Information to the Certification Body Quality Austria office@qualityaustria.com

According to the accreditation regulations (IAF MD 22:2018, G 8.5.3), OH&S certified clients shall inform the competent Certification Body, without delay, of the occurrence of serious accidents, incidents or breach of regulations (cf. GTC).

Quality Austria – as the accredited Certification Body – is obliged to evaluate this information related to the **OH&S MS** and to decide on the further procedure (no actions required, special audit, withdrawal of certificate) on basis of a risk assessment (IAF MD 22:2018, G 8.5.3)

**OH&S MS** = **O**ccupational **H**ealth and **S**afety **M**anagement **S**ystem

|  |  |  |
| --- | --- | --- |
| Name of the company |  |       |
| Certified acc. to |[ ]  ISO 45001:2018  |[ ]  AUVA SGM 2012 |
|  |[ ]  OHSAS 18001:2007 |  |  |
| Report created by:Role / function within the company: |  |             |
| Contact information for response |  |       |
| Informed on (date):  |  |       |
| **OH&S MS** relevant occurrence: |
|  |[ ]  Can be assured that the occurrence is related to the Occupational Health and Safety Management System? |
|  |[ ]  Serious accident that needs to be reported (Occupational disability or absenteeism of more than 24 days after an occupational accident or fatal accident) |
|  |[ ]  Serious incident that needs to be reported |
|  |[ ]  Serious breach of regulation …… possibility of conviction [ ]  yes / [ ]  no… recognized court judgement available [ ]  yes / [ ]  no |
| Source: |  | (e.g. excerpt from the labor inspector’s inspection protocol) |
| Short description incl. outline of the impact on the existing **OH&S MS** |
|  |  | Date of occurrence       |
|  |  |       |
| Impact on / affected by the **OH&S MS** |
|  |[ ]  Did total or partial failure of the OH&S MS cause the OH&S related occurrence? |
|  |[ ]  Based on an internal analysis, only little or no impact of the **OH&S MS** can be identified as cause of the OHS relevant occurrence.  |
|  |[ ]  Does the OH&S relevant occurrence affect the company’s Occupational Health and Safety Management System? |
|  |  | Are changes made to the OH&S MS, based on a methodical incident analysis?  |
|  |  | [ ] yes / [ ]  no |
|  |  | If so, what kind of changes (in note form)      |

## I hereby confirm the accuracy of the above information

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Place, Date |  | Name, Signature(Unterschrift entfällt bei Mailübermittlung) |

|  |
| --- |
| Risk assessment conducted by the **quality**austria product manager |
|  |[ ]  Strong adverse effect on the **OH&S MS** |
|  |[ ]  Medium adverse effect on the **OH&S MS** |
|  |[ ]  Little adverse effect on the **OH&S MS**  |
|  |[ ]  Very little or no adverse effect on the OH&S MS |
|  |  |  |
| Actions to be taken, based on the risk assessment (**quality**austria product manager, if necessary in cooperation with the lead auditor or expert) |
|  |[ ]  Withdrawal of the **OH&S MS** certificate |
|  |[ ]  Conduct of an **OH&S MS** special audit |
|  |[ ]  To be audited in the course of the following **OH&S MS** audit |
|  |[ ]  Other actions to be taken      |
| Remarks: |  |       |
|  |  | Risk assessment conducted by:        |

## I hereby confirm that a risk assessment has been carried out

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Place, Date |  | Name, Signature(Unterschrift entfällt bei Mail-Übermittlung) |