**Appendix B**

*Please complete for each branch / subsidiary etc. separate*

Preparation of offers for included in the scope of application

further [ ]  branches [ ]  subsidiary [ ]  diverse:

B.1 Contact details / contact person

|  |  |  |  |
| --- | --- | --- | --- |
| **Company name, Address:** |       | Manager: |  |
| Phone: |  |
| Email: |  |
| Management representative: |  |
| Website: |       | Phone: |  |
| Phone: |  | Email: |  |

 **B.2 Addmission of certification for the company named under B.1 in the multisite process**
***(only to be filled in if the head office has already been certified by the ift Rosenheim)***

|  |  |
| --- | --- |
| Certification request: | [ ]  Quality management system EN ISO 9001[ ]  Environmental management system EN ISO 14001\*\*[ ]  Occupational Health & Safety management system ISO 45001\***[ ]  Energy** management system EN ISO 50001\**\*please fill out appendix C sent with each site* |

B.3 Company information of the branch / subsidiary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of employees*(Please fill in each additional site / branch etc. separately in Appendix B)* | Full-time employees: |  | Part-time workers: |  |
| Contract workers: |  | trainee: |  |
| Part-time workers (working hours < 15h / week) |  | Seasonal workers(Number in high season): |  |
| Do you have work night shifts?[ ]  No [ ]  Yes, shift model  | Are there works that are only carried out in a certain shift, if yes please describe:Are there people who only work a certain shift, if so in which shift: |
| Existing departments / processes: | [ ]  Management[ ]  Human resources[ ]  Work preparation[ ]  Maintenance[ ]  Testing equipment[ ]  Purchasing | [ ]  Sales[ ]  Development[ ]  Construction[ ]  Warehouse[ ]  Production[ ]  Others:  |
| Desired scope on the certificate |  |
| What products are made: |  |
| Which services do you offer? |  |
| What are the health risks posed by your products / services? |  |

 Filled in on / date: