

	INGRAIN GLOBAL STANDARD PRIVATE LIMITED	Format No.	IGSPL-F-01
		Rev. No.	02
	Application Form	Date	25.03.2024

Date of Application							
Name of the Company							
Address							
Website, Email and Phone number							
No of Sites							
Site 1 Address (For more site attach separate Sheet)							
Contact Person Name and Designation							
Legal Status		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>					
Statutory and Regulatory Requirement							
Accreditation Required		ASCB <input type="checkbox"/>					
Certification Scheme		<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> IMS <input type="checkbox"/> Other					
Scope of Certification							
Exclusion if any		Clause	Justification				
Outsourced Process, If any							
No. of Employees	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Any Other Workers
	At Organization						
	At Site						
	TOTAL						
Is there any activity performed during Shift hours/outside Office business hours Yes <input type="checkbox"/> No <input type="checkbox"/>							
If Yes, Pls. Specify Day and Timings and the Activity Name:							
Certification Program Required		Initial <input type="checkbox"/>	Re-Certification <input type="checkbox"/>	Transfer <input type="checkbox"/>			
Is Already Certified for any Standard		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:					
Is Consultants Involved		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:					
Key Business Process Involved							
DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.							

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ISO14001:2015 Environmental Management System							
Detail Main Site activities							
Detail main processes							
Main Scope and boundaries of environmental containment For Certification							
Do you have any Environmental Aspects which are controlled by regulatory requirements?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, what are they?							
Are there any Environmental issues facing the company (Management view)?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
i.e.; General noise & air pollution, like inside & outside in-house vehicle (No major issue) If Yes, please state							
Is there a Shift System in Operation?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Daily Operating Hours			
Period of Maximum Activity (Please tick all that apply)							
<input type="checkbox"/> Night	<input type="checkbox"/> Day	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekends	<input type="checkbox"/> Weekdays	<input type="checkbox"/> 24 hours
Are Site Plans (including drainage system) available for the site?					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Site Manager Name						Telephone	
Does the company have appropriate licenses, authorizations and consents?						<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, please detail them (Attach a separate sheet if required)							
Profile of the sites previous use(s) and the legacy of waste contamination							
Details of any audits which have been carried out							
Sensitivity of audit site (Interest groups, high regulations, populations...)							
List of chemicals/materials in the site/facility. Details Hazardous Waste Management							
Detail significant utilities used in the site/facility (Gas, Electric, Water, Oil...)							
Details of Waste Management (Effluent treatment/discharge, solid waste management....) at the site/facility							
Details of outsourced processes significant to the environment management (Outsourced effluent processing, waste disposal...)							
Site information (if applicable):							
Permanent site address:					Area of site:		Number of Employees:

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**EMS Table 2 for complexity and business sector
ANALYSIS OF SCOPES - Client Business**

Complexity rating & system	Aspects	Impacts	Risk
Low (1-4)	Activity, product and/or service	Minor change to the environment whether adverse or beneficial	Risk priority is Low
Medium (5-7)	Activity, product and/or service	Change to the environment whether adverse or beneficial	Risk priority is increased
High (8-9)	Activity, product and/or service	During normal, abnormal and emergency operating conditions there is a significant risk of an impact causing harm to the eco system and/or breach to legal & regulatory requirements	Risk priority High
RISK ANALYSIS	High	Medium	Low
Regulatory Control	National level of regulatory control	Local level of regulatory control	No authorizations
Complexity of Operation	Highly technical, large & complex operations	Technical, smaller less complex operations	Non-technical, small simple operations
Severity of Releases	Large scale, hazardous pollution	Medium scale, harmful pollution	Small scale, minor pollution

**EMS Table 2 for related Complexity and
Business sector ENVIRONMENTAL**

(Please tick appropriate box to indicate relevant aspect and impacts for your scope of activity)

