

Please confirm the programs that you are seeking certification to?

ISO 9001:2000
Complete Attachment A - ONLY

ISO 14001:2004
Complete Attachment A+B - ONLY

AS/NZS 4801:2001
Complete Attachment A+C - ONLY

ATTACHMENT A

COMPANY INFORMATION:

Section A is Mandatory Data Required for all Management System Certifications.

Registered Company Name:

Trading Name if Different:

Is the Company Affiliated with any other Company if Yes Please describe:

Proprietors Name:

ABN Number:

Company Address:

Postal Address if different:

Client Contact Name:

Contact Details:

Phone	E-Mail	Fax	Web Site
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Are there any activities covered the company which is carried out in different locations from your above address?

Site Location	Activity	Number of Staff	Shift Work	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which of the following industries best describes your Organisation?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Mining | <input type="checkbox"/> Food / Agriculture | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Aviation |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Government | <input type="checkbox"/> Health | <input type="checkbox"/> Hotel / Tourism |
| <input type="checkbox"/> Other - please specify | | | |

ORGANISATIONAL INFORMATION:

Additional information required to allow us to best allocate an auditor who will best suit your organizations requirements. Please Note as many areas relevant to your organisation (Please attach additional information to this application if insufficient space)

Is Manufacturing/ Processing/ Service Undertaken?

If YES, please specify

Is Design Undertaken:

If YES, please specify

Does the company sub-contract any specialist manufacturing, processing or service operations.

If YES, please specify

What is the total number of contractors in the company?
How many shifts does your company operate?
Number of employees per shift:
Please tick the most appropriate reason for seeking certification:

- | | |
|---|---|
| <input type="checkbox"/> To comply with client requirements | <input type="checkbox"/> To provide a platform for continual improvement. |
| <input type="checkbox"/> To enhance tender/contract response capability | <input type="checkbox"/> Other (please specify) |

If *Other*, please specify

Do you require Pre-Audit services?

If YES, please specify

Approximate Date of Certification:

CERTIFICATION DETAILS:
What is the Scope of Certification that will appear on the certificate (including Permissible Exclusions for ISO 9001:2000)

Please specify

Please describe the main processes/ activities/ end products/ services:

Please specify

Products associated with your organization: e.g. Bagged Gravel – Bolt Manufacture

Please specify

Services Supplied by your organization: e.g. Casual Labor Work Force – Telemarketing Services

Please specify

Legal or Legislative requirements to which you are required to operate under:

Please specify

Is your Organisation currently (or previously been) registered with another Certification Body:
 Yes No ISO 9001:2000 ISO 14001:2004 AS NZS 4801:2004

If yes Please Specify:
Are there any current major Corrective Action requests/Non conformances outstanding?

Please specify

Certification Date on the Certificate:

Please specify From - To date:

Where did you here about CACS:

Statement of Acceptance by Client

I/We warrant that we have either received an information pack or viewed the information on CACS internet site www.cacs.net.au and that the information contained in this application for assessment is correct. I/We confirm that Compliance Australia Certification Services may vary the assessment methods and costs if incomplete information was provided in the initial evaluation stage. I/We confirm that the company shown above has agreed to proceed with all assessment activities leading to Certification/Registration by Compliance Australia Certification Services. I/We undertake to pay all other costs required under the Regulations governing the Compliance Australia Certification Services Scheme for Registration connected with assessment and administration, irrespective of the eventual granting of a Certificate of Registration. In the event of being granted a Certificate of Registration, I/We undertake to conform to the Regulations governing the Compliance Australia Certification Services Scheme and in particular pay all fees charged for annual registration and certificate maintenance. I/We as such, accept that this registration or re-registration agreement entered into is a triennial agreement, subject to the terms and conditions of the Regulations, and that notice of intention NOT to renew a Certificate of Registration must be given to the Certification Manager of Compliance Australia Certification Services not later than two months before the expiration date of the Certificate. We also accept that Compliance Australia Certification Services may modify the audit methodology, scope of certification, surveillance schedule and costs depending upon the findings of assessments of our Organisation. If circumstances arise a (witness audit) may be necessary due to JAS-ANZ requirements in conjunction with your regular audit.

Signature of Authorised Company Representative:

Position	Print Name	Signature	Date

Please Return Via:

FAX: 07 3209 2441

E-Mail admin@cacs.net.au

Post Po Box 1519 Carindale 4152

Office Use Only

The <http://research.lawlex.com.au> web site is to be consulted where a HIGH risk client has products which it produces and specification relating to that product are required knowledge for the auditor prior to any assessment being undertaken. It is the responsibility of the Certification Manager to ensure that in instances of High risk codes as detailed within this document that a search be undertaken to locate the relevant product related compliance information (if applicable to that industry) and ensure that the auditor is matched to that requirement prior to the assessment being allocated and that the auditor is by suitable means given the information required. In every instance as detailed above the relevant comments are to be placed into the notes area of Time On Site database for future reference.

Certification Manager to Justify:	This client is a HIGH Risk Client and has significant Product requirements as described within CACS SOP P 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Document Justification Here

Position	Signature	Date

Attachment B – ISO 14001 Environmental Management Systems ONLY

Please answer the questions below by circling the code letters as appropriate

Y = Yes N = No N/A = Not Applicable DNK = Do Not Know or H = High M = Moderate L = Low

Question 1 EMS

What is the approximate number of pages in your Organisation's Environmental Management Systems documented system (excluding forms)?

