors, signage, or pedestrian markings?  | Yes ____<br>No ____ |             |
| 5. Safe access and movement to higher and lower facility levels, including in the performance of work the use stairs, ladders, platforms or scaffolding?   | Yes ____<br>No ____ |             |
| 6. Machine guarding, requiring speed considerations, emergency stops, operating control protections, and locked controls?  | Yes ____<br>No ____ |             |
| 7. Pressure hazards, including pressure vessels, compressed gases, or hydraulic or pneumatic power systems requiring specialized controls, lock-out systems, warning systems, separation systems, labeling, training or inspections?                             | Yes ____<br>No ____ |             |
| 8. Electrical Hazards, including high voltage electrical power systems, portable power tools, or combustion risks, requiring specialized controls, lock-out systems, warning systems, separation systems, labeling, training or inspections?                     | Yes ____<br>No ____ |             |
| 9. Management and storage of heavy goods, including stacking or high storage, heavy handling equipment and lifting gear, or conveyers, requiring specialized controls, lock-out systems, warning systems, separation systems, labeling, training or inspections? | Yes ____<br>No ____ |             |
| 10. Manual handling of heavy loads, requiring motorized tasks, lifting tools, multi-person requirements, back support, or packaging size limits?   | Yes ____<br>No ____ |             |
| 11. Handling and storage of hazardous chemicals, including manual and  | Yes ____            |             |

| Aspects of the OHSMS  | Yes/No              | Percent (%) |
|---|---------------------|-------------|
| automated handling and disposal, requiring specialized controls, lock-out systems, warning systems, separation systems, labeling, training or inspections?  | No ____             |             |
| 12. Contributory hazards controlled, such as chemicals, fuels, LPG's, waste, or combustibles, confined space, requiring inspected ventilation systems, separation from heat, light, or electricity, or controlled handling, use, and storage of combustibles? | Yes ____<br>No ____ |             |
| 13. General Fire and Explosion hazards, requiring special egress, protection and warning systems, training, and medical equipment?  | Yes ____<br>No ____ |             |
| 14. Outsider/non-employee/customer/public access and exposure risks, requiring control around hazardous aspects of the operations and OHSMS?  | Yes ____<br>No ____ |             |

Are there any other considerations or significant aspects of your OHSMS that require special permitting, inspection, controls, training, separation, signage, lock-out, or warning and alert systems? \_\_\_\_\_

\_\_\_\_\_

**F. For Our Information**

1. How did you hear about PRI? \_\_\_\_\_
2. Is PRI already the Registrar for a related organization? (Y/N) \_\_\_\_\_  
Who with? \_\_\_\_\_
3. Does your company belong to any professional industry organization(s)? (Y/N) \_\_\_\_\_  
a. If so, which organization(s)? \_\_\_\_\_
4. Indicate any processes outsourced. \_\_\_\_\_
5. Indicate the name of your Consultant. \_\_\_\_\_
6. Indicate any relevant legal obligations. \_\_\_\_\_
7. Other remarks or additional information. \_\_\_\_\_

This survey is provided to assist PRI Quality System Registrar in defining your scope of registration and preparing a cost proposal. The receipt of this survey by PRI does not acknowledge our acceptance and/or approval of any aspect of your possible ISO 45001 registration.

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Thank you for completing this survey for a cost proposal. Please return to PRI via e-mail.*

**PRI Certification**  
**161 Thorn Hill Road • Warrendale, PA 15086**  
**Tel.: 724-934-9000 • SBullington@p-r-i.org**