ASPECTS/IMPACTS	Risk/Complexity	ASPECTS/IMPACTS	Risk/Complexity
e.g.	<input checked="" type="checkbox"/> H, M		
Air Emissions	<input type="checkbox"/>	Electro Magnetics	<input type="checkbox"/>
Air Quality	<input type="checkbox"/>	Landscape Visual	<input type="checkbox"/>
Aqueous Discharge	<input type="checkbox"/>	Land Use	<input type="checkbox"/>
Water Supply	<input type="checkbox"/>	Heritage	<input type="checkbox"/>
Fresh Water Quality	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Fresh Water Ecosystem	<input type="checkbox"/>	Community & Social	<input type="checkbox"/>
Marine Quality	<input type="checkbox"/>	Economics	<input type="checkbox"/>
Marine Ecosystems	<input type="checkbox"/>	Nuisance	<input type="checkbox"/>
Ground Water	<input type="checkbox"/>	Public Health	<input type="checkbox"/>
Waste Control	<input type="checkbox"/>	Emergency Service	<input type="checkbox"/>
Waste Minimisation	<input type="checkbox"/>	Nature Conservation	<input type="checkbox"/>
Waste Disposal	<input type="checkbox"/>	Ethical	<input type="checkbox"/>
Land Contamination	<input type="checkbox"/>	Odours	<input type="checkbox"/>
Soil Quality	<input type="checkbox"/>	Energy Use	<input type="checkbox"/>
Terra/Avian Ecosystems	<input type="checkbox"/>	Electricity	<input type="checkbox"/>
Resource Usage	<input type="checkbox"/>	Gas	<input type="checkbox"/>

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Life Cycle	<input type="checkbox"/>	Coal	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	Raw Materials	<input type="checkbox"/>
Name: _____ Position: _____ Date Signed: _____			

45001:2018 Occupational Health & Safety Management System			
Detail main site activities			
Main Scope and work area boundaries for Certification			
If construction, do you require SSIP certification (UK only)?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please select category/ies: <input type="checkbox"/> Principal Designer <input type="checkbox"/> Principal Contractor <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Non-construction Contractor	
If construction, do you require SSIP certification?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Detail the main processes and any licenses, authorizations and consents held			
Detail the products			
Detail the services/facilities maintenance			
Do you have any OH & S risks which require regulatory requirements?			
Number of temporary sites:			
Do you operate a Shift System?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Daily Operating Hours: _____
Period of Maximum Activity (please tick all that apply)			
<input type="checkbox"/> Night	<input type="checkbox"/> Day	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
		<input type="checkbox"/> Evening	<input type="checkbox"/> Weekends
			<input type="checkbox"/> Weekdays
			<input type="checkbox"/> 24 hours
Are Site Plans (including drainage system) available for the site?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Site Contacts			

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Site Manager		Contact Telephone:	
Health & Safety Manager		Contact Telephone:	
Consultant Details (if any)		Contact Telephone:	
Profile of the sites previous use(s) and The legacy of waste contamination			
Sensitivity of audit site (Interest groups, high regulations, populations...)			
List of chemicals/materials in the site/facility			
Detail significant utilities used in the site/facility (Gas, Electric, Water, Oil....)			
Details of Waste Management activities for the site			
Details of outsourced processes significant to the OH & S Management			
Name		Designation	
			Signature
IGSPL Official Use Can the Application Proceed/Decline for Review: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Justify : <p>Information on incidents such as a serious accident, or a serious breach of regulation necessitating the involvement of the competent regulatory authority, provided by the certified client.</p> <p>The information provided to the Certification Body by the authorized representative of the applicant organization on its processes and activities shall also include the identification of the key hazards and OH&S risks associated with processes, the main hazardous materials used in the processes, and any relevant legal obligations coming from the applicable OH&S legislation.</p> <p>The application shall contain details of personnel working on, as well as working away from the organization's premises.</p>			
Name of Application reviewer		Signature	
			Date