



APPLICATION FOR SHMS AUDITING SERVICES

You may require about 10-15 minutes to fill in this form.

PART 1 – COMPANY INFORMATION

1. Company Information

Name of Company:

Address:

Contact Person:

Designation:

Tel:

Fax:

Email:

Website

ACRA Company/ Business Reference No:

(Please attach a copy of ACRA or business certificate)

Date of Registration:

Registered Business Activity:

PART 2 – PROJECT / FACTORY INFORMATION

2. The project / Factory information:

Name of Project

Location of project / Factory

Commencement Date of Project

Completion Date of Project

Workplace Registration Number:

Contract Sum of Project

- It is a new factory (for metalworking industry) Yes / No
- If Yes, please furnish Date of Factory Registration : _____

PART 3 – APPLICATION DATA

3. Type of SHMS audit sought:

CAMS-ADMIN-09-A-WEBSITE - SHMS APPLICATION FORM _ (01/03/19)

- a. SHMS audit for Construction worksite/ Metalworking industry / Other industries.
- b. The project / factory / Company is to be audited according to: (please tick one)
 - CP79/ CONSASS
 - Requirements on the Implementation of Safety Management System for the Metalworking Industry
 - SS 506 Part 1 of management system.

c. Declaration of Manpower at the Site / Factory

Total number of manpower at the site / Factory: _____

*Based on the monthly manpower report submitted to BCA (for construction site).

PART 4 – SUBMISSION OF DOCUMENT

4. Please ensure that the following documents are submitted together with the application form:

- Occupational Safety and Health Management System Manual.
- List of legal, Client or other requirements to comply.
- Information concerning the use of consultancy relating to the management system.
 - Consultant Firm : _____
 - Name of Consultant : _____
 - Duration of consultancy : _____
- Outsourced processes : _____

PART 5 – DECLARATION

1. The applicant named above applies for the scope set out in this application. I declare that the information on this form and any other information given in support of this application are correct to the best of my knowledge.
2. I have read the SC2's Terms and Conditions and criteria and undertake that the applicant will comply with these requirements (SC2's Terms and Conditions was available at SC2 website).
3. I undertake that applicant will pay all fees due to the SC2 in accordance with SC2's Terms and Conditions.

Signature:

Name:

Designation:

Date: _____