



**Application Questionnaire**  
**ARL – SMF – 01 – 01**

Please complete this questionnaire and forward it to [ARL Middle East](#), who will then provide you with a written Quotation.

<b>Organization name:</b>			
<b>Address :</b>			
<b>Number of Sites Linked &amp; Address (if certification required):</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>		<b>Website:</b>	
<b>Contact Person Name:</b>		<b>Position:</b>	<b>Mobile No :</b>
<b>Organization Certified before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, type of certificates:</b>			
<b>ISO 9001:2015</b>		<b>ISO 14001:2015</b>	
<b>OHSAS 18001:2007</b>		<b>ISO 45001:2018</b>	
<b>Legal Status of Organization:</b>			
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PRIVATE LIMITED <input type="checkbox"/> PUBLIC LIMITED			
<input type="checkbox"/> SOCIETY / NGO <input type="checkbox"/> GOVT UNDERTAKING <input type="checkbox"/> OTHER:			
<b>Number of employees:</b>		<b>Number of shifts:</b>	
<b>Scope:</b>			
<b>Exclusions (if any):</b>			

**Certifications requested:**

- ISO 9001:2015
- ISO 14001:2015
- ISO 45001:2018

**Outsourced Process (which affects the conformity of the product/service):**

**Certification program requested:**

- Initial certification
- Surveillance
- Recertification

In the case of several certification programs, would you like the audits to be Combined or carried out separately?       Combined       Separately

If the answer is Combined, please specify which combination?

Have you called on the services of a consultant?       Yes /  No  
If yes, please specify which one?

**Declaration:**

The information provides above is true to the best of our knowledge and Belief.

(Authorized signatory Name, Seal & Signature)

Name :

Position :

Date :

**FOR ARL Middle East USE ONLY:**

Reviewed By :

Date:

Can the application be further processed?       Yes /  No

**For requesting Environmental Management System certification ISO 14001:2015**

How many sites is your company managing at the same time?

A Register of Significant Environment aspect?  Yes  No

An Internal Environmental Audit Program?  Yes  No

Has the Internal Environmental Audit Program been implemented?  Yes  No

**For requesting Occupational Health & Safety management System certification ISO 45001:2015**

How many sites is your company managing at the same time?

Hazard's Identified?

Please detail any critical occupational health & safety risks identified:

Potential hazards and other factors	Range indicators for determining scores	Score
Dangerous Goods	1. There are some dangerous goods (but not licensable quantities).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There are licensable quantities of dangerous goods.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Vehicle/pedestrian interaction (including fork-lifts)	1. There is vehicle traffic that has the potential to interact with employees or other persons but this interaction is very limited due to the low numbers of vehicles involved and limited potential pedestrian impact.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There are a number of forklifts or other vehicle movements around employee work areas, and/or pedestrians are able to enter vehicle work zones.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Powered plant (including building plant rooms)	1. Powered plant is used occasionally	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. Powered plant is used regularly or daily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other plant (including scaffolding) or mechanical hazards	1. Other plant is used occasionally	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. Other plant is used regularly or daily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Manual handling (includes Occupational Overuse Syndrome)	1. There is handling, storage, transport or use of hazardous substances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There is handling, storage, transport or use of hazardous substances on a daily basis by a number of persons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Atmospheric contaminants other than hazardous	1. There has been or could be the need to test atmospheric contaminants to confirm they are below hazardous levels	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

substances (excludes confined spaces)	2. There are known airborne contaminants in the atmosphere requiring breathing apparatus to be worn on a regular basis (may be in limited parts of the worksite).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Use of ionising or non-ionising Radiation	1. There are low radiation sources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There are high radiation sources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Confined Space	1 There is a confined space requiring entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2 There are a variety of confined spaces requiring entry and/or a number of teams operating in confined spaces.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Slips, trips and falls	1 There are slip, trip or fall hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2 There are a range of activities that expose people to slip, trip and fall hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Noise	1. There are nuisance noise levels that do not exceed the maximum legislated noise level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There are noise levels that exceed the maximum legislated noise level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Thermal environment	1. There is exposure to extreme thermal discomfort	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Below ground work environment	1. There is occasional below ground work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There is regular or daily below ground work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Storage and/or use of explosives	1. There are explosives on site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2. There are explosives being used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Electrical hazards	1:Use of electrical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2:Occasional need for personnel to work on electrical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	3: Regular or daily need for personnel to work on electrical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pressurized environment	There is work in a pressurized environment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Threats of bullying, violence or occupational assault	1.Exposure to internal bullying or violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	2.: Exposure to external bullying or violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
	3: Both conditions apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA