Application

For each applicable section please provide all information requested and mark the section as completed or not applicable.

# General (For all applications)

|  |  |
| --- | --- |
| GENERAL INFORMATION |  |
| Business name |       |
| SIC or NAICS code |       |
| General business description |       |

|  |  |
| --- | --- |
| PRIMARY CONTACT INFORMATION |  |
| Name |       |
| Title |       |
| Telephone |       |
| Email |       |
| Mailing address |       |

|  |  |
| --- | --- |
| SCOPE INFORMATION |  |
| Scope of the certification/verification(e.g. products, activities, services) |       |

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| --- | --- |
| CURRENT CERTIFICATIONS | CERTIFICATION BODY |
| ISO 9001 |       |
| ISO 14001 |       |
| OHSAS 18001 |       |
| ISO 45001 |       |
| ISO 50001 |       |
| SEP |       |
| Verified GHG inventory |       |
| Other:       |       |

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| MANAGEMENT SYSTEM INTEGRATION |  |
| Please describe any integration across management systems. |       |

Please provide the mailing address and a general site description of all facilities that are part of the entity seeking certification/verification.

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| SITE | SUB-SCOPE |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Attach additional pages as required. |

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| --- | --- |
| SITE REQUIREMENTS |  |
| Please describe the site requirements for safety necessary for site access. |       |
| Please describe the site requirements for security necessary for site access. |       |
| Please describe any site confidentiality requirements. |       |

# ISO 14001

|  |  |  |  |
| --- | --- | --- | --- |
| SITE NAME | KEY PROCESSES | FULL TIME PERSONNEL | PART TIME PERSONNEL |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |
| Attach additional pages as required. |

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| RISK INFORMATION |  |
| Please identify the key aspects associated with processes. |       |
| Please identify the main hazardous materials used in the processes. |       |

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| --- | --- |
| GENERAL INFORMATION |  |
| Please provide a general description of the human and technical resources available for environmental management. |       |
| Please provide a general description of the functions and relationship in a larger organization, if any. |       |

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| --- | --- |
| OUTSOURCING |  |
| Are there any outsourced processes that may affect conformity requirements? If so, please explain. |       |

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| --- | --- |
| USE OF CONSULTANTS |  |
| Were any consultants used to develop or implement the environmental management system? If so, please describe to what degree. |       |

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| RELEVANT LEGAL REQUIREMENTS |  |
| Please provide a brief description of relevant legal obligations. |       |

# 3.0 ISO 45001

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| --- | --- | --- | --- |
| SITE NAME | KEY PROCESSES | FULL TIME PERSONNEL | PART TIME PERSONNEL |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Attach additional pages as required. |

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| OFF-SITE ACTIVITIES |  |
| Are any services provided at another organization’s premises? If so, does the OH&SMS cover these activities? |       |

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| RISK INFORMATION |  |
| Please identify the key hazards and OH&S risks associated with processes. |       |
| Please identify the main hazardous materials used in the processes. |       |

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| GENERAL INFORMATION |  |
| Please provide a general description of the human and technical resources available for occupational health and safety management. |       |
| Please provide a general description of the functions and relationship in a larger organization, if any. |       |

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| OUTSOURCING |  |
| Are there any outsourced processes that may affect conformity requirements? If so, please explain. |       |

|  |  |
| --- | --- |
| USE OF CONSULTANTS |  |
| Were any consultants used to develop or implement the occupational health and safety management system? If so, please describe to what degree. |       |

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| RELEVANT LEGAL REQUIREMENTS |  |
| Please provide a brief description of relevant legal obligations. |       |

# 4.0 ISO 50001

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SITE NAME | ANNUAL ENERGY CONSUMPTION | SOURCES | SEUs | EFFECTIVE PERSONNEL |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| Attach additional pages as required. |

|  |  |
| --- | --- |
| GENERAL INFORMATION |  |
| Please provide a general description of the human and technical resources available for energy management. |       |
| Please provide a general description of the functions and relationship in a larger organization, if any. |       |

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| OUTSOURCING |  |
| Are there any outsourced processes that may affect conformity requirements? If so, please explain. |       |

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| --- | --- |
| USE OF CONSULTANTS |  |
| Were any consultants used to develop or implement the energy management system? If so, please describe to what degree. |       |

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| --- | --- |
| RELEBANT LEGAL REQUIREMENTS |  |
| Please provide a brief description of relevant legal obligations. |       |

# 5.0 Superior Energy Performance (SEP)

|  |  |
| --- | --- |
| ENERGY SOURCE ID / NAME | SOURCE CONSUMPTION (MMBtu) AND DESCRIPTION |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Attach additional pages as required. |

|  |  |
| --- | --- |
| PROCESS ID / NAME | PROCESS DESCRIPTION |
|       |       |
|       |       |
|       |       |
|       |       |
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|       |       |
| Attach additional pages as required. |

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| --- | --- |
| LEVEL OF IMPROVEMENT |  |
| What level of improvement is expected? (SEnPI) |       |
| What is the achievement period? |       |

|  |  |
| --- | --- |
| ENERGY IMPROVEMENT METHODS |  |
| Please provide an overview of the method(s) for demonstrating energy performance improvement to be verified. |       |

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| --- | --- |
| MODEL APPROVAL |  |
| Did the method used for the SEP Measurement and Verification Protocol require pre-approval? If so, has this approval been provided? |       |

# 6.0 GHG Verification

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| --- | --- |
| APPLICABLE GHG PROGRAM(S) |  |
| What programs do you participate in that require this verification? |       |

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| --- | --- |
| MONITORING DESCRIPTION |  |
| Please provide a description of the measurement & monitoring processes and the process that deliver the information and data in the GHG assertion. |       |

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| --- | --- |
| REPORTING BOUNDARY |  |
| State / Province (please specify) |       |
| North America |       |
| Global |       |

|  |  |
| --- | --- |
| REPORTING PERIOD |  |
| Years to be verified |       |

# 7.0 Client Approval

This is not a contract for services and does not imply any obligation on the part of the applicant or AWM.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Approval signature |  | Date |
|       |  |  |
| Title |  |  |

# 8.0 AWM Review and Approval

|  |  |
| --- | --- |
| PROGRAM | APPLICABLE SECTOR |
| ISO 14001 |       |
| ISO 45001 |       |
| ISO 50001 + SEP |       |
| GHG |       |

|  |  |
| --- | --- |
| APPLICATION REVIEW | DECISION |
| Is the information provided sufficient for the conduct of the audit and/or verification? |       |
| Have the requirements for certification and/or verification been clearly defined and documented and provided to the applicant? |       |
| Have any known differences in understanding between AWM and the applicant been resolved? |       |
| Does AWM have the competence and ability to perform the certification and/or verification activity? |       |
| Has the scope of certification and/or verification sought, the location(s) of the applicant, time required to conduct the audit and/or verification, and any other points influencing the certification and/or verification activity been adequately defined? |       |
| Has AWM identified and analyzed potential conflict of interest situations from certification and/or verification activities, including potential conflicts arising from any relationships, evaluated finances and sources of income to demonstrate that commercial, financial or other factors do not compromise impartiality? |       |

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| --- |
| ADDITIONAL NOTES |
|       |

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| APPLICATION DECISION |  |
| Based on the information in this application, shall this certification activity be undertaken? |       |

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Approval signature |  | Date |
|       |  |  |
| Title |  |  |