**Enquiry Form 2022**

Please complete, sign, date and email this form to info@mscglobal.com.au, so that we can provide a quotation.

Please don’t hesitate to contact our staff for assistance, on 1300 592 710.

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| Date  |  | Completed by |  |
| Where did you hear about MSC Global? |  |

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| **Registered** Company name |  |
| **Registered** business/trading name (if different from above) |  |
| ABN (relating to **registered** Company/business/trading name(s)) |  |
| Website address |  |
| Head office address |  |
| Postal address (if different to head office address) |  |
| Address(es) of additional **permanent** site(s) to be included in Certification(these must be audited during the 3-year Certification cycle) |  |
| Number of **temporary** sites(where work is carried out at a non-permanent site e.g. sales, cleaning, consulting, construction, etc.) | Please advise |
| Company’s main processes and functional business units(e.g. administration, HR, IT, marketing, sales, design, construction, warehousing, manufacturing, etc.) |  |
| Name and job title of contact person  |  |
| Company phone number |  |
| Contact person’s direct phone number(s)  |  |
| Contact person’s email address |  |
| Email for invoices |  |

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| **Please highlight the Standard(s) to be certified** |
| Safety4801:2001 | Quality9001:2015 | Environment14001:2015 | OH&SMS45001:2018 | HACCP |
| **Please highlight the estimated percentage of integration if more than one System** |
| Nil | 20% | 40% | 60% | 80% | 100% |

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| Please provide details if a consultant assisted with the development of your System(s) |  |
| Please provide name of Certification Body if your System(s) is currently certified |  |
| Please provide approximate date of last audit (if applicable) |  |
| Please provide expiry date of Certification (if applicable) |  |

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| Please provide details if any activities are outsourced **\*\***(e.g. accounting, IT, sub-contractors, etc.) | Please advise |
| Is there any other information you would like to add? |  |

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| **Type of employment** | **Staff****numbers** | **Number of staff and related roles**For example: 1 CEO, 1 CFO, 1 Managing Director, 2 Directors, 3 Managers,1 Reception, 2 Admin, 2 Accounting/Payroll, 2 HR, 1 IT, 2 Sales/Marketing,3 Design, 4 Supervisors/Team Leaders/Foremen, 3 Carpenters,5 Plumbers, 2 Electricians, etc. | **Effective no.****of staff****(office use only)** |
| **Permanent full-time** |  |  |  |
| **Permanent part-time** |  |  |  |
| **Casual/Temporary** |  |  |  |
| **Sub-Contractors \*\*** |  | Please advise(if used, you **must** provide an estimate of the approximate number of **individuals** used on an **average day**, grouped into **similar roles/trades**) |  |
| **Total** |  | N/A |  |
| **Please provide details of any rotating shifts** | Please advise |

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| **Data to appear on Certificate**(**registered** Company/business/trading name(s), Head Office address and address(es) of additional permanent site(s) to be included in Certification) |  |
| **Capability statement/scope of Certification**Please describe business activities in **no more than two brief sentences**(this is **not** an advertisement for the Company) |  |
| **Audit objectives (office use only)**(what is to be accomplished at the audit) | Conformity to the Standard(s), ability to meet statutory and regulatory requirements, effectiveness in meeting objectives and identification of potential improvements. |

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| **Company representative** |  | **Signature** |  |
| **Position** |  | **Date** |  |

**Please complete the tables below for OHS, EMS and OH&SMS Certification as required.**

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| **To be completed for new client (office use only)** |
| **Website reviewed (if applicable)** |  |
| **ANZSIC Code confirmed** |  |
| **Ability to audit Client confirmed** |  |
| **Acceptance of Client confirmed** |  |
| **Transfer of Certification Checklist reviewed (if applicable)** |  |
| **Reviewed and accepted by** |  |
| **Date reviewed** |  |

