

**APPLICATION FOR REGISTRATION UNDER THE PROGRAMME FOR
FACILITATING INDUSTRIES TO OBTAIN ISO 45001:2018 CERTIFICATION**

1. Industry Profile:

Address (Head Office):

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Telephone: E-mail:

2. Legal Status of the organization:

Registration authority:

Registration number..... Date:

If a Joint Venture company, share ownership % – Local % Foreign %

3. Location(s)/sites, departments/divisions and the number of employees applicable for the certification:

[Please indicate the permanent physical locations (subsidiaries, branches, warehouses etc.) registered under the Applicant Organization, which are to be included in the ISO 45001 certification.]

#	Departments/ Divisions at each location/site	Address	Number of employees per site
01	Head office		
02			
03			

4. Primary industry sector (select one):

- Manufacturing
- Construction and Engineering
- Transportation and Logistics
- Healthcare
- Agriculture and Plantation
- Other (specify):



5. Whether product or service realization processes operate on a shift basis, provide following details

[The effective number of employees consists of all full time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number].

#	Location / Site	Number of shifts in operation	Number of employees working in a shift	Activities carried out in each shift
	Head office	1		
		2		
	Location 1	1		
		2		
		3		

6. Scope of the OH&S Management System

Describe the products/ services/ activities to be included in the certification:

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7. Legal and regulatory exposure

Applicable Sri Lankan OHS legislation identified and tracked? Yes / Partially / No
 If yes/partially, list key acts/regulations/gazettes you monitor (e.g., Factories Ordinance, Shop and Office Employees Act, EPF/ETF related OHS provisions, sectoral gazettes, BOI requirements/ Etc)

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Labour Department/Factory Inspectorate inspections in last 24 months:

- Number of visits:
- Notices/prohibitions issued? Yes/No
- If yes briefly describe:

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Sector-specific licenses/permits obtained (e.g., CEA environmental permits, BOI, PUCSL, NMRA, Ministry of Health):

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Insurance requirements (workers' compensation/employers' liability) in place?
Yes/No

8. Industry Hazard & Risk Profile

Top five significant hazards present (tick and add notes):

- Working at height
- Confined spaces
- Moving machinery/unguarded equipment
- Electrical work/energized systems
- Hazardous chemicals (list key substances)
- Noise/vibration
- Heat stress/outdoor exposure
- Manual handling/ergonomics
- Biological hazards (healthcare/food)
- Vehicle/mobil equipment (on-site and public roads)
- Psychosocial risks (work-related stress, harassment)
- Other (specify)

Notable incident history (last 24 months):

- Lost-time injuries: [number]
- Recordable incidents: [number]
- Fatalities: [number]
- Brief summary of most serious event and corrective actions (max 150 words)

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9. Stakeholder and market drivers

Customer or supply-chain requirements mandating OHS or ISO 45001 certification? Yes / No



Tendering/public procurement requiring ISO 45001 or equivalent? Yes / No

Trade union or worker council presence? Yes/No

Community/NGO scrutiny or media attention related to OHS? Yes/No (brief):

10. Current management system maturity

Existing certifications: ISO 9001 / ISO 14001 / ISO 45001 (any sites) / Other (list with scope and expiry):

Documented OHS policy approved by top management? Yes/No

Risk assessment methodology in use (e.g., HIRA/JSA, bow-tie, etc): Yes/No

Incident reporting and investigation procedure formalized? Yes/No

Emergency preparedness plans and drills conducted within last 12 months? Yes/No

Worker participation mechanisms (safety committees, suggestion systems): Yes/No (brief)

11. Resources and readiness

Specific Budget Availability – (Yes / No)

Availability of a Dedicated Team for implementing the System: Full-time / Part-time / Outsourced

12. Declaration

I hereby certify that all the particulars furnished above are correct and complete to the best of my knowledge and belief. I agree to comply with the terms and conditions of the scheme of recognition as laid down by the Industrial Development Board and I know that providing false information will result in the application being rejected.

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Signature (M.D./Chief Executive or Head of the organization)

Name:

Designation:

Address:

Contact Details:

Tel./ Mobile Nos. :

Email Address:



Date:

****** DOCUMENTED INFORMATION**

Please submit copies of the following documents along with the duly perfected Application.

- Desired Scope of the Certification;
 - Sample risk assessment
 - Site plan covering fuel/chemical storage points
 - Latest organization chart highlighting Health & Safety responsibilities
 - Relevant licenses/inspection reports
 - Detailed Process Flow Diagram
 - Records of Workplace Accidents/Incidents for the Past Three (03) Years
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