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How is the documented system structured (indicate if integrated with other systems)?

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Question 2 EMS

Please indicate your Organisation's actions in regards to products/services concerning ENV aspects

Has your Organisation considered all environmental aspects of its products and / or services?	Y	N	DNK	
Has a preparatory environmental review (environmental audit) been recently performed? If YES, was the expertise provided from <input type="checkbox"/> Corporate <input type="checkbox"/> Business Unit <input type="checkbox"/> Consultant	Y	N	DNK	
Was your Organisation's environmental policy written after the preparatory environmental audit?	Y	N	DNK	

If No or Do Not Know answers have been given above, outline the process you will use to identify ENV aspects

Please specify

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If there are activities carried out at locations other than the address stated previously (e.g. off site offices, manufacturing, warehousing, service operations, etc.) to be included in the same registration, please describe these activities listing the location and approximate number of people at each (attach extra sheet if necessary).

Please specify

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Question 3 EMS

Please indicate the extent of your Organisation's usage of resources and raw material:									
Water	H	M	L		Minerals	H	M	L	
Electricity	H	M	L		Plastic / Rubber	H	M	L	
Gas	H	M	L		Paints / Solvents	H	M	L	
Oil-based fuels	H	M	L		Wood	H	M	L	
Coal	H	M	L		Paper	H	M	L	
Metals	H	M	L		Chemicals	H	M	L	
Others - please specify	H	M	L						

Question 4 EMS

Please indicate the level of knowledge of environmental issues possessed by the following categories of your Organisation's personnel:

a) Senior Management	H	M	L	DNK	
b) Middle Management and supervisory personnel	H	M	L	DNK	
c) Technical and commercial personnel	H	M	L	DNK	
d) Operational personnel	H	M	L	DNK	

Question 5 – (a to f) EMS

Please indicate the following specific regulatory and other aspects:

a) Do you require operating permits / licences E.G. Dangerous goods licence?	Y	N	N/A	
If YES , please specify				
b) Do you require any licences to discharge to air?	Y	N	N/A	
If YES , please specify				
c) Do you require any waste disposal licences / permits?	Y	N	N/A	
If YES , please specify				
d) Do you require any trade waste agreements / licences E.G. Sewer Discharge	Y	N	N/A	
If YES , please specify				
e) Do you have other specific licences, agreements, consents or permits?	Y	N	N/A	
If YES , please specify				
f) Are you required to submit an annual national pollutant inventory return	Y	N	N/A	
If YES , please specify				

Question 6 EMS

Are you in regular contact with any of the following environmental regulatory bodies?				
Commonwealth / Federal	Y	N	N/A	
State / Territory	Y	N	N/A	
Local Shire or City Council	Y	N	N/A	
Others please specify	Y	N	N/A	
Is your site likely to contain contaminated land?	Y	N	N/A	
Is your site located adjacent to any environmentally sensitive areas?	Y	N	N/A	
Describe your surroundings	<input type="checkbox"/>	industrial	<input type="checkbox"/>	urban
	<input type="checkbox"/>	rural	<input type="checkbox"/>	commercial
If yes why are they sensitive?				
If YES, please specify				

Question 7 (a to c) EMS

Please indicate your Organisation's applicability in monitoring & measurement of environmental aspects:				
a) Are you measuring any emissions to the atmosphere?	Y	N	N/A	
If YES, please specify				
b) Are you measuring for anything in plant effluent?	Y	N	N/A	
If YES, please specify				
c) Are you a participant in the "Greenhouse Challenge" program	Y	N	N/A	
If YES, please specify				

Question 8 (a to c) EMS

Please indicate your Organisation's impact in regards to waste				
a) What is your Organisation's quantity of waste production?	H	M	L	
If YES, please specify				
b) Is any of your Organisation's waste recycled?	Y	N	N/A	
If YES, please specify				
c) Does your Organisation use any recycled material?	Y	N	N/A	
If YES, please specify				

Question 2 OHS

Which OH&S related legal requirements under State, Federal, or Local Government does your organisation have to comply with?

Please Specify

Are members of the public likely to be affected by your operation ?

If yes Please Specify

Does your Organisation deal with hazardous material, potentially dangerous processes and / or potentially dangerous equipment?

If yes Please Specify

Are any sites classified as a Major Hazard facility?

Please Specify

Does the work performed include asbestos processing/removal operations?

If yes Please Specify

Is the OH&S management system implemented in different ways across the various sites?

If yes Please Specify

Is powered mobile plant used on site?

If yes Please Specify

Does the organisation utilise high risk plant?

If yes Please Specify

Question 3 OHS

Please indicate which, if any, of the following typical hazards are present on site

<input type="checkbox"/>	Hazardous Manual Handling
<input type="checkbox"/>	Airborne Contaminants
<input type="checkbox"/>	Biological hazards, infectious materials
<input type="checkbox"/>	Handling, mixing, spraying, disposal or other use of hazardous substances
<input type="checkbox"/>	Lead risk Jobs
<input type="checkbox"/>	Use of Ionising or non ionising radiation
<input type="checkbox"/>	Excessive noise or vibration
<input type="checkbox"/>	Entry to confined spaces
<input type="checkbox"/>	Falls from Heights
<input type="checkbox"/>	Threats of violence or occupational assault
<input type="checkbox"/>	Potential for animal or insect attack
<input type="checkbox"/>	Extremes of heat, cold, humidity, UV radiation (Thermal environment)