Please complete and return this Annex with the Application Form

This form is confidential when completed

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| **Annex for Environmental Management and/or Health & Safety Management approval** | | | **Annex F** |
| 1 Name of applicant company |  | | |
| 2 Scheme - Please select the scheme that you are applying for | | Select | |
| 3 Management (representative responsible for compliance with Environmental / Health & Safety issues) | | | |
| 3.1 Name |  | | |
| 3.2 Job title / Position |  | | |
| 3.3 Telephone number |  | | |
| Note: Any principals, directors, partners or significant shareholders (with 10% or more of the shares) may have to complete the Personal Data Form (NSF 450) provided, unless the same has been processed as part of an existing approval. | | | |
| 4 Consultant  If relevant, please name the consultants who may have assisted you with the development of your EMS / H&S, particularly if they are retained for ongoing support. | | | |
| Name and contact details |  | | |

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| Please complete SECTIONS 5-8 if you are applying for ENVIRONMENTAL MANAGEMENT APPROVAL | | |
| 5 Detail the services/activities that you wish to be included in the scope of the approval – subject to confirmation | | |
| Environmental Management System with respect to office based activities | |  |
| Environmental Management System for office based activities at the Head Office | |  |
| Environmental Management System with respect to the services detailed on the existing NSI Product Certification | |  |
| Environmental Management System with respect for the listed Facilities Management Services | |  |
| Other |  | |
| 6 Please summarise your most significant environmental aspects and impacts associated with the above scope. | | |
|  | | |
| 7 Please list any significant or specific Environmental Legislation or Statutory requirements that you believe is applicable to your company and the product/services that you supply. | | |
|  | | |
| 8 Details of any prosecutions: infringements, enforcement notices or significant insurance claims that relate to any Environmental issues (include any Health & Safety incidents that have also resulted in discharges or spills that could cause damage to the environment). | | |
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| Please complete SECTIONS 9-13 if you are applying for HEALTH & SAFETY MANAGEMENT APPROVAL | | |
| 9 Detail the services/activities that you wish to be included in the scope of the approval – subject to confirmation. | | |
| Occupational Health & Safety Management System with respect to the services detailed on the existing NSI Product Certification. | |  |
| Occupational Health & Safety Management System for the listed Facilities Management Services on the NSI FM certification. | |  |
| Add any other services |  | |
| 10 Please detail the key hazards and health and safety risks associated with your processes, including any hazardous materials used, and any relevant legal obligations arising from applicable legislation. | | |
|  | | |
| 11 Please detail any prosecutions, infringements, enforcement notices or significant insurance claims within the last five years that relate to Health & Safety issues. | | |
|  | | |
| 12 Please list any significant or specific Health & Safety Legislation or Statutory requirements that you believe is significant with respect to the product/services that you supply. | | |
|  | | |
| 13 Please detail any prosecutions, infringements, enforcement notices or significant insurance claims that relate to Health & Safety incidents (include any Environmental issues that have also resulted in discharges or spills that cause damage to the environment). | | |
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| ALL APPLICANTS TO COMPLETE THE FOLLOWING SECTIONS | | | | | | | | | | |
| 14 Please detail the number of Reportable Injuries, Diseases or Dangerous Occurrences (RIDDOR) during the last 3 years, for the following categories: | | | | | | | | | | |
| Fatal Incidents | | |  | | Major Incidents | | | |  | |
| Absence for more than: 3 days (for EMS) / 7 days (for H&S) | | |  | | Dangerous Occurrences | | | |  | |
| 15 Locations | | | | | | | | | | |
| Give details of all branches to be included in your application for approval (please do not list the head office quoted on the application form) | | | | | | | | | | |
| Address incl postcode |  | | | | | | | | | |
| Telephone number |  | | | | Fax number | | |  | | |
| Email address |  | | | | | | | | | |
| Address incl postcode |  | | | | | | | | | |
| Telephone number |  | | | | Fax number | | |  | | |
| Email address |  | | | | | | | | | |
| Address incl postcode |  | | | | | | | | | |
| Telephone number |  | | | | Fax number | | |  | | |
| Email address |  | | | | | | | | | |
| If more than three branches, please provide a separate list. | | | | | | | | | | |
| Please give an indication of the number of personnel working: | | | | | | | | | | |
| (a) on your company’s premises:  (b) away from your company’s premises: | | | | | | | | | | |
| 16 History of applicant and current activities | | | | | | | | | | |
| 16.1 Have you or a subsidiary /associated company held a certification during the last 3 years?  If yes, please give details. | | | | | | | | | | |
| Certificated by another certification body e.g. For BS EN ISO 9001 or 14001 | | | | Approved by an inspection organisation | | | Member of a trade association | | | |
| Name of body/organisation | | | | Date of applicable approval (from/to) | | | Current status | | | |
|  | | | |  | | |  | | | |
| 17 Complaints | | | | | | | | | | |
| 17.1 Give details of any complaints received about your company, and/or subsidiary companies and/or associated companies, by any of the above mentioned bodies/ organisations/ associations during the last three years.  Please include full details of the outcome of the complaints. | | | | | | | | | | |
|  | | | | | | | | | | |
| 17.2 Are you aware of any complaints against the applicant company and/or subsidiary companies and/or associated companies of the applicant company, and/or personnel of the company and/or subsidiary companies and/or associated companies of the company, that are currently being submitted to, or being raised by, any of the bodies/organisations listed in paragraph 16.1? | | | | | | | | | | |
|  | | | | | | | | | | |
| DECLARATION | | | | | | | | | |
| We confirm that the information provided in this Annex is accurate. | | | | | | | |  | |
| To be signed by the proprietor – or all partners in the partnership – or a director authorised to sign on behalf of the limited company. | | | | | | | | | |
| Signature | | Print name | | | | Date | | | |
|  | |  | | | | Click here to enter a date. | | | |
|  | |  | | | | Click here to enter a date. | | | |
|  | |  | | | | Click here to enter a date. | | | |

**Thank you for completing this form**

**Please use the checklist on the following page**

**Please submit this form by email to:** [**applications@nsi.org.uk**](mailto:applications@nsi.org.uk) **or your NSI Head Office contact**

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| --- | --- | --- |
| **Application checklist**  **Please submit these documents with your application** | | |
|  | **Submitted** | ***NSI office use*** |
| Completed Application Form or Short Application Form for existing NSI approved companies. |  |  |
| Completed Annex Form F |  |  |
| Personal Data Forms  Personal Data Forms for individuals responsible for EMS or H&S if not previously provided elsewhere. |  |  |