

	MANAGEMENT SYSTEMS CERTIFICATION DOCUMENT	Document No: MSC-P10-FT Page 1 of 10
	OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM CERTIFICATION APPLICATION FORM	Version: 01 Effective: May 2024
	Compiled by: Certification	Approved by: GM Certification

Note: This application form shall be completed by a person responsible for the implementation of the management system. Attach all requested documents where applicable. The application form must be accompanied by a non-refundable application fee of N\$ 2068.00 (excluding VAT).

This form should be completed in full and returned to:

Namibian Standards Institution
 Tel: +264 61 386400 Fax: +264 61 386454
 P.O. Box 26364 Windhoek, Namibia
 37 Feld Street, Windhoek, Namibia
 Email: certification@nsi.com.na


Organization/Applicant: _____

Postal Address: _____

Physical Address: _____

Company registration: _____

Plant / Factory Physical Address (if different from above):

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Telephone number: _____ Facsimile number: _____

E-mail address: _____

Details of the Managing Director/Chief Executive Officer/General Manager/Manager of the organization:

Full Names: _____ Capacity: _____


Details of the Management Representative:

Full Names: _____ Email: _____ Telephone: _____

1. Description of the type of product or service of the organization for which certification is sought:

2. Description of the processes and operations of the organization for which certification is sought (attach list):

3. List all functions/departments and the main activities carried out in the indicated functions/departments of your organization which are part of the scope of certification (attach list).

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4. Define the scope of certification sought.

5. Indicate any requirement of the applicable standard that the organization determined not to be applicable to the scope of its Occupational Health and Safety management system (where applicable, provide justification).


6. Justification for requirement the organization has determined not to be applicable to the scope of its quality management system (where applicable).

7. Indicate any externally provided process, products and/or services

Process: _____

Products: _____

Services: _____

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8. Indicate the applicable standard(s):

9. List the applicable regulatory and statutory legislations relevant to the operations your organization:


10. Indicate the technology used in the system (e.g. manual, automated, semi-automated):

**11. Does the organization make use of a consultant for the development of the management system?
If YES, please indicate the name of the consultant and/or firm.**

12. Any other language used at the organization in addition to English?

13. What are the safety conditions that should be considered?

14. Describe the external and internal issues that are relevant to the organization purpose and strategic direction, in understanding the organization and its context.

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15. List the relevant interested parties and their roles which can have an impact on the management system.

16. Describe post-delivery activities the organization carry out.


17. Is your organization part of a larger corporation? If yes, indicate the name and address of corporation

18. State Management System(s) implemented by the organization

Tick	Management Systems	Certified (Yes or No)	Date Initially Certified	Certified By	Validity period

19. Did the organization implement an integrated management system? Yes No

If yes, please answer the following questions to determine the level of integration?

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i. Is there an integrated documentation set, including work instructions and procedures?

ii. Does the Management Reviews consider the overall business strategy and plan?

iii. Is there an integrated approach to internal audits?

iv. Is there an integrated approach to policy and objectives?

v. Is there an integrated approach to systems processes, please indicate the processes?

vi. Is there an integrated approach to improvement mechanisms, such as corrective and preventive action; measurement and continual Improvement?

vii. Does the organisation provide services at another organizations premises? If yes, indicate the Physical address of the premises where offsite activities are conducted.



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CERTIFICATION APPLICATION FORM**

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Effective: June 2023

Compiled by: Certification

Approved by: GM Certification

20. Is certification sought for a single or multi-sited organization?

Single

multi-site


21. Does the organization operate shifts? Yes No

22. If Yes, indicate processes/activities for the shifts (e.g. shift 1, shift 2)

Indicate branch (es) or site(s) for which certification is sought

Branch/Site	Type of product or services	Type of processes	Effective Number of personnel		Effective Number of personnel per shift		Total
			Permanent	Contracts/ Temporary	Shift 1	Shift 2	

NOTE: * Effective number of personnel consists of all personnel (permanent, temporary and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include non-permanent (e.g. contractors) personnel.

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23. The following documents and records shall be made available and submitted for the implemented management system-

DESCRIPTION OF INFORMATION REQUIRED FOR SUBMISSION NB: Application will not be processed in the absence of the required evidence listed below.	YES	NO
Company Registration Certificate		
Occupational Health & Safety Policy		
Occupational Health & Safety Objectives		
Records of internal audits conducted		
Records of Management Review conducted		
Defined scope of Occupational Health & Safety Management System		
Has the organization identified risks and opportunities		
List of identified key hazards and OH&S risks associated with processes		
Evidence of identified main hazardous materials used in the processes		
Evidence of Statistics on accidents and near misses recorded		
Process flow diagrams indicating interactions of the various processes		
List all functions/departments of your organization		
List the applicable regulatory and statutory legislations		

24. Does any employee of the applicant participate in any Technical Committee(s) of the NSI? _____

If yes, please state:

Name: _____ Technical Committee _____

25. Is any employee of the applicant a member of the Namibian Standards Council (NSC)?

If Yes, please state name: _____

26. Is any NSI employee a shareholder or director in your organization?


If Yes, please state the name: _____

27. Is the organization a subsidiary company? _____

If Yes, please state the subsidiary companies: _____

28. Is the organization a member of any industrial association(s)?

If Yes, please state the name(s): _____

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29. Is your business a joint venture business? _____
 If Yes, please indicate the parties involved: _____

30. Any other information:

The NSI may request additional information from the applicant after assessing this application form. This document may be amended whenever deem necessary, and is accessible on the website www.nsi.com.na

Submitting this application, the applicant agrees to:

- (a) allow the NSI audit team access to the applicant’s facilities, information and records;
- (b) keep the NSI informed of any changes to the particulars given herein;
- (c) pay fees associated with certification activities;
- (d) provide the NSI with a copies of requested documents and records;
- (e) enter into a certification agreement with the NSI which is valid for three years.

DECLARATION

I _____ hereby
 declare that the information submitted in this application is true and correct and that I am duly
 authorised to sign this application form.

Capacity of person signing application form:

Signature

Place

Date



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FOR OFFICE USE ONLY

Date application received: _____

Date application reviewed: _____

Application reviewed by: _____

Information reviewed	Yes	No	Comments
1) All field complete?			
2) Application fee paid?			
3) Requested document included?			

Recommendations:

Client File Number: _____