**AS/NZS 4801:2001 Safety Management System (OHS) Certification**

**Please note this relates to staff AND sub-contractors.**

**Please circle or highlight the applicable number in the score column using ONLY the numbers provided.**

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| **Potential hazards and other factors** | **Score** | **Range indicators for determining scores** |
| Dangerous goodse.g. petrols or paints etc. | **0****5****10** | N/AThere are some dangerous goods (but not licensable quantities).There are licensable quantities of dangerous goods. |
| Vehicle/pedestrian interaction (including forklifts)e.g. areas with forklifts, passing traffic, sites with earthmoving equipment, etc. | **0****5****10** | N/AThere 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.There are a number of forklifts or other vehicle movements around employee work areas, and/or pedestrians are able to enter vehicle work zones. |
| Powered plant (including building plant rooms)e.g. trucks, forklifts, earthmoving equipment, generators, etc. | **0****5****10** | N/APowered plant is used occasionally.Powered plant is used regularly or daily. |
| Other plant (including scaffolding) or mechanical hazardse.g. elevated work platforms (EWPs), etc. | **0****5****10** | N/AOther plant is used occasionally.Other plant is used regularly or daily. |
| Manual handling (includes Occupational Overuse Syndrome) | **0****5****15** | N/AThere is manual handling, but it is limited to a small number of tasks.There are many manual handling tasks. |
| Hazardous substances (includes asbestos) | **0****5****15** | N/AThere is handling, storage, transport or use of hazardous substances.There is handling, storage, transport or use of hazardous substances on a daily basis by a number of persons. |
| Atmospheric contaminants other than hazardous substances (excludes confined spaces) | **0****2****5** | N/AThere has been or could be the need to test atmospheric contaminants to confirm that they are below hazardous levels.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). |
| Use of ionising or non-ionising radiation | **0****5****10** | N/AThere are low radiation sources.There are high radiation sources. |
| **Sub-total****(office use only)** |  |  |
| **Potential hazards and other factors** | **Score** | **Range indicators for determining scores** |
| Confined space (as per AS/NZS 2865)e.g. where a spotter is required to keep watch, roof, manhole, etc. | **0****10****20** | N/AThere is a confined space requiring entry.There are a variety of confined spaces requiring entry and/or a number of teams operating in confined spaces. |
| Slips, trips, and falls | **5****20** | There are slip, trip, or fall hazards.There are a range of activities that expose people to slip, trip, and fall hazards. |
| Noisee.g. powered plant, power tools, etc. | **0****5****15** | N/AThere are nuisance noise levels that do not exceed the maximum legislated noise level.There are noise levels that exceed the maximum legislated noise level. |
| Thermal environmente.g. any outdoor work, etc. | **0****5** | N/AThere is exposure to extreme thermal discomfort. |
| Below-ground work environmente.g. mines etc. | **0****10****30** | N/AThere is occasional below-ground work.There is regular or daily below-ground work. |
| Storage and/or use of explosives | **0****5****10** | N/AThere are explosives on site.There are explosives being used. |
| Electrical hazards | **0****2****5****10** | N/AUse of electrical equipment.Occasional need for personnel to work on electrical equipment.Regular or daily need for personnel to work on electrical equipment. |
| Pressurised environmente.g. high-pressure hoses, nail guns, etc. | **0****5** | N/AThere is work in a pressurised environment. |
| Threats of bullying, violence, or occupational assaulte.g. visitors to the office and/or activities conducted outside the office expose staff to the possibility of both internal (office) and external (on-site) bullying, violence, or occupational assault | **0****2****10****12** | N/AExposure to internal bullying or violence.Exposure to external bullying or violence.Both conditions apply. |
| **Total score for determining OHS Complexity****(office use only)** |  | High OHSComplexityScore ≥ 116 | Med OHSComplexityScore = 81 to 115 | Low OHSComplexityScore = 0 to 80 |

**JAS-ANZ Procedure 02, Part 1, Issue 3: Table 1, Client Profile**

**ISO 14001:2015 Environmental Management System (EMS) Certification**

**Please note this relates to staff AND sub-contractors.**

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| **Business activity** | **Please provide details** |
| Do you use the following natural resources:Water/fuel/energy/minerals/other |  |
| Do you discharge the following to air:Noise/odour/chemicals/dust/other |  |
| Do you discharge the following to water:Chemicals/sediment/nutrients/other |  |
| Are you involved in the following waste management issues:Liquid/solid/green/other |  |
| Are you involved in the following land degradation issues:Excavation/filling/soil erosion/contamination/salinity/other |  |
| Are you involved with the following social and biophysical issues:Flora/fauna/heritage/traffic/transportation/fire/other |  |
| Are there any environmental regulations, licenses, codes of practice, standards, etc. that apply to you? |  |
| Have you developed any documents relevant to your Environmental Management System? If *yes*, please list |  |
| **EMS Complexity (office use only)** |
|  | Agriculture and forestry |  | Mining and quarrying |
|  | Construction and demolition |  | Office based professional services |
|  | Food services |  | Repair and installation of machinery and equipment |
|  | General and mechanical engineering |  | Science and research services |
|  | Manufacturingchemicals including rubber and plastic products, electrical equipment, electronic products, food and beverage, machinery and equipment, non-metallic products e.g. glass and concrete products, metal products, paper and paper products, pharmaceutical products, printing, textiles and apparel, wood products including furniture. |  | Technical testing and laboratories |
|  | Transport and storage |
|  | Waste management, waste treatment and remediation |
|  | Wholesale and retail |
| High EMSComplexity | Medium EMSComplexity | Low EMSComplexity | Limited EMSComplexity |

**ISO 45001:2018 Occupational Health and Safety Management System (OH&SMS) Certification**

**Please note this relates to staff AND sub-contractors.**

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| **Business activity** | **Please provide details** |
| Please identify the key hazards and OH&S risks associated with the Company’s processes. | Ie. Slips, trips, falls |
| Please identify the main hazardous materials used in the company’s processes. | Ie. fuel |
| Please identify any relevant legal obligations coming from any applicable OH&S legislation. | Ie. Worksafe Australia |
| **OH&SMS Complexity (office use only)** |
| High OH&SMSComplexity | Medium OH&SMSComplexity | Low OH&SMSComplexity |